Understanding Data Demand and Use in Kenya

Successes and Challenges in Kakamega, Kilifi, and Kisumu Counties

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MEASURE Evaluation PIMA

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CONTENTS

ABBREVIATIONS

CDH	county director for health
CHMT	county health management team
CHRIO	county health records information officer
CRO	civil registration officer
CRVS	civil registration and vital statistics
DDU	data demand and use
DHIS	district health information software
DQA	data quality assurance
EPI	expanded program of immunization
HMIS	health management information system
LLIN	long-lasting insecticide-treated net
M&E	monitoring and evaluation
MECAT	Monitoring and Evaluation Capacity Assessment Tool
MOH	Ministry of Health
RSS	referral systems strengthening
SOPs	standard operating procedures
TB	tuberculosis
TWG	technical working group
USAID	United States Agency for International Development

BACKGROUND AND PURPOSE

Overview of Data Demand and Use

Evidence-based decision making is essential for the success of health systems, programs, and services. Global commitments to improving health systems and outcomes have led to improved monitoring and evaluation (M&E) and better health information systems, thus providing an opportunity to use data for decision making and not simply for reporting. MEASURE Evaluation has developed a conceptual approach and logic model that guides the health sector in adopting best practices in data-informed decision making and data use.

Overall, the relationship between improved information, demand for data and continued data use creates a cycle that leads to improved health programs and policies. Improving data demand and use is necessary to make a health system more effective and sustainable.[1]

Data Demand and Use in MEASURE Evaluation PIMA

Data demand and use (DDU) is a core component of MEASURE Evaluation PIMA's objectives to strengthen M&E at the national and subnational levels of Kenya's health care system. At the start of the project, a DDU strategy was developed to ensure that data use would be incorporated throughout the project. This strategy is based on the DDU conceptual framework described above and contains seven interventions:

1. Assess and improve data use context
2. Identify and engage data users and data producers
3. Identify information needs
4. Improve data availability
5. Build capacity in DDU
6. Strengthen organizational infrastructure and systems
7. Monitor, evaluate, and communicate results of DDU interventions

The DDU strategic approach is the foundation of the overall goal of the PIMA project to build sustainable M&E capacity to use quality health data for evidence-based decisions and program planning in the following six areas: malaria; civil registration and vital statistics; reproductive health; referral systems strengthening; disease surveillance; and orphans and vulnerable children.

Rationale for the Data Demand and Use Learning Exercise

At the beginning of the PIMA project, the M&E Capacity Assessment Tool (MECAT) was used to determine the M&E capacity of PIMA beneficiaries at the national and county levels. The MECAT provided information on the capacity in M&E performance and the gaps to determine the most appropriate intervention for the target programs of the PIMA project. The MECAT also measured data use in terms of: 1) the use of data to review program performance; and 2) the commitment of Ministry of Health (MOH) resources towards the use of data in decision making processes.

Findings from the MECAT showed that across all counties where PIMA was going to provide support over the project lifetime, no data use strategies existed and some counties only had a data use approach mentioned in a strategic plan or draft M&E work plans. At the national level, data use infrastructure was weak since most national programs did not have guidelines or plans on data use. The programs also faced capacity issues with respect to institutionalizing a culture of data use among staff.

[1] https://www.measureevaluation.org/resources/publications/ms-06-16a

Following the mid-term review of the project in Year 3, PIMA set out to conduct a DDU learning exercise in Year 4 to provide data on the extent to which select counties have integrated data for decision making into routine programming and planning processes. We collected qualitative data from key stakeholders in each county, as well as through document review and observations, and triangulated the data to answer the following questions:

- How effective are DDU interventions provided by PIMA in promoting increased data use in Kakamega, Kilifi, and Kisumu counties? What types of interventions are cited more frequently?
- How has PIMA DDU support influenced the quality of data review meetings in Kakamega, Kilifi, and Kisumu counties?
- To what extent has PIMA DDU support influenced the data use culture in Kakamega, Kilifi, and Kisumu counties?
- What are the current challenges and facilitators in institutionalizing and sustaining a culture of data use? How can the PIMA project support this institutionalization in Kakamega, Kilifi, and Kisumu counties?

APPROACH

The DDU team employed three data collection approaches to collect data: 1) key informant interviews and focus group discussions with relevant stakeholders; 2) observations of data review meetings and action planning meetings; and 3) desk review of relevant county-level M&E and reporting documents. Data collection took place between March15 and 24 2016 of Year 4 of the project.

County Selection

The learning exercise focused on three counties: Kisumu, Kakamega, and Kilifi. These counties were identified based on criteria developed by the DDU team, with input from other members of the PIMA project. These criteria considered the following aspects:

1. Number of years a county received PIMA support
2. Number of DDU interventions
3. Relationship between PIMA and county health management teams/civil registration officers
4. Functioning M&E technical working group that meets on a quarterly basis

PIMA provided extensive technical assistance and support to each of the three counties selected for this exercise. This support included the formation of M&E technical working groups (TWGs), assistance with data review meetings, assistance with program planning and budgeting, and training in data demand and use tools and approaches.

Table 1: County selection

	Kilifi	Kakamega	Kisumu
Number of years involved with PIMA	4	4	3
Number of DDU activities during PIMA[2]	17	17	15
Relationship between PIMA and CHMT/CHRIOs	Good	Good	Good
Functioning M&E technical working group[3]	Yes	Yes	Yes

Participant Selection

PIMA conducted interviews with members of county health management teams (CHMTs) and civil registration officers (CROs). Informants selected included focal members of the CHMT comprising the county director for health, the deputy director for health, the health records information officer, the reproductive health coordinator, the HIV/AIDS coordinator, and the malaria coordinator, among others. In total, the team interviewed 16 CHMT members in the target counties. Due to time constraints, some interviews were conducted one-on-one, while others were conducted as focus group discussions.

Data Collection Procedures

The study team consisted of two DDU advisors and four research assistants. The team underwent a one-day training session, which involved reviewing the study tools, piloting the tools, making corrections to the tools, and undertaking logistical preparations before setting out for data collection.

Before each interview and the administration of the data collection tools, the interviewee described the purpose of the study to the participants, who had an opportunity to query the aim, objectives and benefits of the assessment. Participants signed an informed consent form prior to being interviewed.

Table 2: Assessment questions and tools used

Assessment question	Tool used
RQ #1: How effective are DDU interventions provided by PIMA in promoting increased data use in Kakamega, Kilifi, and Kisumu counties? What types of interventions are cited more frequently?	Key informant interview
RQ #2: How has PIMA DDU support influenced the quality of data review meetings in Kakamega, Kilifi, and Kisumu counties?	Key informant interview Data use observation checklist
RQ #3: To what extent has PIMA DDU support influenced the data use culture in Kakamega, Kilifi, and Kisumu counties?	Key informant interview Comprehensive desk review

[2] A DDU activity is any data use intervention conducted during the PIMA project from Year 1-4. Activities include data review meetings, capacity building workshops, and the creation of tools. One data review meeting, for example, counts as one activity implemented.

[3] M&E TWGs were initiated in all PIMA-supported counties; however, many became dormant. The project made efforts to reconstitute the TWGs and they are now functioning again.

Assessment question	Tool used
RQ #4: What are the current challenges and facilitators in institutionalizing and sustaining a culture of data use? How can the PIMA project support this institutionalization in Kakamega, Kilifi, and Kisumu?	Key informant interview

The **comprehensive desk review** documented the presence of: M&E plans, annual work plans, annual reports, and information products, such as policy briefs and county profiles. The review focused on whether the documents discussed the data use context (M&E practices or strategies, if any, to use data for decision making, investment of resources to strengthen data quality and reporting), as well as reference to key data use concepts and practices, such as engagement of data users and producers as well as identification of data users. The study team was particularly interested in documenting data sources mentioned in the strategic documents, as well as noting how data were displayed, analyzed and interpreted in the documents. The data collection team also took note of any references that were made to the PIMA project or any other implementing partners. Findings from the desk review can be found in Appendix 1.

The **key informant interview** was used to understand data use practices (such as holding data review meetings, using data during annual work planning and budget allocation, and suggestions for improvement of PIMA DDU interventions at the county level). Respondents were also asked to describe the process that they use to make evidence-based decisions to inform program planning and policy formation, as well as challenges and facilitators to data use. The key informant interview guide can be found in Appendix 2.

The **data use observation checklist** was used in county-level data review meetings to conduct observations of data use practices (such as equal representation of data users and data producers, decisions made using data, and action plans produced using data). The data use observation checklist can be found in Appendix 3. To complement the use of the data use observation checklist, PIMA developed an **action plan review tool** to assess the action planning section of the data review meeting.

DATA ANALYSIS PROCEDURES

Desk Review

Findings from the desk review were extracted based on themes and type of document reviewed (Appendix 1).

Key Informant Interview Guide

The analysis of the 16 in-depth interviews conducted in the learning exercise employed a theme and content approach following the five-step data analysis developed by McCracken (1988) for in-depth interviews. Interviews were transcribed and coded according to the assessment questions and emerging themes.

Data Use Observation Checklist

Scores from the data use observation checklist were totaled. The study team also made note of the comments and observations from the checklist and incorporated findings into the analysis and used these findings as supporting evidence.

Findings

The study team conducted a desk review and used the data use observation checklist in each county. The team interviewed a total of 20 people (six from Kakamega, nine from Kilifi, and five from Kisumu). Initially, the team also planned on using a fourth tool that was focused on action planning sessions; however, these sessions never occurred in any of the three counties during the data collection period.

KEY SUCCESSES

Data use meetings have improved individuals' data use skills.

Respondents in the three counties predominantly pointed to data review meetings as the most effective activity to improve information use for decision making. In **Kilifi**, respondents specifically noted that PIMA had taught them to conduct data verification during reviews by going back to source data. This has enabled them to share their findings with health facilities, thus improving and updating health systems and health data at all levels of the health system in the county. This improvement in data quality has also made people more willing and likely to use data in decision making. Observations from the data review meeting observation in Kilifi support this finding. While there were some issues with understanding of how to calculate indicators, as a whole, participants were conversant in data and were able to explain and present their data to a larger group and discuss it. .

In **Kakamega**, several respondents discussed how data review meetings had improved their data interpretation and analysis skills. According to one respondent, there has been a marked improvement in data interpretation. "People are able to interrogate data, appreciate data, and disassociate with such data if it doesn't match up." Another respondent noted that technical support provided by PIMA in data review meetings had improved participants' data analysis skills and enabled them to compare data across indicators or subcounties. During the study team's observation of a data review meeting in Kakamega, we found that skills tended to be higher at the county level than at the subcounty level, indicating that more work needs to be done to ensure that people at all levels of the health system have the necessary data use skills. We also noted that the participants actively engaged in the verification of the data that was presented and were able to notice discrepancies in the analysis of data presented. Finally, participants in the data review meeting were able to use data to come to programmatic decisions. After reviewing and critiquing the data presented at the meeting, participants made a decision to scale up HIV testing and counselling and establish a technical working group for antiretroviral therapy at the subcounty level.

A respondent in **Kisumu** said that the meetings and skills gained in these meetings have made people realize that there is a need for everyone at all levels to regularly look at and interpret data, rather than relying on the county health records information officer (CHRIO) to make presentations or to give them the data.

Data use meetings have improved data quality.

Data review meetings have also enabled counties to identify program gaps and areas for improvement. According to a respondent in **Kisumu**, data review meetings have enabled the subcounties and facilities that are lagging behind to "pull up their socks". Another respondent noted that these meetings have "awakened people to look at their data and identify gaps" and that the meetings have "helped to identify inadequate data use, especially in the lower levels (i.e., the CHMTs)." Respondents in **Kakamega** noted that data review meetings enabled them to meaningfully engage with data in order to detect and correct errors and to use data to make programming decisions. In **Kilifi**, data review meetings are specifically cited in the annual work plan as a data use success.

In all three counties, participants in data review meetings noted discrepancies in their data and made decisions about how to ameliorate these issues to improve data quality. For example, in Kilifi, it was

noted that reported numbers of still births were very high. After reviewing the data during the meeting, participants found that nurses were not well versed in how to document still births and were incorrectly including abortions in this indicator, thus contributing to the high numbers. As a result, Kilifi made a decision that nursing officers would conduct further sensitization to ensure that the indicator and how to calculate it were clearly understood.

Improved data use skills have improved peoples' attitudes towards data and data use.

PIMA support has had a positive influence on data use culture in all three counties. Respondents in all counties noted a positive change in attitudes towards data. Data are now seen as everyone's responsibility. In **Kakamega**, a respondent noted that more people are seeing data as a responsibility in their day-to-day jobs, and not just the responsibility of health records officers. This sentiment was also echoed in **Kilifi**, where one respondent noted, "Previously people viewed data as the preserve of the HMIS [health management information systems] people. Nowadays, however, everyone (including management) embraces [sic] data and even goes [sic] out of their way to ask for it."

Respondents also noted that data are more frequently being used for planning and decision making. Almost every respondent interviewed was able to specifically point to a recent decision that they made that involved the use of data. In **Kisumu**, one respondent described a recent time when after reviewing data on the distribution of antimalarial drugs and commodities, the malaria team realized that some subcounties were more affected than others. They decided to concentrate their activities in the subcounties with the highest burden of malaria and to redistribute commodities. Additionally, they made the decision to increase the capacity of staff in these areas. In **Kakamega**, according to one respondent, "People used to sit down and make annual plans without data, now the plans are data dependent." In **Kilifi**, as one respondent noted, "[People] have been able to appreciate that every decision must be based on some data."

Organizational support from county leaders improves the data use culture of a county.

Support from leadership is one of the main facilitators to institutionalizing and sustaining a data use culture. In **Kisumu**, county leadership regarding the use of information has been strong. The county government provided funds and tools for reporting and attending data review meetings. The county government has also been supportive of bulletins for many health programs, such as malaria, HIV, tuberculosis, and reproductive health. The Minister of Health (County Executive Committee member) has been supportive in pushing the county to generate and use data for decision making. In **Kakamega**, the county leadership has also embraced data use. Some program heads now request data on a weekly basis to review it for program planning. In **Kisumu**, respondents noted that policies and guidelines on data use and motivation of staff to produce data were factors that influenced the use of data in the county. In all three counties, there was a good combination of data users and data producers present at data review meetings. County leaders took an active role in chairing the data review meetings and decisions were made in all three meetings. During the desk review, we noted several documents in each county that discuss data use procedures and guidelines. These documents contribute to a culture of data use and display organizational support for data use.

KEY CHALLENGES

Lack of Resources

Sustaining a culture of data use requires that all people who interact with data have the appropriate skills and knowledge to analyze, interpret and use data in their day-to-day jobs. This culture of data use, however, requires time, money and other resources. Lack of funding is a frequently cited barrier to institutionalizing and sustaining a culture of data use at the county level. In **Kilifi**, one respondent noted that data review meetings depend entirely on financial support of partners such as PIMA. Without PIMA

or other partner support, they do not happen frequently or consistently and are unsustainable. According to another respondent, "PIMA disappeared before we could complete all the plans we had put in place. It would be nice if PIMA helped us ensure that DDU was ingrained in all health workers and managers." In addition to a lack of financial resources, respondents in **Kisumu** also pointed to the lack of equipment, such as laptops, as well as the lack of knowledge to use data software. Despite the positive impact that all respondents noted with regards to data review meetings, without partner support and funding, these meetings do not take place consistently and thus have not become fully institutionalized in the culture of the counties.

Poor Data Quality and Data Availability

Poor data quality and availability continues to be a problem in all three counties. Observers noted issues of data quality in data review meetings in each county; many of the data review meetings were dedicated to discussing data quality issues and to coming up with solutions regarding data quality. Often, the data review meetings focused too much on data quality and reporting issues, which took precedence over discussing the programmatic implications of data and decisions that could emerge from the data. According to one respondent in **Kilifi**, the availability and accessibility of data directly influences the use of data in the county. Another respondent noted that incomplete and/or inappropriate data collection tools make data either unavailable or of poor quality, and thus decreases the likelihood that they will be used in decision making. Respondents also discussed a lack of confidence on the part of those who require data that the data will be available when it is needed. In **Kisumu**, one respondent mentioned a lack of awareness of the availability of data and the unreliability and incompleteness of data in the county.

Inconsistent Action Planning

Because so much of data review meetings are dedicated to discussing issues of data quality, often there is not enough time to focus on action planning. Our team had originally developed an action planning tool that was meant to be used during action planning sessions of data review meetings. Counties are supposed to hold action planning sessions quarterly; however, during the seven months from when data collection started to when this report was completed, no action planning sessions were held in any of the counties during our learning exercise. In Kilifi, time was dedicated to reviewing county and subcounty level performance improvement plans, which include areas for action and follow-up; however, it was not a full action planning session. The lack of action planning sessions shows that this process has not yet been institutionalized due to time, money and issues of data quality that often take precedence over programmatic decision making.

The Influence of Politics on Decision Making

While strong county leadership on the use of data for decision making is a key facilitating factor for data use, politics can also be a key barrier to data use at the county level. Some respondents noted that decision makers are sometimes more interested in serving the interests of those who get elected and often decisions are not rooted in data. As county leaders become increasingly interested in data use, this problem has decreased but it still persists.

CONCLUSION

Data collected from all three counties provided very similar findings, both in terms of successes and challenges to institutionalizing and sustaining a culture of data use for decision making. Counties have seen an improvement in data use skills and in positive attitudes towards data, as well as an increased expectation that all decisions should be made with data. Many of these positive advancements have been made possible through PIMA and other partner-supported data review meetings and technical assistance. Respondents in all counties cited that lack of funding and other resources as a key impediment to sustaining a culture of data use. Counties are not yet at a point where they can implement data use

interventions without partner support and thus progress could be stalled as financial support wanes and projects come to a close.

These improvements in data use skills have not been seen across the board. Data quality is still poor, thus much of the data review meetings are still focused on rectifying data quality issues and little time is left for discussing the programmatic implications of data that are reviewed and how these data can be used to make decisions.

Building and sustaining a culture of data use is a gradual process that takes time and patience. Data use skills must be built at all levels of the health system, while data quality must also improve. People from the facility level all the way up to the county leadership level must feel confident in data use and analysis skills and feel confident that the data they are collecting and entering into the health information system are of good quality. Along with data use skills, people must understand the value of data use and believe in the importance of using data in the decision making process. Simultaneously, county leadership must continuously advocate for the use of data in decision making and develop organizational policies and procedures that not only encourage data use, but require it.

APPENDIX 1. FINDINGS FROM THE DESK REVIEW

Kilifi

	Annual work plan	Strategic plan
Data use context	The annual work plan for the county highlighted challenges in performance monitoring and evaluation. The document also mentions success in data use practices, such as the implementation of monthly review meetings in the county. These are platforms for reviewing performance in service delivery and other areas and for updating health workers on any changing policies, as well as serving as service delivery guidelines. In addition, the forums identify challenges and recommend ways to address them. These forums have increased interaction between the CHMTs and the health facilities and led to the overall improvement of quality service delivery in the county.	The strategic plan displayed data based on health outcome priorities/priority Interventions as per the Kenya Essential Package for Health services and policy objectives and priority areas for the 2015/2016 financial year.
Data presentation, analysis, and interpretation	Demographic profile, health sector support systems, human resource by cadre and level, as well as health care financing.	Mostly tables comparing national performance with county performance (ranking of burden of disease, county health expenditure data)
Contribution of PIMA and other partners	MEASURE Evaluation PIMA, Aphia Plus, World Vision, AMREF	Not mentioned

Kakamega

	Annual performance review report	Strategic plan	Annual work plan	M&E plan	County profile
Data use context	The annual performance review displayed data based on health outcome priorities/priority interventions as per the Kenya Essential Package for Health Services and Policy	The plan outlines how the county is targeting to increase investments towards mitigating the effects of high maternal mortality rates, malaria, HIV, and TB-related deaths.	The annual work plan displayed data based on health outcome priorities/ priority interventions as per the Kenya Essential Package for Health Services and Policy objectives and priority	The M&E plan describes the county's reliance on reports on service delivery and supportive supervision reports. It talks of the alignment of the county's M&E framework to existing	The profile describes the key indicators that illustrate the health issues being monitored in Kakamega. The profile exhibits priority

	Annual performance review report	Strategic plan	Annual work plan	M&E plan	County profile
	objectives and priority areas for the 2015/2016 financial year. The annual report describes the data use context in the county, such as implementing regular stakeholders' forums, data reviews, data quality assurance (DQA), family planning and reproductive health, EPI (expanded program of immunization), and commodity management sensitization in all facilities, and mentorship on MOH tools. It also highlights the health indicators in the Kenya health policy that provide overall direction for tracking health service delivery achievements in the country.		areas for the 2015/2016 financial year.	laws and policies in Kenya. The plan also acknowledges key data use concepts, such as supportive supervision and data auditing, ensuring data dissemination and use, developing a common data architecture, data quality assurance procedures, data cleaning and validation, data analysis and synthesis, and development of data sets.	indicators (e.g. HIV, fully immunized children, and children under the age of one who received LLINs) as per the health department performance contract.

	Annual performance review report	Strategic plan	Annual work plan	M&E plan	County profile
Data presentation, analysis, and interpretation	Data was displayed in tables showing baseline data and five-year targets.	Data on service outcome and output targets was displayed in a table.	Mostly tables comparing national performance with county performance (ranking of burden of disease and county health expenditure data)	• M&E logical framework to align key indicators with strategic objectives • There is a sub-chapter on "enhance data sharing and statistical management through data sharing and information use to allow evidence-based decision making". It contains a data use plan and describes how data will be collected to track the indicators as well as how to monitor performance of health outcomes. • Standard operating procedures (SOPs) on data management and use	Data for the county was displayed

	Annual performance review report	Strategic plan	Annual work plan	M&E plan	County profile
Contribution of PIMA and other partners	The report acknowledges technical assistance obtained from our development partners, in particular the MEASURE Evaluation PIMA, APHIA plus, and MSH.	Not mentioned.	MEASURE Evaluation PIMA, APHIA plus, and MSH provided technical assistance in the development of the work plan.	PIMA was acknowledged as a USAID partner assisting with the development of the document.	Not mentioned.

Kisumu

	Annual health sector performance report	Annual performance report/ Annual work plan	Malaria Surveillance Bulletin
Data use context	The annual health sector performance report highlights health data sets and information that are not collected and reported in the DHIS2, which are required by the county health department for decision making. It also highlights the need to train health workers on the key functions of the health systems that relate to data generation, compilation, analysis, synthesis, communication and use. There is a need to collect data from the non-governmental health sector and other relevant sectors and to ensure the overall quality, relevance and timeliness of the data, and to convert the data into information for health-related decision making.	The report highlights the areas of intervention to strengthen health information, in particular, collection of routine data from health facilities, collection of data on vital events (births and deaths), strengthening of surveillance data, research data, data validation and analysis, and information dissemination and use.	The surveillance bulletin was designed to be a scorecard in malaria control as the county seeks to contribute towards a malaria-free Kenya. This information product is produced quarterly and provides health workers and CHMT members with the data they need to make decisions to respond to upsurges of malaria cases in a timely manner.

	Annual health sector performance report	Annual performance report/ Annual work plan	Malaria Surveillance Bulletin
Data presentation, analysis, and interpretation	Data was displayed in tables showing baseline data and five-year targets.	Data was displayed in tables looking at baseline data, targets, and health expenditure data.	Graphs and tables illustrating reporting rates, outpatient data (suspected malaria cases and confirmed malaria cases), and coverage of clients receive LLITNs and IPTp.
Contribution of PIMA and other partners	Partners were acknowledged but not mentioned by name.	Development partners were acknowledged e.g. KMET, SANA, World Vision, Aphia Plus, and Plan International.	PIMA was acknowledged as a member of the editorial team supporting the design of the bulletin.

APPENDIX 2. KEY INFORMANT INTERVIEW GUIDE

Objectives:

1. To assess data use practices and suggestions for improvement of PIMA intervention.
2. To establish the decisions respondents made during key data use moments, such as performance reviews and policy and strategic planning processes.
3. To assess technical constraints that affect the quality of data and organizational constraints to promoting data use, information use, and institutionalizing strong M&E systems.

Target:

Focal members of the CHMT (CDH, Deputy Director, HRIO, RH coordinator, HIV/TB Coordinator, Malaria Coordinator, CRO)

Date of Interview		
Time Start/End		
Name of Interviewer:		
Tittle of Respondent		
Number of years in position		
Specialization		

Introductions

My name is _____. I am here on behalf of MEASURE Evaluation PIMA to conduct an exercise aimed at assessing data use and data use barriers in health programs in Kenya. I would like to ask you a few questions relating to data management and data use in this county.

Please be assured that our discussion is meant to improve the Kenyan health system and get feedback about program interventions. The discussion is expected to last about 45 minutes to one hour. We shall start by going through and filling out the consent forms.

Thank you for consenting.

Do you have any questions? Is it okay to begin the interview?

Support from PIMA to improve data demand and information use

1. What type of M&E support has MEval PIMA provided to the county?
   Probe:
   (a) How long has PIMA worked in your county?
   (b) How would you describe the relationship between PIMA and the county? Probe: good relationship, challenges? Why do you say that?

2. What are the types of things you do in this county (for xx program) to improve use of information generated. Probe about data source- is it one or multiple?).

3. Given what you just described, please tell me in what ways PIMA has supported the use of information in your county?
   Probe:
   (a) What are some of the things that project has helped you to do? [Remain open-ended first then probe – you might pick up things other than what are in our seven interventions listed].
   (b) Probe on the seven DDU interventions and ask for specifics of each. For example, has PIMA supported the county in making information more available? In what ways? Has PIMA supported enhancing the way the county leadership works to facilitate use of information? In what ways? Etc.
   (c) Among the activities you mentioned, which were the three most important in facilitating using information for decision making? Why?
   (d) Are there any activities which did not help the county in terms of facilitating use of information for decision making? Why?

4. As a result of PIMA support what kinds of changes have you seen related to data use? [ask general first, then probe]:

   Have you seen any changes in:
   - Individual data use skills. What types of skills?
   - People's attitudes about using data. In what ways?
   - Support from your leadership regarding use of information. What type of support (e.g. new strategies, guidelines or plans on data use)?
   - Organization's policies and procedures that support DDU
   - The presentation of data. In what ways? How has it helped?
   - Interpretation of data in a data review meeting. In what ways? How has it helped?
   - Other practices related to data demand and use
   - Any negative changes?

   Were these changes spread evenly across the different program areas (reproductive health, malaria, CRVS, RSS, and DCS) or were there some areas that saw more change than others? Why/why not? Note: This question may not apply if the person only works in one program area

Data review meetings

We would like to ask you some questions relating to data review meetings you have participated in.

5. How many data review meetings have you participated in the last 12 months?
6. What kind of support is provided during the data review meeting? Probe type of support: technical, financial

7. How did PIMA support contribute to the quality of data review meetings in county's health sector? Probe for the health sector overall and then ask about specific programs (RSS, CRVS, malaria, RH)

8. In your view, how have the data review meetings influenced data use practices in county x?

Decision maker's use of health related data for policy and program decision making

9. What was the last major decision related to policies or programs that you made*? Did you use any information to make the decision? If yes, what information did you use to make this decision? If respondent did not use any information, ask for the reason why he/she did not use any information.*

10. Thinking about the two most recent decisions in which you were involved, please describe how you used data in the decision-making process

Health sector strategic plans, M&E plans, annual performance reviews and annual work plans

11. How effective are these policy documents in promoting data for decision making for program planning? (Probe on development of technical documents overall, probe on AWP planning cycle & best practices arisen due to PIMA support). Why?

12. In the last planning meeting (AWP or M&E plan development) did the staff refer to the strategic plans? Probe on PIMAs technical support.

13. Please describe the extent to which people who work for the county want/seek data when they make a decision such as for budgeting, a programming decision, etc.? Would you say this is done often, sometimes, or not at all? Why?
    (a) What are some of the factors that influence whether or not data are used for decision making in county xx?
    (b) What are some of the barriers?

14. Please describe how PIMA project can effectively support ensuring that more people in the county are using information for decision making

15. Do you have any questions for us?

APPENDIX 3. DATA USE OBSERVATION CHECKLIST

The purpose of this checklist is to ensure that data use is documented and tracked during project implementation. This checklist should be completed by the staff member attending a PIMA activity.

Output Area: _____Date: _____
County name: _____Venue: _____
Name of Activity: _____ Name of PIMA staff present:_____

Please tick one option below:

(i) Data Review meeting[4]: ☐ Planning meeting[5] (SP, AWP, Program/ Performance review, TWG): ☐

#	*Activity details*	*Indicate if (Yes / No)*	*Score*	*Description/ Notes*
1	Decision maker(s)/ (Data user(s) present?			
2	Data producer(s) present?			
3	Information needs were identified?			
4	Data that meets the information needs were available and accessible for all participants?			

[4] A 'Data Review Meeting' can be a routinely scheduled meeting or any unstructured, ad-hoc meeting outside of the routine meetings that are part of an organization's standard operations. Examples of when these may occur include: a question about a particular service arises, a team receives a new publication of data that involves their health sector or a team prepares to influence decision makers at a key upcoming meeting.

[5] A 'Planning Meeting' is a structured, routine meeting that is part of an organization's standard operations. Examples include: Strategic Planning, Annual Work Plans, Performance Reviews or M&E Technical Working Group meetings.

#	*Activity details*	*Indicate if (Yes / No)*	*Score*	*Description/ Notes*
5	Data was analyzed?			
	-What type of analysis? (descriptive/frequencies/cross tabulations)			
6	Data was presented?			
	-Was the data of high quality? (complete, timely, reliable, accurate)			
	-What was the quality of the presentations? (presenter conversant of the topic, data presented in appropriate format (chart/table, presentation is easily understood by participants)			
7	Data was reviewed?			
	-Were participants actively engaged in interpreting the data and making recommendations based on the data? i.e. policy/programmatic decisions			
8	Decision was made?			
	-Was there evidence from data that were presented to stakeholders to support the decision made?			
	-Were participants actively engaged in interpreting the data and making recommendations based on the data? i.e. policy/programmatic decisions			

#	*Activity details*	*Indicate if (Yes / No)*	*Score*	*Description/ Notes*
9	Action plans developed based on data?			
	-Did the team come up with a clear strategy on the action plans/way forward?			
	-Does the county take ownership of the process of leading the review meeting (chairing/ clarifying the data/providing solutions when issues/queries arise)			
10	Were other opportunities to use data identified?			
	-Did implementing partners actively engage in contributing to the plenary discussions following the data presentations and provide recommendations?			
11	Was a success story been identified? *(Yes/No)*			
12	Information Product(s) disseminated at this meeting e.g. (policy/guidelines/ report/ toolkit/MOH tool*, county profile)			
13	Evidence attached to checklist			
14	PIMA project contributed to this meeting			
	TOTAL SCORE		**Maximum SCORE:63**	

*NB: Example of MOH tool is DHIS2, RMNCH scorecard, ImpactNOW model, MOH bulletin, SOPs

Checklist completed by (Name):__ _____

Scoring criteria

A score of 0 (absent) indicates that the activity being measured is non-existent. A score of 1 (nascent) indicates that the initial steps of activity implementation are present. A score of 2 (emerging) indicates that the activity is present but in an ad hoc and unsystematic way. A score of 3 (robust) indicates that the activity is regularly and systematically implemented.

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