MEASURE Evaluation

Working Paper Series

Using the 2004 Kenya Service Provision Assessment Survey for Health Service Delivery Improvement

International Health Facility Assessment Network
September 2008

WP-08-108

MEASURE Evaluation is funded by the U.S. Agency for International Development (USAID) through Cooperative Agreement No. GPO-A-00-03-00003-00 and is implemented by the Carolina Population Center at the University of North Carolina in partnership with Constella Futures, John Snow, Inc., Macro International Inc., and Tulane University.

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This working paper series is made possible by support from the U.S. Agency for International Development (USAID) under Cooperative Agreement No. GPO-A-00-03-00003-00. The opinions expressed are those of the authors, and do not necessarily reflect the views of USAID or the U.S. government.

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Acknowledgements

This case study documents the work of numerous people including Paul Ametepi, Nancy Fronczak, Paul Kizito, and Laurie Liskin. This document has been reviewed by Bolaji Fapohunda, Paul Kizito, Laurie Liskin, and Scott Moreland for technical soundness. In addition, several in-country agencies and organizations were the driving forces behind producing and using data and information as described in these case studies.

The case study was written by Teresa Harrison of MEASURE Evaluation for the International Health Facility Assessment Network (IHFAN).

About MEASURE Evaluation — MEASURE Evaluation strengthens the capacity of host-country programs to collect and use population and health data. The project is a key component of the U.S. Agency for International Development (USAID) program, Monitoring and Evaluation to Assess and Use Results (MEASURE), and promotes a continuous cycle of data demand, collection, analysis and utilization to improve population health conditions.

MEASURE Evaluation fosters demand for effective program monitoring and evaluation. We seek to empower our partners as they improve family planning, maternal and child health, and nutrition, and prevent HIV/AIDS, sexually transmitted diseases, and other infectious diseases worldwide.

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Contents

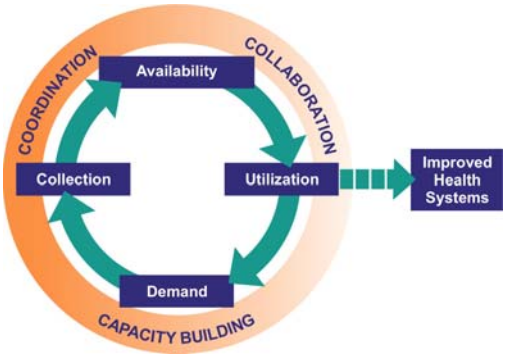
Acronyms

CBS	Central Bureau of Statistics
DDIU	data demand and information use
DfID	Department for International Development (United Kingdom)
IHFAM	International Health Facility Assessment Network
DHS	Demographic and Health Survey
MoH	Ministry of Health
NCAPD	National Coordinating Agency for Population and Development
SPA	Service Provision Asssessment
STI	sexually transmitted infection
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development

Introduction

Health data and information lack value unless they are used to inform decisions. Interventions that increase local demand for information and facilitate its use enhance evidence-based decision-making. Activities that foster data demand and information use (DDIU), therefore, are critical to improving health system effectiveness.

The MEASURE Evaluation DDIU conceptual framework (below) is a cycle connecting data demand, data collection/analysis, information availability, and data and information use. This cycle is supported by collaboration, coordination, and capacity building. In this framework, there is a clear and consistent link between the use of health information and the commitment to improving the quality and availability of data. In this cyclic process, increased information use stimulates greater demand for data which, in turn, leads to more information use, leading to more demand, and so on.



In this case study, we begin by identifying the "point of entry" for promoting data demand and information use interventions then present each element of the DDIU continuum as it was applied to the 2004 Kenya Service Provision Assessment (SPA) survey. We also provide examples of how DDIU interventions have successfully supported information use and demand for more data.

Point of Entry

Data demand and information use activities are designed to enter the cycle at any of the points in the DDIU cycle, depending on the particular situation. The first step in influencing data demand and information use is to determine where to enter the cycle. In Kenya, the most appropriate entry point for the 2004 Kenya SPA survey was data demand.

Data demand — In 1994, the government of Kenya developed the Kenya Health Policy Framework to improve the country's health care system and address poor health outcomes. As part of this effort, the 1999 Kenya SPA was designed to obtain information on the provision of reproductive and child health services and to complement information from the 1998 Kenya Demographic and Health Survey (DHS). Findings from both surveys showed declining health indicators were attributable to declining availability, access to, and quality of public health services. To assess whether continuing efforts to improve maternal, child, and reproductive health services were having an impact, a second SPA was conducted in 2004. In addition, the government sought to use the results of the 2004 SPA in conjunction with the 2003 DHS to inform decisions at the policy level, to guide programmatic planning, and to assess progress towards achieving the Millennium Development Goals, eight international development goals for the year 2015 that were established by the United Nations and endorsed by many countries in 2000.

The 2004 SPA was conducted collaboratively by the National Coordinating Agency for Population and Development (NCAPD), an agency within the Kenya Ministry of Planning and National Development; the Ministry of Health (MoH); and the Central Bureau of Statistics (CBS). Macro International provided technical assistance under the MEASURE DHS project. The survey was funded by the U.S. Agency for International Development (USAID), the United Kingdom's Department for International Development (DfID), and the United Nations Children's Fund (UNICEF).[1]

Data collection and analysis — Health facility assessments provide information about the level of service delivery and can be used in combination with population-based surveys. The SPA survey is one of several instruments used for health facility assessment. The purpose of the SPA is to provide national- and provincial-level information on the quality of health services as measured through resources systems, and observed practices.[2] Reproductive health has been identified as a priority area in Kenya's National Health Sector Strategic Plan; therefore, the Kenya SPA focuses on maternal and child health, family planning, and sexually transmitted infections (STIs) and HIV/AIDS services.

The 2004 Kenya SPA data collection instruments were adapted from the MEASURE DHS service provision assessment surveys with input from USAID, Kenyan government agencies, and nongovernmental agencies familiar with local health services and programs. The head of each division within MoH was also involved in developing and

updating the data collection instruments. The SPA survey was designed to address the following questions:[1]

1. To what extent are facilities prepared to provide high-priority services? What resources and support systems are available?
2. To what extent does the service delivery process follow generally accepted standards of care?
3. What issues affect clients and service providers' satisfaction with the service delivery environment?

Data were collected from a representative sample of 440 facilities, a sample of health service providers at each facility, and a sample of sick children, family planning, antenatal, and STI clients. The sample included both public- and private-sector health facilities.

A series of control measures were undertaken to address potential technical constraints and ensure high quality data collection. For example, monthly meetings were held to review the status of the project and address field issues. Two technical advisors supervised the data collection teams and were in regular contact with them. In addition, NCAPD and Macro International held periodic teleconferences to communicate about progress and challenges.

NCAPD and the technical advisors provided feedback during data analysis to make certain that the analyses reflected the needs of the Kenya health system. A team of stakeholders from Macro International, NCAPD, MoH, CBS, and the University of Nairobi drafted the final report. Program managers from MoH reviewed the results, looking for gaps that could be addressed during program decision-making.

Information availability — NCAPD officially launched the 2004 KSPA findings and conducted a provincial data users' workshop in Nyanza designed to familiarize potential users with the KSPA survey sampling and weighting, statistical analyses, report format, and the survey findings. In addition, a Nairobi-based public relations firm prepared a press kit, developed a policy brief, and held a press briefing prior to the launch, which helped attract media attention. Several additional Nairobi data users' workshops and provincial seminars were held targeting a variety of stakeholders, including government officials, donors, and hospital administrators.

Macro International, in collaboration with NCAPD, UNICEF-Kenya, and MoH, conducted another 10 USAID-sponsored workshops and presentations to disseminate the 2004 SPA results to stakeholders at NCAPD, U.S. Centers for Disease Control and Prevention, Family Health International, and MoH. Macro International and NCAPD prepared policy briefs with the 2004 SPA findings and CD-ROMs containing SPA datasets, final reports, presentations, and key report findings. To provide public access to the findings, Macro International and NCAPD assisted journalists who wrote a series of articles published in Kenya's largest newspaper.

Data and Information Use

The information collected through the 2004 SPA has been used at the national level to guide the development of strategic plans, support the need for service delivery guidelines, and advocate for increased resources.

Strategic planning — Results from the 2004 SPA were used as baseline performance indicators in the Second National Health Sector Strategic Plan (NHSSP 2005-2010), which aims to improve service delivery and achieve the Millennium Development Goals. Moreover, the 2004 SPA findings were used as a tool to develop annual operational plans.

Facility and service delivery improvement — The SPA results showed that the national coverage rate for basic emergency obstetric care was 2.7 facilities per 500,000 people, which is below the recommended rate of four facilities per 500,000 people. UNICEF and MoH have used this United Nations process indicator to identify which health facilities require upgrading so that they will comply with International Safe Motherhood norms and thus increase the number of facilities providing basic emergency obstetric care.

The HIV/AIDS component of the SPA highlighted gaps in provision of youth-friendly services. Only 12% of facilities offered youth-friendly services with voluntary counseling and testing or prevention of mother-to-child transmission of HIV services. This information supported the need for MoH to develop national guidelines for provision of adolescent youth-friendly services in Kenya. The guidelines provide models for youth-friendly services, which includes counseling on STIs and HIV/AIDS.

Distribution of family planning guidelines — NCAPD and the MoH Reproductive Health Division distributed family planning guidelines to facilities based on the SPA findings, which showed that less than one-third of facilities did not have written family planning guidelines.

Evidence-based advocacy — Family planning services were widely available according to the 2004 SPA; however, contraceptive methods that facilities offered were not in constant supply. On the day of the survey, for example, 10% of facilities did not have injectable contraceptives and 17% did not have condoms. As a result, NCAPD advocated that the Ministry of Planning should increase funding for procurement of family planning methods, which resulted in larger budget allocations over three consecutive years.

Facilitating Information Use

There are many opportunities that could increase use of data and information. Government of Kenya officials and SPA technical consultants understood, *a priori*, the need to employ a range of interventions intended to increase use of the survey findings for evidence-based decision-making.

The facilitation of DDIU should ideally include stakeholders in government, technical advisors from nongovernmental organizations, journalists, private sector managers, donors, and clients, among others. In Kenya, stakeholders were engaged at different points in the 2004 SPA and some were even involved throughout the entire project. NCAPD and MoH invited the head of each MoH division to participate from the beginning of the project because they were decision-makers and thus influenced if and how the SPA data and information would be used. The MoH division heads also contributed valuable insights to the project design; therefore, the 2004 SPA reflected the needs of these stakeholders. Stakeholders' participation in the designing, planning, and implementation of monitoring and evaluation programs leads to greater ownership and success. Another factor facilitating use of the SPA findings was NCAPD's board of directors, which included key individuals in the private and public health sectors, who promoted use of the 2004 PSA findings for evidence-based decision-making.

Data and information are often underutilized because people perceive them to be of poor quality. To address this potential constraint, NCAPD and MoH implemented feedback mechanisms during data collection. Frequent communication between the field and technical staff incentivized the data collectors to provide attention to detail, reducing the chances of collecting poor quality data. In addition, the project implementers pooled human resources from universities and other agencies with technical capacities that might not have existed wholly within one sector of the government.

Ensuring that information is understood by potential users is another determinant of information use. NACPD, MoH, Macro International, and others developed a number of strategies to increase users' understanding of the SPA results. For example, the organizations held a series of targeted data user workshops that included small group exercises designed specifically to familiarize potential data users with the SPA. To clarify the study methodology, the facilitators provided an explanation of how the facilities were chosen, how the data were weighted, and how the final report was organized. The participants provided positive feedback regarding the value of these activities. This capacity-building initiative is likely to have enhanced the understanding and use of the 2004 SPA findings for strategic and operational planning.

Different stakeholders want different information depending on their goals and are unlikely to use information if it is not easily accessible. Therefore, it is important to adapt data and information for different audiences. The SPA dissemination process entailed making the findings available in numerous formats, including CD-ROMs, policy briefs,

and newspaper articles. Developing a policy brief and executive summary of the study findings and recommendations increased use of the information among high-level policymakers because the policy brief and executive summary are succinct, evidence-based, and targeted documents. Engaging the media helped raise the profile of the government's efforts to improve health outcomes, which in turn have economic and other social implications.

Conclusion

This case study provides several examples of DDIU interventions designed to improve the use of information for evidence-based decision-making in health service delivery. Not only was the data and information from the 2004 Kenya SPA used for planning purposes, improving health facilities, and advocating for more resources, stakeholders have demanded more data and information. Dissemination activities for 2004 SPA findings, funded by the U.S. President's Plan for AIDS Relief, included workshops targeting hospital administrators. Following a presentation at Kenyatta Hospital, other hospitals requested access to the survey findings. NCAPD sought to meet the demand for information by convening a meeting of hospital administrators, which also served as an opportunity for coalition building between the public and private hospitals in Nairobi.

Although many more examples of using SPA results for evidence-based decision-making exist, most have not been formally documented. It is essential for stakeholders to share lessons and challenges to improve the efficiency of using data and information for policy and programmatic decisions. Systematic approaches, such as those discussed in this case study, support this objective; however, more examples are needed from a variety of settings to illustrate the ways in which evidence-based decision making can positively affect health service delivery.

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