

# MEASURE Evaluation

Working Paper Series

## Use of HIV/AIDS Information in Kenya

April 2007

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## Abbreviations and Acronyms

<b>ANC</b>	Antenatal Clinic
<b>ART</b>	Antiretroviral Treatment
<b>ARV</b>	Antiretroviral
<b>CACC</b>	Constituency AIDS Control Committee
<b>CDC</b>	Centers for Disease Control and Prevention
<b>COBPAP</b>	Community-based Program Activity Reporting
<b>DACC</b>	District AIDS Control Committee
<b>DASCO</b>	District AIDS Coordinator
<b>DTC</b>	District Technical Committee
<b>DOD</b>	Department of Defense (U.S.)
<b>ITT</b>	Interagency Technical Team
<b>KEPMS</b>	Kenya Program Monitoring System
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MOH</b>	Ministry of Health
<b>NACC</b>	National AIDS Control Council
<b>NASCOP</b>	National AIDS and STD Control Program
<b>NGO</b>	Non-Governmental Organization
<b>NVP</b>	Nevirapine
<b>OGAC</b>	Office of the Global AIDS Coordinator (US)
<b>OVC</b>	Orphans and Vulnerable Children
<b>PEPFAR</b>	President's Emergency Plan for AIDS Relief (Emergency Plan)
<b>PIAT</b>	PEPFAR Interagency Team
<b>PLWHA</b>	People Living with HIV/AIDS
<b>PMTCT</b>	Prevention of Mother-to-Child HIV Transmission
<b>SAM</b>	Service Availability Mapping
<b>SI</b>	Strategic Information
<b>STI</b>	Sexually Transmitted Infection
<b>TB</b>	Tuberculosis
<b>USAID</b>	United States Agency for International Development
<b>USG</b>	United States Government

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## 1.0 Introduction

HIV/AIDS information is generated using substantial financial, technical and organizational resources. The investment in producing high quality HIV/AIDS data pays off when this information is used beyond reporting to governments and donors and informs program and policy decisions. The purpose of this assessment is to support the Kenyan National AIDS Control Council (NACC), the National AIDS and STD Control Program (NAS COP) and the President's Emergency Plan for HIV/AIDS Relief (PEPFAR) in Kenya in identifying opportunities for using information so that program managers and M&E officers can plan for facilitating the use of this data for better operational and strategic decision-making while engendering a local commitment to data quality.

To achieve this purpose, the assessment has the following objectives:

- To identify gaps and synergies for use of HIV/AIDS information across all users;
- To identify existing best practices;
- To inform the development of strategies for local use of data; and
- To provide recommendation of next steps for implementing selected strategies.

The assessment of HIV information use in Kenya consisted of four separate tasks: (1) a stakeholder analysis of members of the reporting structure; (2) in-depth interviews of information use stakeholders; (3) a desk review of available HIV information resources; and (4) an information use mapping exercise. This report presents the findings from the in-depth interviews with NACC, NAS COP and PEPFAR program directors, managers and implementers regarding their current use and perceived need for HIV/AIDS data. Based on these findings, recommendations are made. The findings from the desk review and the mapping exercise are presented separately.

## 2.0 Assessment Approach

In order to gain a better understanding of the roles and responsibilities of those involved in the national M&E system, a stakeholder analysis was conducted to identify and describe key participants in HIV/AIDS reporting structures for the NACC, NAS COP and PEPFAR.

In-depth interviews with representatives from NACC, NAS COP, PEPFAR/Kenya<sup>1</sup> and their implementing partners were conducted using a semi-structured guide (see Appendix B for a list of organizations that respondents represented) by MEASURE Evaluation staff and its local consultant. Interviews focused on the following questions:

1. What data exist?
2. What are possible uses for existing data?
3. How are data reported and how is information fed back into the planning process?
4. What decisions are being made?
5. What information is needed to make these decisions?
6. What influences the decision making process?

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<sup>1</sup> Representatives from the PEPFAR Interagency Team (PIAT) and the program specific (e.g., orphans and vulnerable children) Interagency Technical Teams (ITT) were interviewed.

In cases where it was appropriate and convenient, focus group discussions were also used to inform the assessment. Findings from these interviews and discussions were compiled and analyzed manually.

In addition to interviews and the stakeholder analysis, a desk review was conducted to inventory available HIV/AIDS information in Kenya and an information use map for PEPFAR data was completed. These two elements are not included in this document due to their length. It is hoped that the inventory of HIV/AIDS information resources will be made publicly available through NACC. MEASURE Evaluation's Information Use Mapping template was used to visually capture the flow and use of PEPFAR information. The entire document is presented separately but the map itself is included here as an example of an Information Use Map (Appendix C).

The assessment protocol and instruments are found in Appendix A.

## **3.0 Findings**

### **3.1 Stakeholder Analysis**

The purpose of a stakeholder analysis is to identify and characterize the role each stakeholder or stakeholder group plays in collecting, reporting and using HIV/AIDS Information. The analysis was conducted through discussions with NACC, NASCOP and PEPFAR leadership and the review of key documents. Below are a list and a brief description of participants involved in the collection, analysis, reporting and use of HIV/AIDS data in Kenya. Separate lists are conducted for Government of Kenya and PEPFAR/Kenya information use.

#### *Government of Kenya*

NACC is mandated to coordinate the national HIV/AIDS response in Kenya. There is a monitoring and evaluation (M&E) division within the NACC that is responsible for all HIV/AIDS M&E initiatives. This division receives technical support and guidance from the Monitoring and Evaluation Working Group made up of technical advisors from international organizations, donors and other M&E experts. The key responsibilities of the M&E division include: development of an M&E implementation plan, operational manual and framework; M&E capacity building for sub-systems; resource mobilization; analysis and preparation of national reports; utilization of reports and research for decision making; quality control in M&E systems; and building institutional relationships critical for the success of M&E.<sup>2</sup>

NASCOP is responsible for the management of HIV sentinel surveillance, behavioral sentinel surveillance and routinely collected health facility data for HIV/AIDS. Information from aggregated health facility-based data collection forms is compiled and shared with the NACC via the Ministry of Health (MOH) health information system.

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<sup>2</sup> National HIV/AIDS Monitoring and Evaluation Framework. Kenyan National AIDS Control Council. July 2005.

Provincial and District Levels Offices: Provincial Officers, District AIDS Control Committees (DACC), the District AIDS Coordinator (DASCOS), and District Technical Committees (DTC) are responsible for coordinating and supervising the development of provincial and district HIV/AIDS reports, bulletins and special studies. Information at the district level is expected to be used to review trends and program progress as well as for action planning to address program improvement. In addition, district-level HIV/AIDS data should be shared with the District Development Officer to be used in district development planning.

Constituency AIDS Control Committees (CACC) collect information for community-based program output indicators from local implementing partners and are expected to use this information for strategic planning and decision making for prioritizing funding areas. The CACC also plays a role in ensuring data quality.

Community-based Activity Sites include specific sites that are providing community-based services aimed at preventing HIV or providing treatment and support for those infected and affected by AIDS. Examples of community-based activity sites include programs that implemented a behavioral change and communication campaign in the village markets of a specific district or programs that support sending orphans from a particular province to school. Community-based activity sites are responsible for collecting NACC, NASCOP and PEPFAR indicators specific to palliative care, orphans and vulnerable children, behavioral change, policy development and training, capacity and program strengthening.

Health Facility-based Activity Sites include those that provide medical services to individuals for counseling, testing and treatment for HIV/AIDS. Examples of facility-based activity sites include a PMCT program in a specific hospital, voluntary counseling and testing (VCT) in a specific district or community, or a workplace antiretroviral (ARV) treatment program at a particular factory. Facility-based activity sites collect NASCOP and PEPFAR indicators specific to PMCT, VCT, ARV, blood transfusion and safety, facility-based palliative care, and training and capacity building programs.

### *PEPFAR/Kenya*

PEPFAR Inter-Agency Team (PIAT) is a group of United States Government (USG)/Kenya managers from across PEPFAR program areas. PIAT is chaired by the Interagency Coordinator and involves the chair from each Interagency Technical Team (ITT). Decisions are made at this level regarding the overall USG response to HIV and AIDS in Kenya. For example, this group recently addressed the issue of ARV treatment based on aggregated information from implementing partners and feedback from the Treatment and Care ITT that highlighted an issue with how second-line ARV therapy was being prescribed. This group is also the lead in communicating with the Government of Kenya (GOK), heads of USG missions (DOD, CDC, USAID, State Department, Peace Corps) and the Office of the Global AIDS Coordinator (OGAC) in Washington, DC.

Interagency Technical Teams (ITT) includes representatives from all USG missions (USAID, CDC, DOD, Peace Corps). These representatives form distinct teams for each program area. The role of this team is to guide and support the technical aspect of

interventions. ITTs meet to review and make recommendations by specific program area. This group also relays information to partners in these program areas and liaises with PIAT and stakeholders to provide feedback on program implementation.

Strategic Information (SI) Interagency Technical Team is the ITT for strategic information and includes representatives from CDC/Kenya and USAID/Kenya. The MEASURE Evaluation Resident Advisor supports the SI ITT and communicates PEPFAR monitoring guidance to implementing partners. The SI ITT coordinates the PEPFAR/Kenya monitoring and reporting process.

Activity Managers are representatives from each USG/Kenya mission. The exact title of these individuals is determined by the mission. For example, USAID may use the title Cognizant Technical Officer or CTO for its activity manager; whereas the representative from CDC is entitled activity manager. The role of these individuals is to support the implementing partners through program monitoring which is being funded through their respective mission.

Prime Partners are lead organizations receiving direct funding from USG/Kenya missions to implement HIV/AIDS programs. Implementing partners oversee a number and variety of sub-partners which provide services at activity sites. In general, implementing partners give direction to their respective activity sites on data collection and are responsible for collating the data collected by these sites.

Community-based Activity Sites and Health Facility-based Activity Sites can be the same sites that implement GOK HIV/AIDS activities and should be collecting and reporting the same information to PEPFAR/Kenya and GOK.

### **3.2 In-depth Interviews and Discussions with NACC, NASCOP and PEPFAR**

In-depth interviews were conducted with program directors, managers and implementers from NACC, NASCOP and PEPFAR. During these interviews, respondents were asked how information is currently used and how it could be exploited further to improve programs. During a series of database trainings for all PEPFAR implementing partners in June 2006, participants were asked these same questions as a group during a facilitated discussion. All of the responses were grouped and sorted in order to develop a comprehensive understanding of the decisions being made, information being used and information needed at all levels of the HIV/AIDS M&E System.

#### **3.2.1 Decisions**

In general, decisions can be sorted into three main categories: policy and advocacy, program design and improvement, and program operations and management. Different types of stakeholders will make different types of decisions. For example, representatives from PEPFAR/Kenya implementing partner agencies described a variety of decisions they make on a regular or non-regular basis. None of these decisions were related to policy and advocacy, most likely because they are more involved with programs at the sub-national level; whereas, GOK and PEPFAR/Kenya managers included policy and advocacy-type decisions. Table 1 lists the types of decisions that respondents said that they made.

**Decision Making Example:** In making decisions about scale-up and site identification, the Care and Treatment ITT would like data on how the current availability and access to facility services compares to population distribution. Human resource, Service Availability Mapping or Service Provision Assessment data and census information can be used to determine how population distribution compares to service availability.

**Table 1. Types of Decisions Made Using HIV/AIDS Information**

<b>Types of Decisions</b>
<p><i>Policy and Advocacy Decisions</i></p> <ul style="list-style-type: none"> <li>• Lobbying for funding</li> <li>• Changing policies based on program evaluations</li> </ul>
<p><i>Program Design and Improvement Decisions (General)</i></p> <ul style="list-style-type: none"> <li>• Determining program design</li> <li>• Tailoring programs to meet the needs of vulnerable groups</li> <li>• Setting expectations in workplan development</li> <li>• Planning for service scale-up</li> <li>• Identification of service gaps at constituency level</li> <li>• Deciding the best strategies for empowering facilities/organizations to collect data</li> <li>• Addressing training gaps</li> <li>• Revising the training curriculum</li> <li>• Procuring drugs and supplies</li> <li>• Monitoring performance given to SASCO during quarterly visits and meetings</li> <li>• Describing why targets were missed and articulating lessons learned</li> <li>• Taking action to improve the quality of care</li> </ul>
<p><i>Program Design and Improvement Decisions (Specific)</i></p> <ul style="list-style-type: none"> <li>• How to train grassroots field workers</li> <li>• Determining when and how to change strategies for community mobilization strategies</li> <li>• Selecting which media house to work with and the focus of selected interventions</li> <li>• Identifying methods to involve parents more in youth prevention programs</li> <li>• Determining how to reach children involved in the program</li> <li>• Determining when and how to change strategy for VCT to increase coverage</li> <li>• Deciding where to establish youth-friendly VCT sites</li> <li>• Designing the best approach to involve/inform client partners on serostatus</li> <li>• Projecting the number of service providers needed to be trained in ART</li> <li>• Determining the appropriate distribution of ARVs</li> <li>• Managing patients</li> <li>• Identifying and addressing challenges and creating action plans based on NVP and ARV treatment outcomes.</li> <li>• Determining appropriate nutrition interventions</li> <li>• Allocating funds to the building of a structure for PLWHA group</li> </ul>

## Types of Decisions

### *Program Operations and Management Decisions*

- Planning for district resource allocations
- Determining how much money is spent on specific activities
- Determining what CBO to fund
- Determining a process for implementing activities
- Determining what support is needed to carry out program activities
- Determining a plan for improving infrastructure
- Defining roles and responsibilities
- Expanding the program and hiring more staff
- Scheduling staff site visits
- Determining how to approach gaps in my data collection
- Determining how to collect nursing staff data and computerize it
- Determining how and when data is to be presented

### **3.2.2 Information Currently Being Used**

Respondents cited a variety of sources of information that they use to assist them to understand their programs' outcomes and impacts including the Kenya Service Provision Assessment, Kenya Demographic Health Survey, Behavioral Sentinel Surveillance, national morbidity and mortality information, HIV surveillance system information, client exit interviews, and organizational performance data.

To monitor their programs, respondents used a variety of indicators that are mandated by the GOK (through NACC or NASCOP) and PEPFAR/Kenya. In some cases, stakeholders responsible for the direct implementation of programs explained that they collect their own program-specific data in order to support an informed approach to program management. Table 2 (on the following page) lists indicators, categorized by program area, currently being used by respondents.

### **3.2.3 Information Needs**

Participants listed and discussed gaps in available information (see Table 2). Gaps occurred because:

- the data did not exist, or
- the data existed but was not accessible, or\*
- the data existed but was not in an appropriately aggregated or disaggregated format (e.g., nationally aggregated monthly data to be shared with districts and partners; HIV prevalence and other outcome data to disaggregated at the district level).

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\* Some respondents noted that information being used by one partner (and included in the list above) was not uniformly available and was, therefore, described as a need by another partner.

**Example of Information Need:** Programmatic improvement decisions aimed at increasing the number of women attending antenatal clinics (ANC) and allocating resources to treat HIV positive women are limited by the lack of data on the number of HIV positive women and the number of women attending ANC for the first time. PEPFAR/Washington does not require the reporting of these data elements; however, PEPFAR/Kenya has requested that prime partners collect and report these data by PMTCT sites to support the decision-making process for PMTCT programs.

**Table 2. Information from Program-Level Indicators Being Used and Information Needed by HIV/AIDS Program Implementers**

Information Being Used	Information Needed
<ul style="list-style-type: none"> <li>• Number of people trained in prevention</li> <li>• Number of community sensitizations conducted</li> <li>• Number of youth currently at risk of HIV infection</li> <li>• Number of youth reached by abstinence and be faithful messages</li> <li>• Number of youth receiving free primary education</li> <li>• HIV serostatus of partners</li> <li>• Number of mothers counseled and tested</li> <li>• Number of pregnant women on antiretroviral treatment</li> <li>• Health services provided</li> <li>• Daily patient flow and facility attendance</li> </ul>	<p style="text-align: center;"><u>General</u></p> <ul style="list-style-type: none"> <li>• Number of people accessing the program and with what efficiency</li> <li>• Client information (to avoid double counting) and patient care</li> </ul>
	<p style="text-align: center;"><u>Prevention</u></p> <ul style="list-style-type: none"> <li>• Data that demonstrates issues or repetition in message delivery</li> <li>• Number of people reached with information on abstinence</li> <li>• Number of youth accessing services</li> <li>• Number of partners tested in counseling and testing and discordant couples</li> <li>• STI care coverage</li> <li>• Post-exposure prophylaxis</li> <li>• Number of infections prevented</li> </ul>
	<p style="text-align: center;"><u>Care</u></p> <ul style="list-style-type: none"> <li>• Number of PLWHA networks in need of capacity building to manage community-level care and support programs</li> <li>• Number of beneficiaries and their socio-demographic information</li> </ul>

Information Being Used	Information Needed
<ul style="list-style-type: none"> <li>• Patient nutritional data including body mass index of patients and z scores for children</li> <li>• Client monthly income</li> <li>• Number of people receiving palliative care</li> <li>• Number of OVCs enrolled</li> <li>• Type of OVC support available</li> <li>• Recreational activities conducted</li> <li>• Types of indirect support to families and community members</li> <li>• Number of people and their dependents in need of care</li> </ul>	<ul style="list-style-type: none"> <li>• Number of OVCs receiving specific services</li> </ul>
<u>ARV Treatment</u>	
<ul style="list-style-type: none"> <li>• Number of children on antiretroviral treatment/TB treatment</li> <li>• Number of women patients on treatment by type of treatments</li> <li>• Number of defaulters</li> <li>• Quality assurance/control data</li> </ul>	<ul style="list-style-type: none"> <li>• Personal information regarding providers background, deployment and attritions</li> <li>• CPR in each region and province in Kenya</li> <li>• ARV adherence</li> <li>• Information on cost per client</li> </ul>
<u>Training</u>	
<ul style="list-style-type: none"> <li>• Number of providers trained by health facility and by topic</li> <li>• Number of people trained in completing health facility records</li> </ul>	

### ***3.2.4 Constraints and Solutions to Information Use***

Respondents were asked what constraints they have experienced while trying to use information to make decisions. Understanding constraints and challenging users to identify strategies for overcoming them is an important step in developing and instituting feedback mechanisms and opportunities for using information. The constraints and proposed solutions for overcoming these challenges that respondents cited during individual interviews and facilitated group discussion fall into three categories: (1) inadequate information because of poor data collection; (2) inadequate information because of weak reporting systems; and (3) lack of capacity to use information (these are summarized in Table 3).

**Table 3. Information Use Constraints and Solutions: Summary Findings from Individual Interviews and Facilitated Group Discussion.**

Information Use Constraints	Solutions
<u>Poor Data Collection</u>	
<ul style="list-style-type: none"> <li>• Minimal appreciation for data</li> <li>• Overburdened staff</li> <li>• Unskilled and unmotivated data collectors</li>   <li>• Inadequate policy and guidance on data collection</li> <li>• Lack of coordinated effort to engage stakeholders in M&amp;E system design</li>   <li>• Inappropriate data collection instruments</li> <li>• Data collection is time consuming and confusing</li> <li>• Lack of feedback</li> </ul>	<ul style="list-style-type: none"> <li>• Empower grassroots volunteers and staff to collect and use data</li> <li>• Train field staff in data collection, analysis and use and follow-up with supervision</li> <li>• Establish collaboration between data entry clerks and data collectors</li> <li>• Develop user friendly instruments and databases with user input</li> <li>• Support regular feedback on program progress to collectors including updates on program progress through standardized instruments</li> </ul>
<u>Weak Reporting Systems</u>	
<ul style="list-style-type: none"> <li>• Non-standardized information reporting instruments</li> <li>• Poor infrastructure for supporting information systems</li> <li>• Insufficient definition of reporting roles</li> </ul>	
<u>Insufficient Information Use Capacity</u>	
<ul style="list-style-type: none"> <li>• Lack of accurate, timely, complete data</li> <li>• Limited access to centrally located data</li> <li>• Limited funding</li>   <li>• Absence of an information use plan</li> <li>• Inconsistent forums for reviewing data</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct quality control and assurance checks</li> <li>• Develop information use and dissemination plans</li> <li>• Promote the sharing of information with staff and across implementing partners</li> <li>• Allow access to a central depository of data</li> <li>• Increased support for research and publication in areas where there are knowledge gaps</li> </ul>

Information Use Constraints	Solutions
<ul style="list-style-type: none"> <li>• Poor organizational support</li> <li>• Inconsistent interpretation of indicators</li> <li>• Systems and indicator definitions change</li> <li>• No evaluation of M&amp;E system</li> </ul>	<ul style="list-style-type: none"> <li>• Strengthen collaboration between governmental sectors to share and use information</li> </ul>

Respondents consistently cited inadequate information (either due to collection constraints or reporting constraints) as a key constraint to information use. This was particularly true for program monitoring information. Challenges in collecting the data were perceived as the main causes of inadequate information coming from both community-based and health facility activity sites; though the challenges at each of those sites were different:

- The challenge with community-based data is that the majority of data collection is dependent upon community volunteers. Respondents described how volunteers lack an appreciation for data, skills in data collection, and motivation for data collection. In addition, volunteers often have low literacy and numeracy skills.
- Health care providers were described as being overworked, lacking a standardized system and forms for collecting data, and not having an understanding for the need and purpose of the data requested.
- Respondents also noted that it is believed that if providers collect the data and report it, they will receive needed resources. The issue with this is that often the resources are not available; thereby increasing provider frustration and actually serving as a disincentive for reporting. This leads to a general lack of information to support service provision decisions. These constraints combined create the challenge of missing, inaccurate or irrelevant data sent to implementing partners in incorrect formats.

Respondents suggested solutions addressing the identified information use constraints that are applicable to both community-based and health facility data collection efforts. Periodic (monthly or quarterly) supervisory visits were suggested to support and verify the quality of the data collection and the reporting process. These visits could also incorporate meetings with program managers and data collectors to discuss the relevance of the information generated in evaluating program progress. Instruments for evaluating/supervising the data collection process and for facilitating the discussion of program progress at the activity sites was believed by participants to be a key solution not only in promoting the timely collection of accurate data but also in engendering ownership and the appreciation of data among collectors.

It was suggested that a specific strategy be developed and implemented to address the barrier of low literacy among those working in community programs.

Respondents also noted that another constraint to using data was based on the flow of information. Systems were weak or there were multiple systems which were redundant, not standardized, and not coordinated. Examples of this are as follows:

- Laboratory data comes from three sources: NGO, NASCOP and CDC laboratories. In order to maintain the quality and successfully use this information it is important that standardized systems are in place.
- The unstructured nature of community activities makes it difficult to apply a structured system for monitoring these programs. A system is especially crucial for understanding how these programs can be improved and for addressing the issue of double counting.

Other suggestions to improve data collection and information reporting included training in record keeping, standardizing instruments for data collection and reporting based on data collector and reporter input, using computers at the lowest level for data entry (e.g., allowing activity sites to enter data directly into the Kenya Program Management System [KEPMS]), and instituting a quality assurance and control check. These data quality improvements would then increase the utility of the data collected.

Respondents explained that they experienced constraints in their own capacity to use information in program management because of funding restraints, the sensitivity of data, lack of planning for data use, absence of a central data depository, poor organizational support for using information to make decisions, inconsistent interpretation of indicators, and the unclear definition of roles and responsibilities in supporting the sharing and use of data. Proposed solutions that could directly influence capacity building in this area included: developing information use and dissemination plans; promoting the sharing of information with staff and across implementing partners; allowing partner access to a central depository of data; and strengthening collaboration between governmental sectors to share and use information.

### **3.3 HIV Information Resources**

A desk review was conducted to inventory all Kenya HIV information resources available as of September 15, 2006. These resources included both written reports and databases. Though not included in this document, the inventory should be made public electronically through the internet and updated periodically.

### **3.4 Information Use Map**

As an example of information use mapping, a map was developed to identify opportunities for feedback mechanisms and information use for decision making within the PEPFAR information system. (See Appendix C for the map. The documentation is available separately.)

## **4.0 Recommendations**

A wide range of recommendations and next steps were identified by respondents. Suggestions for improving the information system (collection and flow) were given in

order to support an eventual increase in information use. Recommendations also included concrete and explicit requests for how to put into practice the use of HIV/AIDS information. Capacity-building activities to support improved data quality, information flow, and information use were also mentioned. These are described in more detail below.

#### **4.1 Information System**

Respondents identified a number of specific issues and recommendations to address HIV/AIDS information system issues that lead to inadequate information. Improving the information that is generated would facilitate the use of information. Recommendations included:

- Conducting a baseline assessment on how data is collected, analyzed and used. This assessment would be more detailed than the one documented here. It could follow the information generated at an activity site.
- Using the Information Use Map (an example for PEPFAR information is given in Appendix C) as a tool for better understanding and discussing the reporting process.
- Developing a system in which resource allocation is based on reporting performance. This would motivate data collectors to collect data and to report. It was noted that such a system can also lead to the fabrication of information and inaccurate information being reported.

#### **4.2 Information Use**

Respondents explained that planning, programming, and progress monitoring are the key areas where information can be used. In order to successfully use information, it is important to identify what information the facility, community and province need. There is a need to understand what data are needed for:

- Policy and advocacy;
- Program design and improvement;
- Program operations and management; and
- Accountability to the population, implementers and donors.

When planning for information use, analyses of the information needs of information users should be conducted to insure that the correct information is generated and used.

Respondents expressed a need for information use strategies (for both the Kenyan government and PEPFAR/Kenya) that is linked to national and PEPFAR indicators. The information use strategy would provide guidelines for information use including:

- Establishment of information feedback mechanisms. The information feedback mechanisms would include NACC, NASCOP, PIAT, the ITTs, implementing partners, and program beneficiaries.
- Development of quick, “on the spot” data analysis tools to be used by implementing partners at the service-provision site. These could be in the form of a checklist that directs users how to review data to ensure quality, to identify programmatic issues,

and to develop action plans.<sup>3</sup> These tools would address the constraints of heavy workloads and lack of human resources within the M&E system by allowing analysis at the service provision level and would promote the use of data at the point in which it is collected by providing immediate feedback and not having to wait for aggregated information from the national (or sub-national) level.

- Analysis of information beyond aggregation by program area or national level; e.g. to the province, district and community levels.
- Scheduling of forums in which implementing partners (1) share their data collection, information reporting and information use experiences, and (2) review targets, achievements and challenges in order to learn from each other.

The strategy would include an implementation plan, with a specified timeline, roles and responsibilities for operationalizing and sustaining the strategy.

The PEPFAR/Kenya SI Team is in a key position to support implementing partners in improving their programs through use of information with minimal effort and substantial added value.

### **4.3 Capacity Building**

Underlying all recommendations to improve data flow and increase information use was a key concern among respondents that there exists a strong need for training of individuals throughout the M&E system in transforming data into information. Specific training needs identified included the development of skills in interpretation, analysis and communication of information as well as the instillation of the importance of data in service providers.

### **4.4 HIV Information Resources**

One of the products of this assessment was the HIV Information Resource Inventory. Two recommendations concerning the Inventory are:

- Disseminate the HIV Information Resources Inventory electronically by posting it on the NACC Web site. It could be accessed through the Information/Resources tab at <http://www.nacc.or.ke/index.php/info/>.
- Update the inventory periodically (quarterly) as new resources are developed and old resources are retired. An institution such as NACC could be responsible for this.

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<sup>3</sup> For PEPFAR/Kenya, the KEPMS could contain functions to assist in quick analysis after data entry is complete.

## **5.0 Next Steps**

Following the review of this report among key stakeholders, it is recommended that specific interventions should be defined, prioritized and implemented. These could include:

- Developing coordinated HIV/AIDS information use strategies for NACC and PEPFAR/Kenya and their partners.
- Developing guidelines or manuals that assist program managers and M&E officers in facilitating the use of HIV/AIDS information.
- Developing instruments for quick analysis of data collected at the service provision level.
- Building the capacity building of program managers in data analysis and interpretation, and in facilitating the use of information at lower levels.

## **Appendix A: Assessment Protocol and Instruments**

### **Creating Demand for HIV and AIDS Data to Inform Policy, Plan and Implement Programs through Facilitating Local Use**

#### **Data Use Assessment Protocol June 2006 DRAFT**

##### **Assessment Objectives:**

- Understand current use of HIV and AIDS data among users.
- Identify opportunities and strategies for improved use of HIV and AIDS data.
- Share best practices, initial findings and linkages to resources to promote information use among key stakeholders.

##### **Methodology**

This assessment involves a desk review of available HIV and AIDS data sources and in-depth interviews with individuals and organizations involved in the national AIDS program. In cases where it is appropriate and convenient, focus group discussions with stakeholders will be used to inform the assessment. Findings from interviews will be analyzed manually. This analysis will be supported by the use of instruments designed to assist in the sorting and interpretation of findings resulting in the visualization and description of the current data use situation. A report will be written following the assessment that documents these findings and proposed recommendations.

##### *Initial Assessment Questions for Individuals and Organizations Involved with the National AIDS Program*

1. What data exist?
2. What are possible uses for existing data?
3. How are data reported and how is information fed back into the planning process?
4. What are the decisions being made?
5. What information is needed to make these decisions?
6. What influences the decision-making process?
7. What constraints are experienced when trying to make information supported decisions?

This is not meant to be a comprehensive review of the national AIDS program or PEPFAR reporting system. Therefore, a fluid approach to working with stakeholders has been employed in order to support a flexible and iterative process by which questions are asked regarding the use of HIV and AIDS information. The instruments described on the following page were used to provide a systematic and standardized way of analyzing the responses from stakeholders and documents in order to understand how the reporting system(s) functions and to specifically identify gaps in the use of HIV and AIDS information.

## **Instruments**

### ***Instrument A: Desk Review Template for National HIV and AIDS Data***

*Purpose:* To compile a list of all available HIV and AIDS data resources. The key reason for identifying these sources is to be able to later refer to them in the development of the guideline.

*Targets:* national AIDS program, ministry of health, local Center for Disease Control, health information units, non-governmental organizations, universities, MEASURE Evaluation, USAID, and implementing partners.

*Method:* Desk review and brief documentation of available documents; this may include follow-up interviews with resource authors when necessary.

### ***Instrument B: Stakeholder Analysis***

*Purpose:* To identify and characterize the role each stakeholder or stakeholder group plays in the use of HIV and AIDS information.

*Targets:* national AIDS program and PEPFAR reporting system stakeholders.

*Method:* Conduct key stakeholder discussions with national AIDS program and PEPFAR leadership in order to identify the key players in HIV and AIDS data use. Document these findings in the stakeholder matrix.

### ***Instrument C: Interview Guide***

*Purpose:* To discuss the current and expected use of HIV and AIDS information with national AIDS program and PEPFAR information users and decision makers in order to identify opportunities to improve the use of HIV and AIDS information for decision making and program planning.

*National AIDS Program Targets:* Representatives from each level of the reporting system. For example, members from the following groups in Kenya were interviewed: District Health Committees (one member from two different DHCs); Provincial Hospitals (1); CACCs (one member from four different CACCs); implementing agencies for community-based programs (one member of three different programs); and District Technical Committees (one member of two different DTCs).

*PEPFAR Targets:* Representatives from each level of the PEPFAR reporting system (some of these may overlap with national AIDS program interviewees). In Kenya, members from the PEPFAR Inter-agency team, Inter-agency Technical teams from various program areas, the Strategic Information team, and Implementing Partners were interviewed.

*Method:* Individual in-depth interviews using the interview guide should take approximately 45 minutes. The notes from each interview should be typed and

later incorporated into the final report. This interview guide can also be adapted in order to interview a group of respondents when possible.

*Note:* The identification of interviewees should be done in collaboration with the organization overseeing the national AIDS program and in the case of PEPFAR, the Strategic Information team. USAID, Centers for Disease Control, Department of Defense, and Peace Corps should be represented as equally as possible in these discussions and interviews. Typically, letters are sent to the interviewees to introduce the purpose of the interview and the interviewer prior to the appointment.

***Instrument D: Information Use Mapping***

*Purpose:* To assess and identify opportunities for feedback mechanisms and use of HIV and AIDS data.

*Method:* Aggregation of interview and desk review findings along with subsequent interviews or informal discussions with stakeholders to map data flow and information use.

*Targets:* The scope for this instrument includes each level of the PEPFAR or National AIDS Program reporting structure.

*Note:* The extent to which this instrument is used should be determined by the amount of time and resources available. Some of the information required for completing this instrument will be drawn from the in-depth interviews. It may be necessary however to conduct subsequent interviews in order to sufficiently complete the information use map. For more information on how to complete this map, refer to “Information Use Mapping: An assessment tool for identifying opportunities for feedback mechanisms and data use.” MEASURE Evaluation. Draft Project Tool. May 2006.

**Assessment Process**

This assessment methodology requires three days of preparation by the assessment leader, five days of in-country work, and five days of working either in country or virtually to validate findings and review the assessment report. In-country work is dependant upon the availability of stakeholders for interviews. Key steps in conducting this assessment are as follows:

1. Meet with the National AIDS Program M&E Team and SI Team to share the protocol, build consensus and get assistance in setting up appointments with the necessary interviewees.
2. Conduct interviews with identified individuals, review documents and validate responses regarding system functions with NAP M&E officers and the SI team.
3. Complete the stakeholder analysis, desk review and information use map.
4. Draft a report.
5. Share the information use map and draft report with the National AIDS Program M&E team and the SI Team in order to validate findings and discuss recommendations.



**INSTRUMENT B: Stakeholder Analysis**

Stakeholder Group	Description of Stakeholder Group	Role in HIV and AIDS Reporting System	Overall M&E Capacity to Perform in This Role

## INSTRUMENT C: In-Depth Interview Guide

<b>IN-DEPTH INTERVIEW FOR USE OF HIV AND AIDS INFORMATION</b>
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Date:		
Time Start/End	Start:	End:
Interviewer Name:		
Title of Respondent:		
Number of Years in this Position:		
Organization/Government Affiliation		

### INTRODUCTION:

The ultimate objective of collecting and analyzing data is to inform and improve health program decision-making. MEASURE Evaluation (with PEPFAR/the national AIDS program) is working together on activities that support and facilitate demand for and utilization of data for policy formulation and program decision-making. To better understand the demand for data and the constraints and barriers to data use we are collecting information from decision-makers on their current use of data and on their perceptions of the constraints and barriers to the use of HIV and AIDS information.

Your participation in this interview is very important, but it is entirely voluntary. Your responses will be treated as confidential, and we will ensure that any statements or comments you make cannot be linked either to you as an individual or to your organization. We will be producing a report that is intended mainly to assist your organization and collaborating organizations in the design of our monitoring and evaluation activities.

Are you willing to participate?

YES \_\_\_\_

NO \_\_\_\_ (stop interview)

<b>QUESTIONS</b>	
1	What HIV/AIDS information currently exists?
2	How do you use this information? <ul style="list-style-type: none"> <li>○ policy and advocacy decisions</li> <li>○ program design and improvement decisions</li> <li>○ program management and operations decisions</li> </ul>
3	What information do you need that you do not have to inform these decisions?
4	What influences your decision-making process?
5	What constraints do you experience when trying to make information supported decisions?
6	What solutions would you recommend in overcoming these constraints?

## INSTRUMENT D: Information Use Map

Information Flow: Strategic HIV and AIDS Information	
Date:	
	Collection > Collation > Storage > Analysis > Reporting > Use >
Community Based Programs	
Facility Based Programs	
Implementing Partners	
USG Activity Managers	
Strategic Information Team	
Interagency Technical Team	
PEPFAR Interagency Team	

## Appendix B: Respondents

### NACC and NASCOP Respondents

<u>Title</u>	<u>Organization</u>	<u>Region</u>
M&E Director	NACC	Nairobi
Deputy Manager M&E	NASCOP	Nairobi
Information Program Officer	National Council Agency for Population and Development (NCAPD)	Nairobi
PACC Coordinator	PACC	Nakuru
PACC Coordinator	PACC	Mombasa
PASCO Coordinator	PASCO/Mombasa	Mombasa
MOH - Provincial AIDS/STI Coordinator	PASCO/Nakuru	Nakuru
DASCO Coordinator	MOH, District AIDS Control Coordinator	Mombasa
Nurse	MOH, District AIDS Control Office (DASCO)	Nakuru
District Development Officer (DDO)	Kilifi District	Mombasa
Librarian/Resource Officer, DDO In Charge	DASCO/Nakuru	Nakuru
CACC Chairman	CACC, 2004	Mombasa
CACC Chairman	CACC, 2004	Mombasa
CACC Chairman	CACC/Kisauni Constituency	Mombasa
CACC Coordinator	CACC	Nakuru
CACC Coordinator	CACC/Molo Constituency	Nakuru
CACC Coordinator	CACC/Likoni Constituency	Mombasa
CACC Coordinator	CACC	Mombasa
M&E Data Manager	Family Health International (FHI)	Nairobi
Clinical Officer In Charge	Family Health Options	Nakuru
HIV/AIDS Coordinator	Futures Group International	Nairobi
Director/Chairlady	Health Focus & Peer Educators Trainers Organization	Nakuru
M&E Officer	John Snow Inc. (JSI) – DELIVER	Nairobi
Resource Centre Assistant	Kenya AIDS NGOs Consortium	Nairobi
Resource Person	Kenya Network of Women Living With AIDS (KENWA)	Nairobi
Director	Kenya Treatment Access Movement (KETAM)	Nairobi
Director	Network of People Living with HIV/AIDS in Kenya (NEPHAK)	Nairobi
M&E Officer	Liverpool VCT Care and Treatment	Nairobi
Program officers (2)	Population Council	Nairobi
Chairlady, Area Chief, CACC Implementer	NUSRA Women Group – Awareness of HIV/AIDS and Income Generating Activity (Baking)	Mombasa
Coordinator/Chairman COPE	CACC Implementer at the Provincial General Hospital	Mombasa
CACC Youth Implementer	ANTI Puppeteer Group (NAT)	Nakuru

## PEPFAR/Kenya Respondents (Organizations)

Academy for Educational Development/ Capable Partners	Kapkatet District Hospital
Academy for Educational Development/ Speak for the child	Kenya AIDS NGO Consortium (KANCO)
African Medical and Research Foundation	Kenya Medical Research Institute
African Union Inter-African Bureau for Animal Resources	Kericho District Hospital
AIC Litein Hospital	K-REP
AMPATH	Live With Hope Center
Association of Schools of Public Health/ Nursing Council of Kenya /Emory University	Liverpool VCT & Care
AVSC	Marquette University
CARE International in Kenya	MEASURE Evaluation
Centre for British Teachers	Mildmay International
Christian Children's Fund	Mission for Essential Drugs & Supplies
COGRI	MSH/RPM Plus
Community Housing Foundation	National AIDS and STI Control Programme (NASCOP)
Eastern Deanery Aids Relief Program	National Blood Transfusion Service (NBTS)/MOH
Elizabeth Glaser Pediatric AIDS Foundation	National Council for Population & Development (NCAPD)
Engender Health/Amkeni Project	New York University
Family Health International/IMPACT	Path
Family Health International/Institute of Family Health	Pathfinder International
Futures Group	Peace Corps OVC Scholarships
Hope Worldwide Kenya	Policy Project
Impact Research and Development Organization	Population Council/Friends of Youth
Indiana University School of Medicine	Population Council/Frontiers in Reproductive Health
Insta Products	Population Council/Horizons
Institute of Tropical Medicine	Population Services International
International Medical Corps	Salesian Missions
International Rescue Committee	Tenwek Mission Hospital
Internews Network	UNICEF/Kenya Country Office
Intra Health International	Unilever Tea Kenya Ltd. Hospital
James Finlay Kanya Ltd. Hospital	University of Manitoba/Strengthening STD/HIV Control Project
JHPIEGO	University of Nairobi/Dept. of Pediatrics
JSI/DELIVER	ACTS
	University of Washington /Coptic Mission Hospital
	World Vision Kenya

# Appendix C: Information Use Map: PEPFAR Strategic Information Kenya<sup>4</sup>

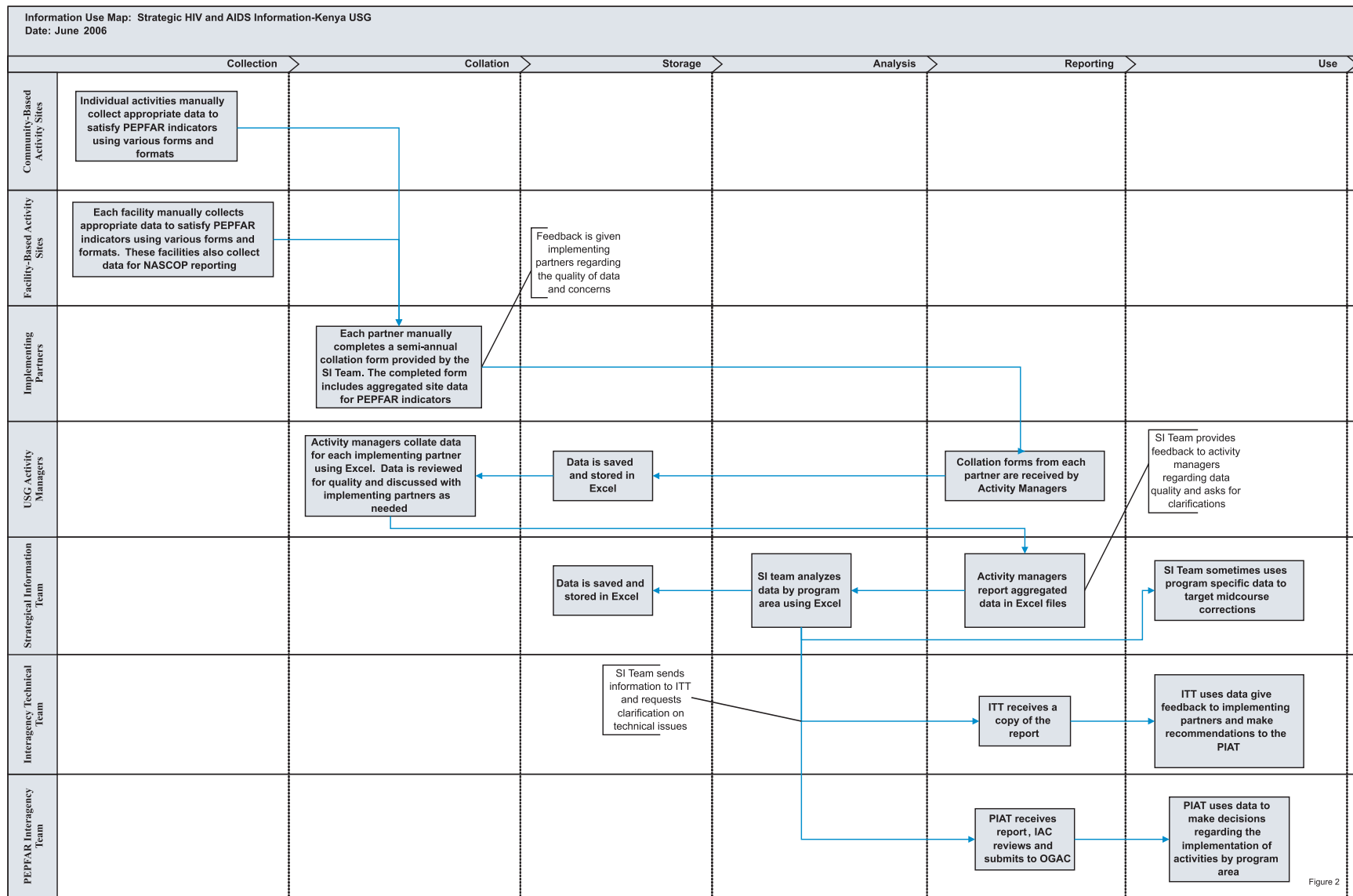


Figure 2

<sup>4</sup> This map was developed prior to the introduction of KEPMS so references to Excel-based reporting are not valid.