

Tools for Data Demand and Use in the Health Sector

Data Demand and Use Coaching Guide



MEASURE Evaluation
MANUAL

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Data Demand and Use Coaching Guide

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1 PURPOSE

Health professionals often require continuous support and positive reinforcement to effectively apply data demand and use approaches to their specific context.

National efforts to strengthen health systems involve building the capacity of staff, through training, to produce quality and timely data that informs decisions about health service performance, financing, access to medical products, or strategic planning (WHO, 2007). However when health professionals return to their place of work, they face many challenges implementing their new skills such as competing priorities,

lack of motivation or initiative, or other professional stresses. Coaching has been identified as a successful approach to supporting newly trained staff as they apply their new skills in work settings. The goal of individual coaching for health professionals implementing a data demand and use (DDU) intervention is to continue to grow their problem-solving skills to achieve their objectives. The DDU coach can provide a team of health service providers the individual technical guidance to strategically adapt their DDU skills to their specific work environment and health goals. This on-going capacity building is as important as getting the job done.

2 DESCRIPTION

The coaching guide provides structure to the process of continued technical support to individuals or teams of health professionals implementing a DDU intervention. This guide is intended to be used to advance the implementation of action plans that have been developed to facilitate data use.

Coaching is the act of working with another individual to create solutions to problems and attain goals (Cooper, 2008). The goals of an effective DDU coaching session is to:

- Build a relationship with the health professional around improving data demand and use in their organization.
- Reinforce DDU skills as they apply to the needs and interests of the health professional.
- Encourage self-motivation and responsibility through positive feedback.
- DDU training workshops produced by MEASURE Evaluation involve the application of specific tools to guide individual and organizational change towards a culture of data-use.

These tools are available at www.measureevaluation.org/ddu and include:

1. *Stakeholder Engagement Plan*,
2. *Information Use Map*,

3. *Assessment of Data Use Constraints*,
4. *Seven Steps to Use Routine Information to Improve HIV/AIDS Programs, A Guide for HIV/AIDS Program Managers and Providers*,
5. *Framework for Linking Data with Action*, and
6. An in-depth assessment of the *Performance of Routine Information System Management (PRISM)*.

Health professionals use these tools to develop DDU action plans tailored to their specific needs. However improving data use within an organization can take time. People have different levels of ability and commitment. There may be unforeseen obstacles that arise. A DDU Coach can provide perspective, reinforce skills, and support the health professional as they face these new challenges to data use. This coaching guide is designed to assist ongoing capacity building of those who have attended a DDU training workshop.

3 GUIDING PRINCIPLES

This section describes the skills, activities, and qualities of an effective DDU coach.

1. **Expertise in DDU:** She or he has extensive knowledge of DDU terminology, concepts, and tools. The coach is able to refer health providers to specific tools and/or approaches that are appropriate to the aims of DDU action plans the health provider team developed during a DDU workshop. It is recommended that coaches review suggested interventions described in *Improving Data Use in Decision Making, An Intervention to Strengthen Health Systems* by Tara Nutley (2012). Also, it is helpful to be familiar with the additional DDU tools available through MEASURE Evaluation (<http://www.measureevaluation.org/ddu>) including the following:
 - *Data Quality Audit Tool*
 - *Introduction to Basic Data Analysis and Interpretation*
 - *Conducting High Impact Research*
 - *Building Leadership for DDU*
2. **Builds Rapport:** A coach takes the time to develop a relationship that is open, honest, and builds confidence to overcome challenges. At the start, health professionals may not feel comfortable revealing all of the barriers they face in their work. A coach overcomes this apprehension by starting with descriptive questions that keep the health professional talking about their experiences. The coach restates key words or phrases to show they understand the health professional's perspective. As the relationship grows, the health professional will offer greater cooperation, begin to analyze their own data use culture, and eventually recommend ways to improve data use for other health professionals.
3. **Actively Listens:** A coach faces the speaker and is attentive to what is being said. They use verbal and non-verbal cues to demonstrate they are listening. They do not interrupt, but wait for a pause to ask a question. An effective coach is able to feel what the speaker says, and pays attention to what is NOT said.

- 4. Keeps an Open Mind:** A coach lets the health professional focus on what is important for him or her, and asks open-ended questions that help the coach find out more about what the health professional is thinking.
- 5. Knows when to facilitate problem solving and when to offer solutions:** Most coaching involves asking questions and guiding others to develop their own solutions. However there are times when a health professional may not have access or be aware of other possibilities. If necessary, a coach can share their knowledge and experience in order to brainstorm a variety of options to overcome specific challenges. She or he can also direct health professionals to additional information sources. A coach may offer some solutions, but their ultimate goal is get health professionals at a state where they are confident to act on their own.
- 6. Feedback:** One of the primary purposes of feedback is to provide positive reinforcement to build confidence (MSH, 2005). Some tips on providing effective feedback:
- Set an appropriate time and place to talk.
 - Be specific about the behavior that you appreciated or bothered you.
 - Stick to facts rather than generalizations. (“On Monday and Tuesday afternoons you did ‘xyz’”, rather than “you always (never) do ‘abc’.”)
 - Describe the impact (positive or negative) that the behavior had on you, the team or the organization.
 - Express your feelings without blaming the other person for them.
 - Give the other person an opportunity to express his or her point of view, feelings, or difficulties.
 - Make a specific request for a different behavior when an action or behavior has a negative effect.
- 7. Obtains agreements and commitments:** In the course of the coaching, the coach needs to ask for commitments. If the person being coached says, “I plan to change the DDU policy and procedures manual” the coach might ask “When will you have it finalized?” (MSH, 2005)
- 8. Asks appropriate questions:** Good coaching questions have the following characteristics (MSH, 2005):
- They are open-ended rather than “yes/no” questions. This means that you would ask a question like “How is the project going?” rather than “Is the project going well?”
 - They are true inquiries rather than veiled demands. For example, you would ask “How do you want to handle this situation?” rather than “Don’t you think you should have done this differently?”
 - They do not start with the word “why” as in “Why did you do that?” Better questions might be “How did that happen?” or “What do you think was going on?”

In this table there is a list of questions that lead to greater learning and examples of inquiry that blocks learning:

Inquiry that Encourages Learning	Inquiry that Blocks Learning
How do you see this differently?	Don't you think...? (especially when asked in an intimidating manner)
What's your reaction to...?	Did you do that because of X, Y, and Z
What led you to that conclusion?	Do you really think you did a good job? (when the coach clearly thinks that he/she didn't)
Could you say more about that?	Why don't you just try what I'm suggesting?
What makes you...?	Why are you so defensive?
What kept you from telling me?	Why didn't you tell me?
How do you think you contributed to that?	Why did you do that?
How can you (achieve, change, etc)?	What's the matter with you?

Source: *Management Sciences for Health, 2005*

Inquiry is also necessary for understanding and clarification. To ensure that the coach truly understands what the other person is saying, he/she might say, "If I understood correctly, are you saying...?" "I don't understand what you are saying, could you put it another way that would help me understand?" or "My sense from what you said is that you believe that Is that correct?" (MSH, 2005)

DDU Coaching Activities

1. At the end of a workshop, establish the most effective communication method with trainees and a regular schedule for coaching sessions.
2. Assess all data management processes at the facility, state, and/or organization that will receive coaching support. Sources may include M&E reports, review of routine data systems, facility assessments, or informal discussions with a primary health provider contact. At times it is necessary to resolve challenges to the functionality of the data management process before addressing DDU action plans.
3. Review workshop content before initiating the first coaching session in order to be familiar with the health professional's knowledge of DDU tools.
4. Review team DDU action plans and any available data sources to verify whether activities are clearly linked to an existing data set, or there are plans to collect new data to inform an upcoming decision.
5. Bring supporting materials to each coaching visit such as tools and action plans completed during training workshops, notes taken during previous coaching visits, or useful data/information concerning the health sector of interest.
6. During the coaching visit, one of the first activities should be to review the team's action plan. Sample questions are provided below. The coach should help the team:

- Create an action plan that is realistic given the context;
 - Ensure activities and responsibilities are clearly stated within the action plan;
 - Ensure that there is a clear link between a review of data sources and an upcoming program or service related decision;
 - Identify a specific data set or indicator to monitor in order to track progress on their action plans.
7. Document each coaching visit in the Coaching Log and take notes using the Coaching Visit Form. Summarize your notes with the health professional before ending the session to verify the content of the discussion.
 8. Write up a brief Post-Visit Coaching Report to act as a reference for future coaching sessions and document changes in data use.
 9. Follow-up with requested feedback, supplemental materials, or additional coaching sessions.

What Makes an Effective DDU Coach?

After all necessary coaching sessions are completed; an effective coach is able to tell the story from the initial training workshop to the point at which a team of health professionals are successful in overcoming their challenges. A great coach demonstrates that the resources dedicated to this ongoing capacity building results in increased instances of data used to inform decisions, and ultimately improvements to health services. The remainder of this guide offers tools and questions to assist the coach in achieving this outcome.

4 TEMPLATES

This section presents formats for facilitating and documenting a DDU coaching session.

The first template is a Coaching Log to track the number of coaching sessions and participating health providers. The second template, the Coaching Visit Form, provides open-ended questions to help understand the data use context for the individual health provider or team. Finally, there is guidance on writing a post-visit coaching report so as to document progress towards achieving objectives identified in DDU action plans. DDU coaches are encouraged to adapt these materials to their specific context.

Coaching Log

Organization	Name of Health Professional	Position	Date of Coaching Visit	Purpose of Visit	Method of Communication
1.					
2.					
3.					
4.					
5.					
6.					

Coaching Visit Form¹

Date of Report:

Time of Coaching Session: from ___:___ to ___:___ (am/pm)

Name of Coach:

Name of Health Professional(s):

Contact Information for the Health Professional(s):

Coaching Purpose:

It is helpful, especially if this is a follow-up coaching session, to indicate what your intentions are for this coaching session. Examples of a coaching purpose could be to describe what you hoped to achieve in this coaching session or identify specific information you hoped to learn. It is best to keep this purpose general and brief (no more than three lines of text).

Questions and Themes	Health Professional Statements	Reflections and Interpretations
<p><i>Dialogue during a coaching session can be sporadic and subject matter is determined by the health professional(s). This table suggests some common questions or themes that may arise and can be used to organize your notes from the session into a report. These questions can also be used to initiate a dialogue. Only use those subject areas that are relevant to the coaching session.</i></p>	<p><i>This column is for direct quotes that the health professional(s) provided during the coaching session that best summarize what was discussed, new insights, or possible solutions.</i></p>	<p><i>This column is for the coach to record principle ideas expressed, interesting information, and analysis. It is what the coach thinks happened during the session and can be subjective in nature.</i></p>
<p>Data Management Process²</p> <ul style="list-style-type: none"> • What methods of data collection are used in your organization? [Examples include hand-written registers, electronic forms, face-to-face interviews, self-administered questionnaires, focus groups, observations, etc.] • How often is data reported to the organization? How often is data collected by the organization? • Who is responsible for data entry? • Who is responsible for checking errors in the data? • Who is responsible for compiling, summarizing, and/or reporting the data? • What types of reports or other information products does the organization produce? • How often are these reports or information products produced? • How are these reports or other information products disseminated? Who is the intended audience? • How does the intended audience access these reports or other information products? 		

¹ This Coaching Visit Form is designed to initiate coaching sessions. Depending on the priority activities and challenges of the health provider team, the subjects of discussion will most likely change for subsequent coaching sessions. Coaches are encouraged to adapt this Coaching Visit Form. Questions for follow-up coaching should be based on the action points developed during previous sessions.

² The *Performance of Routine Information System Management (PRISM)* tool is a useful reference for additional questions about the data collection process for routine health data collection systems. The 'Assessment of Data Use Constraints' tool is also a source for additional questions about more general technical, behavioral, and organizational constraints to regular data collection and use. These tools are available at: <http://www.measureevaluation.org/ddu>

Questions and Themes	Health Professional Statements	Reflections and Interpretations
<p>Action Plan to Address Barriers to Data Use</p> <ul style="list-style-type: none"> • Can you tell me what happened when your team returned to the job site with your Action Plan to Address Barriers to Data Use? • Have any of the barriers changed? • If activities have changed, what motivated your team to make those changes? • What would you consider a success in regards to your Action Plan? • What do you think still remains to be accomplished? • What kinds of support do you feel your team still needs? 		
<p>Framework for Linking Data with Action</p> <ul style="list-style-type: none"> • Can you tell me what happened when your team returned to the job site with your 'Framework for Linking Data with Action'? • Which decision-makers or other stakeholders were you able to meet with to discuss programmatic changes? • How influential have the decision-makers or other stakeholders you have met been in promoting your team's goal(s)? • Have any of the activities in the 'Framework' changed? • If activities have changed, what motivated your team to make those changes? • What would you consider a success in regards to your action plan so far? • What do you think still remains to be accomplished? • What kinds of support do you feel your team still needs? 		
<p>Data Use Skills</p> <ul style="list-style-type: none"> • What has been your experience using any of the skills or tools that were reviewed on at the training workshop? (It is helpful to remind them of these skill or tools and probe for specific applications) • Are there any aspects of the skill or tools that I can help you to understand better? • Are there other skills you feel you still need? • What do you think about how your team has been able to address commitments made during the training workshop? 		
<p>Data Use Environment</p> <ul style="list-style-type: none"> • How do you think data is being used at this facility? Can you give examples? • In what ways is data being used to inform decisions about programs or health services? Can you give examples? • What do you think may be either helping or inhibiting the use of data to make decisions? • What approaches have you tried to encourage the use of information by others? • What kind of additional data would be useful for your organization's operations? • Do you or a member of your organization participate in any Technical Working Groups? If yes, what are some of the topics discussed? 		

Questions and Themes	Health Professional Statements	Reflections and Interpretations
<p>Leadership and the Data Use Environment (MSH, 2005)</p> <ul style="list-style-type: none"> • Could you please describe the challenges you are facing? (Find out in detail what the team is going through, who is involved, what political, social, environmental, or other issues are involved.) • What difference will overcoming this challenge make in achieving your planned results? (It helps to repeat a specific challenge identified by the health provider team) • What are your next steps? What do you need in order to take them? • Which members of your team commit to these steps? • When do you anticipate completing these steps? 		
<p>Data Demand and Use Results</p> <ul style="list-style-type: none"> • Does your team have any documentary evidence of changes to policies, strategic plans, operational protocols, budgets, or work plans that reflect what you have been able to achieve in your management plans? 		

A Way Forward

It is helpful to note in the Coaching Visit Form any actions and/or solutions that were generated during the coaching session. This can be used to guide the purpose of the next coaching session as well as document capacity building progress towards data use goals. It is important that the coach helps the health professional to plan actions that are within their control, are specific to their context (i.e., where, when, and with whom they want to take action), and whether they are supported with the necessary resources.

Post-Visit Coaching Report

Date of Report:

Data & Time of Coaching Session: ___ / ___ / _____ from ___: ___ to ___: ___ (am/pm)

Name of Coach:

Name of Primary Health Professional Contact:

Contact Information:

Organizations Visited:

Background on DDU Support:

A brief paragraph about when and where the DDU workshop took place, who attended from which organizations, and the topics reviewed. Describe the coaching schedule that was developed. If there were any changes to the schedule, explain why. Indicate how many coaching visits have taken place, and how many more are planned.

Coaching Purpose

A brief paragraph about what the coach aimed to discuss, review, and/or learn about during the visit.

Coaching Participants and Organizations Contacted

Include a list of organizations and representatives who attended the coaching visit other than the primary health professional contact.

Activities/Deliverables

Provide a one-sentence statement of each of the planned DDU activities that have been agreed on to date. Indicate any changes from the original DDU action plan and why.

Background on Activities/Deliverables

Describe in greater detail each activity or deliverable. Provide history, context, and any stakeholders identified as well as their intended involvement. Explain why this activity or deliverable is needed, the implementation strategy, and what kind of impact the health provider team aims to achieve.

Key Challenges

Provide a one-sentence statement of each of the challenges described by those participating in the coaching session. It is helpful to also include any challenges discussed during the DDU workshop or from other sources such as a survey or key informant interview.

Solutions and Successes

Describe any solutions and/or successes discussed during the coaching sessions.

NEXT STEPS—Team’s Management Plan Moving Forward:

List the activities that the team committed to achieve by the end of the coaching visit. Include dates as appropriate. Compare these activities to the team’s previous DDU action plan and/or commitments. If there were changes, provide details as to why they were necessary.

NEXT STEPS—Coaching Activities for Next Visit or Other Ongoing Support:

List any follow-up activities that the coach and/or participants purposed as helpful to the team in reaching their goals described in their DDU action plan. Provide dates of activities as appropriate. This could include data research and dissemination, review of DDU materials or tools, or facilitating contacts with key decision-makers or other experts.

NEXT STEPS—DDU Results to Investigate

It is important to identify documentary evidence of when data was successfully used to inform a decision. Highlighting these instances demonstrates to those working in the health sector the benefits of data collection, review, dissemination, and use, which generates greater demand for quality data and supports an organizational culture of data use. Also the evidence can be used to report the impact of DDU coaching activities. Examples of DDU evidence includes:

- Citations and/or references to M&E information in approved program documents such as:
 - » Policies, strategic plans, or program Request For Proposals;
 - » Advocacy or policy briefs;
 - » Budgets or finance documents;
 - » Policy maker public statements; or
 - » Recommendations from an evaluation reflected in a work plan or baseline indicator;
- Correspondence with key informants who report considering M&E findings in reaching their decision, such as meeting minutes or action items that reflect data review;
- Study, memo, or report of DDU tool use in a specific context;
- DDU operational protocols;
- Cover letter of proposals for a DDU intervention;
- New line items in a budget or proof of additional funds for DDU activities;
- Approval of funding received or an executed budget for DDU activities.

5 USE

For best results, it is usually good to start coaching sessions within a month of a DDU workshop. Also for new health professionals, it is important to keep objectives achievable with short-term timelines (~3 to 6 months) until the individual or teams become familiar with the DDU approach.

Other Activities to be added to Coaching Sessions

- A practice Data Review Meeting where the findings/answers to programmatic questions demanded by data users are presented and interpreted. This is then followed by an open discussion of possible solutions, actions to be taken, by whom, and when based on the review of data. It is good to introduce a method of documentation of the Data Review Meeting.
- Review and application of *Framework for Linking Data with Action* (<http://www.cpc.unc.edu/measure/publications/ms-11-46-b>). This management tool creates a time-bound plan for data-informed decision making that balances other job responsibilities of team members. It is used to demonstrate the link between programmatic information needs, a data source, and recommendations for program improvements. A completed Framework also provides a useful reference for additional coaching visits.
- Open discussion of challenges to data use. A more comprehensive assessment is recommended to accurately determine the barriers to data use using the *Assessment of Data Use Constraints* (<http://www.cpc.unc.edu/measure/publications/ms-11-46-a>) or *PRISM* tools (<http://www.cpc.unc.edu/measure/publications/ms-11-46-d/>). However much can be learned through an open discussion with the different teams on challenges they face. Some questions to start the discussion:
 - » Have you ever had an experience while making a policy or program-related decision when you were concerned about the quality of the information being used?
 - » Does your agency have the technical capacity to ensure access to and availability of reliable data?
 - » What specific challenges have you experienced among your staff when it comes to using data?
 - » How does your organization support having the necessary information to make decisions?

6 AUDIENCE

This tool is meant for individual health professionals or teams of health professionals who have participated in a DDU workshop or other related training event.

In cases where support is given to several organizations, it may be more efficient to facilitate a group coaching session. It is advised to keep groups small. A team of five to six individuals or two teams of between nine and twelve individuals is ideal. A team must have at least two individuals from the same organization that have clearly defined separate roles and responsibilities. It is also good to plan for a two to four day session so that each team has an opportunity for individual coaching attention. A group coaching session is most productive with organizations that have established M&E and information systems from which they can extract and analyze required data.

The most effective teams tend to consist of a data producer and a data user. Data producers acquire, analyze, and prepare data for distribution. A data producer can be an M&E Specialist, data entry clerk, a researcher, or any other profession that works with data on a routine basis. A data user makes data-informed decisions about the design, implementation, monitoring, and improvements of a health program or service. A data user can be a program manager, program director, policy maker, service provider, leader of a civil society group, or other profession who has the authority to take actions based on the interpretation of data.

The aim of a group coaching session is to work with the trainees through the process of identifying information needs and corresponding data sources to analysis, interpretation, and crafting health program solutions. A helpful tool for organizing a coaching workshop is the *Seven Steps to Use Routine Information to Improve HIV/AIDS Programs, A Guide for HIV/AIDS Program Managers and Providers* (<http://www.cpc.unc.edu/measure/publications/ms-09-38>). It provides concrete steps and illustrative examples that can be used to facilitate the use of information as part of a decision-making process. As each step is presented to the entire group, teams can apply the steps to data relevant to their organization. The coach can then provide technical assistance as needed for a specific context or programmatic need.

7 FIELD APPLICATIONS

Nigeria, August 2011 to April 2013

MEASURE Evaluation Nigeria conducted training in Lagos State in August 2011 where participants were introduced to the concepts of Data Demand and Use, and trained on three DDU tools: the *Assessment of Data Use Constraints* tool, The *Information Use Mapping* tool, and the *Framework for Linking Data to Action* tool. As part of ongoing capacity building and technical support, MEASURE Evaluation facilitated coaching sessions over the following year with the Lagos State Agency for the Control of AIDS (LSACA), State Ministry of Health (SMoH), Abidjan-Lagos Corridor Organization (ALCO), and Health Service Commission (HSC). The purpose of these coaching sessions was to review workshop content, assess status of participant commitments to action plans, provide technical advice to resolve challenges, and identify needs for further DDU support.

A significant challenge that participants were able to address was how to engage facility-level and Local Government Authorities (LGA) decision makers in the analysis, interpretation, and use of data. In collaboration with LSACA and the SMoH, the *Framework for Linking Data with Action* tool was modified and renamed the *State M&E Action Planning and Feedback* tool. The purpose was to incorporate data review and use discussions into monthly M&E meetings.

At each meeting, program findings from routine data are reviewed with corresponding investigation requirements or recommendations for improvements to service delivery documented as action points in the tool. The completed tool is then distributed to health facility managers for feedback from their staff at the health facility. At next M&E meetings, each health facility focal point presents the outcome or decision taken based on the recommendations or any further investigation conducted.

Rwanda, August 2012 to July 2013

MEASURE Evaluation conducted a Regional Forum on the Use of HIV Data for Gender-aware, District-level Programming in August 2012. The workshop was held in collaboration with Rwanda Biomedical Center's Institute of HIV/AIDS Disease Prevention and Control (RBC/IHDPC) and UNAIDS. Rwandan HIV program officers and data managers from eight districts reviewed routine HIV/AIDS-related service data and conducted a gender analysis for evidence-based action planning. During the forum, participants learned to: identify gender-related service disparities, potential causal factors for the disparity, and identify actions to address gender constraints to accessing HIV/AIDS-related health services.

MEASURE Evaluation teams continued to provide ongoing coaching support to district teams after the Regional Forum. Their aim was to identify any obstacles to implementation of actions identified during the workshop, and work with the district team to manage any challenges. A draft version of this DDU coaching guide was used to guide this process. This sample Coaching Log and Coaching Visit Form were from the first coaching visit four months after the workshop.

Coaching Log

Organization	Name of Health Professional	Sex	Position	Date of Coaching Visit	Purpose of Visit	Method of Communication
1. District AIDS Control Agency	XXX	M	Coordinator	12/12/2012	<ul style="list-style-type: none"> • Update on action plan progress • Identify challenges to implementation 	Face-to-face meeting at the District
2. District AIDS Control Agency	XXX	F	Technical Assistant			
3. District Gender Department	XXX	F	Gender and Family Promotion Officer			
4. District Hospital	XXX	F	Gender-based Violence Officer			

Coaching Visit Form

Date of Report: 12/12/2012

Time of Coaching Session: from 09:00 am to 11:00 am

Name of Coach: XXX

Name of Health Professional(s): XXX District Team (see coaching log)

Contact Information for the Health Professional(s): XXX

Coaching Purpose:

District Team's Health Goal: Increase the percentage of men accessing Volunteer Counseling and Testing Centers (VCT) in the District.

District Team's Action Plan:

- Present gender analysis and proposed Gender Integration Action Plan to partners and district authorities;
- Organize follow-up planning sessions for implementation;
- Solicit resources for sports radio publicity on RADIO XXX targeting males accessing VCT services;
- Conduct 1 week VCT campaign in all community sectors focusing on men;
- Review VCT data for change in number of men accessing VCT services.

Coaching Purpose: Ensure that the Gender Integration Action Plan was integrated into the District Quarterly Work Plan and identify any challenges to implementation.

Questions and Themes	Health Professional Statements	Reflections and Interpretations
<p>Framework for Linking Data with Action Can you tell me what happened when your team returned to the job site with your 'Gender Integrated Action Plan'?</p>	<p>3 out of 5 planned activities were implemented:</p> <ul style="list-style-type: none"> • In September 2012, met with partners and district authorities to present gender analysis and proposed action plan at monthly coordination meeting and district staff meeting (n=21); • In November 2012, organized a planning sessions with those responsible for sector-level social affairs and committees on gender-based violence (n=20). 	<p>The debriefing meetings were helpful in gaining interest among a variety of stakeholders</p>
<p>Which decision-makers or other stakeholders were you able to meet with to discuss programmatic changes?</p>	<ul style="list-style-type: none"> • Police in charge of Gender-based Violence; Role: member of technical team to develop messages; • NGO XXX; Role: member of technical team to develop messages and organize sector-level meetings; • National Women's Consul; Role: member of technical team to develop messages and organize sector-level meetings; • Director of Good Governance; Role: member of technical team to develop messages to encourage legalized marriage for greater access to health services. 	

Questions and Themes	Health Professional Statements	Reflections and Interpretations
<p>Have any of the activities in the 'Framework' changed?</p>	<p>Additional activities were recommended during the November planning sessions:</p> <ul style="list-style-type: none"> Intensify efforts to sensitize males at community sector meetings; Sensitize nurses in other health service sectors about the availability of counseling and testing services; Educate couples to legalize their marriages to maximize health service benefits; 1 week campaign for men's access to VCT services combined with 16-day campaign for the struggle against gender-based violence. 	<ul style="list-style-type: none"> These activities are more like ongoing strategies to increase the number of men accessing VCT services. The combined campaign was a way for the team to maximize existing resources.
<p>What would you consider a success in regards to your action plan so far?</p>	<ul style="list-style-type: none"> Successful buy-in from all stakeholders; Budget for sports radio broadcast approved. 	
<p>What do you think still remains to be accomplished?</p>	<ul style="list-style-type: none"> Conduct community campaign; Seek resources from key stakeholders for sports radio publicity. 	
<p>What kinds of support do you feel your team still needs?</p>	<ul style="list-style-type: none"> Experiencing difficulty accessing Health Information from the on-line health information system for VCT data. Can you help us to access this information? The district lacks resources to fully implement the campaign. 	<p>The team has demonstrated flexibility in managing resources by combining their campaign with others to save resources. DDU Specialist to look into eligibility for District Team to receive a small grant for Sport Radio publicity.</p>
<p>Data Use Skills Are there other skills you feel you still need?</p>	<p>Further training in analysis of sex disaggregated data.</p>	<p>The District AID Control Agency staff is trained in data collection and entry; however they made need more technical skills in basic data analysis (descriptive statistics).</p>
<p>Data Use Environment What do you think may be either helping or inhibiting the use of data to make decisions?</p>	<ul style="list-style-type: none"> Recommendations from regular data reviews are not updated in the annual District performance plan. Therefore there is no guarantee of additional resources for new activities. Recommendations that are not part of the annual District performance plan require additional presentations to key stakeholders and takes time to build consensus/buy-in. 	<p>Consider data review sessions prior to annual planning period to ensure greater resource commitments.</p>
<p>Data Demand and Use Results Does your team have any documentary evidence of changes to policies, strategic plans, operational protocols, budgets, or work plans that reflect what you have been able to achieve in your management plans?</p>	<ul style="list-style-type: none"> Monthly coordination meeting minutes from September 2012; List of participants coordination meeting; Planning sessions report; List of participants of planning sessions; Number of participants (Male and Female) in campaign meetings within the 12 target sectors; Budget for Sports Radio broadcasts. 	<p>DDU Specialist to organize evidence into a file for future reference.</p>

A Way Forward

District Team:

- Investigate potential reach of sports radio publicity and use resulting information to advocate with the Vice Mayor of Social Affairs, Director of Hospital, and District Health Director for additional funds for activity;
- Test health message developed during planning sessions;
- Finalize health message.

DDU Specialist coach:

- Investigate potential for small grant to fund sport radio publicity component of VCT campaign;
- Prepare presentation of select materials from the MEASURE Evaluation 'Introduction to Basic Data Analysis and Interpretation' training for next coaching session;
- Discuss with RBC Biostatistics Unit about accessing District-level VCT data.

8 CONCLUSION

DDU Coaching bridges the gap between training and application of DDU skills to health programs.

Ongoing coaching support builds on the knowledge and skills acquired at a DDU workshop. This set of skills involves defining the demand for data by key decision makers and structuring the interpretation of data in ways that facilitate data use in programmatic decision making. In order to be successful, health professionals often need additional support to effectively apply their newly acquired DDU skills and align their DDU activities with the operations and priorities of their respective health organizations. The DDU coach can provide a team of health service providers the individual technical guidance to strategically adapt their DDU skills to their specific work environment and health goals.

DDU training combined with ongoing technical support through effective coaching also helps to identify specific opportunities to more fully integrate the use of data in decision making of a health organization. A structured coaching approach provides the platform for greater collaboration between those who produce data for reporting purposes, and those who could benefit from the use of that data to manage and implement health programs. DDU coaching further reinforces this culture of data use through the documentation and gathering of evidence of the impact of greater data use in decision making to improve health programs.

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