

Strengthening Family Planning Programs with Data

Significant human and financial resources have been invested worldwide in the collection of health data on populations, services and communities. Unfortunately, this information is often not used by key stakeholders to effectively inform policy and programmatic decision making. The failure to consider empirical evidence before making decisions hinders the health system's ability to respond to priority needs throughout its many levels. In an effort to address this problem, MEASURE Evaluation partnered with the Family Guidance Association of Ethiopia (FGAE) to apply a comprehensive data demand and use (DDU) intervention within their organization. FGAE was selected as a partner because one of their donors, the Packard Foundation of Ethiopia, solicited help from MEASURE Evaluation to improve the use of data in decision making. The goal of the collaboration was to institutionalize DDU tools, curricula and strategies into FGAE's official structure and work plans thus diffusing it throughout the organization. This case study explains how MEASURE Evaluation and FGAE adapted a DDU intervention to build a culture of data use within FGAE.

FGAE A national provider of family planning (FP) services in Ethiopia

FGAE, an affiliate of the International Planned Parenthood Federation, is a nongovernmental organization (NGO) that works nationally to expand access to FP, comprehensive abortion care, STI/HIV, adolescent and youth sexual and reproductive health (SRH) and maternal health services in Ethiopia. They do this through eight branch offices that entail 56 service delivery sites, community-based services, work-place services, and outreach services. At the start of the partnership with MEASURE Evaluation in March 2012, FGAE was working with Packard and seven other donors. The long term goal was to build a country program rooted in data and evidence. The partnership with MEASURE Evaluation was intended to build on the ongoing work to improve FGAE's M&E system and provide concrete tools and experiences using data. The thinking was that by providing clear guidance to improve the use on information in decision making, additional demand for data would be initiated. An organization that has adopted data use strategies to intentionally support the use of data is better positioned to sustain the use of data in decision-making processes. Specifically, FGAE needed guidance on how to create and sustain a culture of using data in decision making.

DDU Intervention

Many published works describe efforts to improve the use of data in decision making but few apply a comprehensive, integrated approach that addresses the multiple factors that limit the use of data. Rarely is the application of one

IMPACT SUMMARY

Service Delivery

- Service delivery sites and area offices developed plans to improve services based on targeted reviews of data.

M&E System

- M&E plan developed.
- M&E guidelines and indicator reference sheets developed.
- M&E logbooks revised and staff trained to use them.
- M&E guidelines developed for one area office.

DDU Infrastructure

- FGAE funded and independently implemented DDU core competency training in all area offices and 42 service delivery sites.
- Executive M&E staff trained to lead the data use process.
- The MEASURE Evaluation approach, *Seven Steps to Using Routine Information to Improve Programs*, regularly used in select facilities and area offices to answer programmatic questions.
- Job functions were revised in two facilities and one area office to ensure quality data.
- Data quality assessment tool and checklist developed.

DDU INTERVENTION ACTIVITIES

1. Assess and improve the data use context.
2. Build capacity in data use core competencies.
3. Engage data users and data producers.
4. Identify information needs.
5. Improve data quality.
6. Improve data availability.
7. Strengthen the organization's data use infrastructure.
8. Monitor and evaluate data use interventions.

“Although a lot remains to be done in the future, a culture of demanding and using of data to make evidence based decisions, planning and service promotion from the area office to the headquarters is raised.”

— FGAE Area Office M&E Officer

activity sufficient to achieve lasting improvements in data use. MEASURE Evaluation filled this gap by developing an eight-part, intervention that comprehensively addresses the multiple domains that affect data use¹ (see DDU Intervention Activities). Which of the eight activities and to what degree they are applied is dependent on the needs and context of where the intervention is being applied. An initial assessment of the data use context facilitates the adaptation of the intervention to specific needs.

1—Assess and Improve the DDU Context

In March 2012 MEASURE Evaluation assessed the data use context at the FGAE headquarters and the central and northern area offices. The baseline rapid assessment collected information from 55 individuals through in-depth interviews, three participatory workshops, the implementation of an adapted Organizational and Behavioral Assessment,² a facility visit and a document review. Service providers, M&E staff, administrative staff, and executive staff from FGAE along with one individual from the Packard Foundation of Ethiopia were interviewed. Data were analyzed, triangulated and grouped by theme according to the eight DDU intervention activity areas. By looking at how the organization functioned at the multiple levels within the country, MEASURE Evaluation worked with FGAE to select key DDU intervention activities to address their most pressing needs. The recommendations to sensitize staff on data use and conduct data use training with staff at multiple levels of the organization were prioritized. While these activities were being planned, a larger DDU strengthening work plan was being developed based on the recommendations from the assessment. The following sections describe each intervention activity as implemented within FGAE.

2—Build Capacity in Data Use Core Competencies

To improve sustainable demand for and use of data in decision making, individual capacity in core competencies in data demand and use must exist at all levels of the organization. Competencies include skills in data analysis, interpretation, synthesis, presentation, communication and the development of data-informed programmatic recommendations. The assessment found that historically, FGAE had M&E officers at the headquarters level and data clerks at service delivery points. Shortly before the partnership with MEASURE Evaluation, FGAE added M&E officers at each of the eight area offices based on recommendations from prior M&E assessments. These new individuals, however, didn't all have an M&E background and were not formally trained in their M&E roles and responsibilities. The DDU assessment found that analyzing and using information to make decisions were not institutionalized

1) Nutley T, Reynolds HW. *Improving the use of health data for health system strengthening*. Global Health Action 2013, 6:20001.

2) The Organizational and Behavioral Assessment is part of the assessment tool kit, Performance of Routine Information Systems Management (PRISM).

BENEFITS OF APPLYING THE 7 STEPS AND THE FLDWA

1. Promotes regular review of data and early identification of program implementation challenges.
2. Identifies problems with data quality and allows for opportunities to improve data quality.
3. Encourages critical thinking.
4. Can be used for different types of decision making—service delivery, administrative, human resources.
5. Focuses on improving services and strengthening the effectiveness within the organization.

activities, particularly at the service delivery level. Because M&E had been a job of national-level staff, areas officers and service delivery providers had a low understanding of how the M&E system and the data it generated could help improve the delivery of services. The value of data to program improvement was unclear. Because of these weaknesses, a capacity building plan in the data use core competencies was developed that involved both the data users (i.e., area managers and service delivery providers) and the data producers, M&E staff. The capacity building plan relied on a Training of Trainers (ToT) approach.

The first training, *Creating a Culture of Data Demand and Use—Capacity Building Workshop*, was facilitated by MEASURE Evaluation for 24 headquarters and area office program and M&E staff. Individuals were trained to use the *7 Steps to Using Routine Information to Improve Programs*—stepwise guidance for using data in decision making; apply data use tools such as the *Framework for Linking Data with Action (FLDWA)*—a management tool that brings together data users and data producers to identify programmatic questions, existing data available to answer those questions and data gaps; conduct basic data analysis, data interpretation and presentation; and apply findings to decision making. Training participants also identified concrete steps for how to improve the culture of data use at FGAE and developed action plans to implement the steps. Following the training, a ToT was held with 11 M&E officers from headquarters and all area officers to equip them to replicate the training. Immediately following the ToT, MEASURE Evaluation and FGAE co-facilitated a training workshop in an area office where 13 area and facility-level staff were trained. Co-facilitation of the workshop was critical in order to transfer ownership of and capacity for the training to FGAE. A senior area M&E officer also actively participated in the training and functioned as a champion for the DDU initiative and the value of data to program improvement.

Following the data use training workshops, FGAE committed to rolling out the training in at least one additional area. To accomplish this they requested additional resources from the FGAE executive office. By May 2014, FGAE had surpassed their goal and successfully trained seven of the eight area offices in DDU. These area offices have cascaded the training to 42 service delivery offices in their areas. The last area office is scheduled to receive the training in the second quarter of 2014. It is important to note that based on their experience co-facilitating the original training with MEASURE Evaluation and feedback from participants, they decided to add an additional day to the workshop so they can spend more time analyzing and interpreting data from the specific service delivery sites where they are training. The effort required to secure additional funds and independently conduct the trainings speaks to the organization's commitment to the data use initiative and demonstrates the institutionalization of DDU concepts and tools into their daily work activities.

Eight months after the first data use training workshop, MEASURE Evaluation conducted a series of visits to training participants to follow-up on data demand and use activities initiated at the training workshops.

In addition to the *Creating a Culture of Data Demand and Use—Capacity Building Workshop* and the in-person supervision and mentoring provided during the follow-up visits, staff from FGAE headquarters applied for and were accepted into MEASURE Evaluation’s Virtual Leadership Development Program (VLDP). Their stated objective was to strengthen FGAE capacity in DDU through effective leadership. The fact that FGAE independently selected DDU as the focus for the VLDP further illustrated their commitment to creating a culture of data use.



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3—Identify and Engage Data Users and Data Producers

Improving the interaction between individuals who manage M&E systems—the data producers—and professionals who use data in program management and improvement—the data users—facilitates the use of data. The interaction builds understanding and ownership of data so that when data-informed decisions are made the necessary buy-in exists to move the decision forward. The assessment found that because of the historic lack of M&E officers in area offices and service delivery sites, there was limited discussion and interaction among the data users and producers, particularly at the service delivery level. At the national level, the assessment found that most discussion between producers and users was around the reporting of data to donors and little discussion was held about the meaning of the data.

Even though no specific activities were implemented to improve interaction, capacity building workshops led to improvements in this area. Because the workshops included both data users and producers, they had the opportunity to manipulate data using the *7 Steps to Using Routine Information to Improve Programs* approach and the *FLDWA*. During this exercise, the poor quality of available data often inhibited use of data. In response to this, one clinic identified a provider, a data user, to act as the M&E focal person and work with the M&E officer to review data on a bi-weekly basis. In another facility, a youth center, data are now regularly reviewed by a program coordinator and verified in collaboration with the M&E officer. In an area office, data are now reviewed monthly by program and M&E staff to identify and correct

data quality issues before they are noted at the headquarters level. In these instances, the increased involvement of clinic and program staff in the data review process led to a better understanding of the data collection systems and issues around data quality. This process also distributed responsibility for M&E tasks to program staff and generated a commitment to using the data produced. Lastly, the inclusion of both M&E and program staff in the VLDP training built leadership skills among both types of professionals thus laying the foundation for continued interaction, strengthened demand for quality data, and an organizational vision that relies on data-informed decision making.

4—Identify Information Needs

The vast amount of information generated from the M&E system is often overwhelming to potential users. By focusing on what decision makers need to know to effectively run health programs and on the upcoming decisions that they have to make, information that is directly linked to decision making can be collected. The assessment found service delivery sites were working with several different M&E log books. Each book required the collection of an extensive list of process/input/output indicators. This resulted from the eight different reporting templates required by their various donors. As such, the focus of the M&E system was primarily on donor reporting requirements. As one program officer indicated, there are “many donors, they want reports on data for their own targets and their own needs. There are too many formats and log books.” To respond to this,

SAMPLE QUESTIONS IDENTIFIED IN THE *FLDWA*

1. How many clients have been served with FP services from 2005–2012?
2. How much of our funding is from local sources?
3. Which facility of the area office delivered the most long-term and permanent methods last year?
4. What percentage of pregnant women attended ANC services in 2012?

MEASURE Evaluation recommended that the FGAE develop an organizational M&E plan and reporting structure that reflected the organization's programmatic information needs.

In addition to the recommendation to develop an overarching M&E plan, each health facility involved in the data use training identified questions related to service delivery issues they were experiencing in their work and entered them onto the *FLDWA*. This process allowed them to sift through their volumes of data and pinpoint specific data elements that could help them understand their programs. During the DDU supervision and mentoring visits that were implemented eight months post-training MEASURE Evaluation followed up on the progress of answering the questions to understand how the findings were used. The follow-up found that all workshop participants had answered their questions (see text box for illustrative questions). Many participants had also used the findings to diagnose programmatic problems and develop action plans to address the problems. Also, during the follow-up visits, each facility identified a new question and entered it in the *FLDWA*. A discussion on successful aspects of the application of the tool and areas for improvement was also held. After this discussion, one of the area offices developed lessons learned from applying the tools and best practices for how to continue to apply it in the future to facilitate data use. – An additional success in identifying information needs found during the supervision visits, was the full application of the *7 Steps to Using Routine Information to Improve Programs* process found during the supervision visits. All participants who had filled in the *FLDWA* had applied the *7 Steps to Using Routine Information to Improve Programs* to do so. This suggests that FGAE staff found both the *FLDWA* tool and the seven steps process to be beneficial to their work and illustrates initial institutionalization of data use supports.

5—Improve Data Quality

For consistent data use to occur, data need to be of high quality so that data users are confident that data they are consulting are accurate, complete, and timely. Without quality data, demand for data drops, data-informed decision making does not occur, and program efficiency and effectiveness will suffer. The assessment revealed that there was an overall lack of trust regarding the quality of data in FGAE. Moreover, during the use of the *FLDW*, headquarters-level staff identified that poor data quality was inhibiting the use of the tool and thus the use of information. This finding was presented to the executive director and was influential in highlighting the value of investing in improving data quality. To improve data quality, a Data Quality Assessment and checklist were developed. Data quality was also improved through the process of reviewing and using data during DDU training and supervision sessions. As described above under activity area #2 (capacity building), two facilities and one area office began regularly reviewing data to ensure quality.

6—Improve Data Availability

Access to data is a precursor to data use; however, data also need to be synthesized into formats that facilitate use, and then communicated to different user audiences. The assessment found that, due to the broad scope of interventions at FGAE, a lot of data were being collected; however, due to the multiple donor reporting requirements, there was no one M&E system that facilitated access to those data. Much of the data collection was done manually and summarized into Microsoft Word documents or Microsoft PowerPoint presentations that were then sent to area offices where they were aggregated by type of service. A new integrated M&E system was being piloted but was not yet available to all programs. FGAE had internal communication and reporting procedures but most communication targeted donors. In addition, these products often didn't present their data in ways that were useful to program decision making. No activities to improve data availability were prioritized in the DDU work plan because changes to the actual M&E system were a priority.

7—Strengthen the Organization's Data Use Infrastructure

When an organization adopts DDU tools, strategies, and procedures into its official structure to support data use, the organization will be better positioned to sustain the use of data in decision making. For the data use infrastructure to be successful, it must also be overlaid onto a well-functioning M&E system. The assessment found that 1) no clear data use guidance or infrastructure existed, and 2) the M&E system was weak. In terms of the M&E system, the organization lacked: an overall M&E plan, guidelines, and indicator reference sheets; clear roles and responsibilities regarding M&E and data use; M&E training in the area offices; supportive supervision guidelines and data quality checks. MEASURE Evaluation highlighted these gaps and FGAE renewed its commitment to make improvements. FGAE succeeded in developing an M&E plan, clarified indicator definitions, updated M&E log books, and trained facility staff in how to use them.

While MEASURE Evaluation did not specifically provide assistance in these areas (because it was outside the partnership's scope of work) the project posits that the focus on data use contributed to FGAE's renewed commitment to improve the M&E system. The improved system ensured that there was now an infrastructure in place to capture

information relevant to service delivery. Of note, when the headquarters staff were working on the M&E improvements, one area office decided that it needed M&E supervision. The area office developed its own guidelines to improve the M&E processes in their region so that they would have quality data to use in decision making.

Regarding the data use infrastructure, FGAE committed to building staff capacity to analyze, interpret, present, and communicate data. Through a capacity building approach that relied on a training of trainers and cascade training to others within the organization, FGAE built a system that ensures future cadres of professionals capable of implementing and sustaining the DDU intervention after the partnership with MEASURE Evaluation. Moreover, FGAE sourced and committed funds to replicate the training to additional FGAE areas. Training continued within FGAE years after the formal commitment with MEASURE Evaluation ended and all area offices and 42 service delivery sites were trained in DDU. The institutionalization of DDU training within FGAE will ensure strong staff capacity to use data in decision making.

Steps toward improving the data quality infrastructure, an important precursor to data use, were also seen as a result of the partnership. A data quality assessment tool and checklist were developed to function as organizational guidance for the data quality process. While data quality improvement activities have not yet been financed or implemented, the request for funds to implement the activities was made to Packard. In the meantime, one area office and two facilities took data quality into their own hands and clarified roles and responsibilities by identifying existing staff to oversee data quality improvement activities until organization-wide initiatives can be funded and implemented.

8—Monitor and Evaluate DDU Interventions

During the 12-month intervention implementation process, MEASURE Evaluation conducted regular follow-up calls and Skype chat sessions to discuss a work-plan process and provide technical assistance on work plan activities. In addition, during regular performance review meetings and as part of the organization's integrated supportive supervision, the DDU intervention was discussed and implementation issues resolved. While a repeat assessment was not conducted at the end of the intervention period due to lack of funding, the endline information was collected during the last

“Less attention is given to data and information ... because of a lack of knowledge and skills, problem accessing data and a problem getting the data we need. We do not have a well-established system yet. It takes time to collect, process, and disseminate information. And the interpretation we give is not equally recognized by everyone.”

— FGAE Area Office M&E Officer

MEASURE Evaluation visit, monthly follow-up calls were made, and other steps were taken, including the review of monitoring documents and conversations with key FGAE and Packard staff to understand work plan progress and improvements in DDU indicators. Table 1 shows changes in DDU indicators from the baseline to the follow up as assessed by MEASURE Evaluation staff. The eight indicators map directly to each intervention activity. A score of 0 (absent) indicates that the activity being measured is nonexistent. 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.

Table 1—Progress against DDU Indicators March 2012–February 2013

DDU Intervention Activities	Indicator	Baseline Level	Endline Level
Assess and improve data use context	DDU interventions regularly implemented	0	2
Engage data users and producers	Data users and producers regularly discussing data in relation to program improvement	1	2
Improve data quality	Data quality assessment score improved	NA	NA
Improve data availability	Multi-directional feedback mechanisms in place and functioning	0	1
Identify information needs	Monitoring data to identify additional information needs	0	2
Build capacity in data use core competencies	Individual knowledge of DDU core competencies increased	0	3
Strengthen organizational DDU infrastructure	Regular implementation of organizational supports	0	1
Monitor, evaluate, communicate results of DDU interventions	Promotion of DDU success stories	0	2

The data use intervention succeeded in improving data use as measured by the DDU indicators. All indicators increased within the 12-month intervention period with the exception of the data quality indicator. While improvements were made toward improving data quality, a data quality assessment was not conducted. The DDU training ensured that the data users and data producers had the appropriate skills to use data in decision making. The training events also provided staff the opportunity to identify important programmatic questions and apply their new skills to review performance data with data producers and data users. Specific facilities took proactive measures to act on significant findings and fill some of their information gaps. Organizational supports were put in place to ensure a functioning M&E system, data quality, and continued improvements in DDU capacity. The entire process highlighted that M&E is everybody’s business rather than a responsibility solely of the M&E team. The improvements measured by the DDU indicators in Table 1 indicate that the DDU intervention equipped FGAE with a comprehensive approach to improving data use.

9—Fostering Change

Fostering change is a key element of the successful uptake of any intervention. Identifying and understanding the benefits of change, in the case of FGAE the benefits of establishing a culture of data use, is critical to a successful change process. Five perceived characteristics of an intervention have been identified as key to influencing whether those affected by change view it favorably or unfavorably:³

- **Advantage**—Offers clear benefits to them and to the people they serve.
- **Compatibility**—Is consistent with accepted organizational values.
- **Simplicity**—Is easy to understand and apply.
- **Trialability**—Can be carried out without seriously disrupting current services.
- **Observability**—Can be measured to show concrete examples of progress.

In the case of FGAE, these factors were addressed in the following ways:

- **Advantage and simplicity**—The intervention was clearly defined into eight activities and supported by concrete guidance, training, and tools.

3) Implementing Best Practices Consortium. (2007). A guide for fostering change to scale up effective health services, WHO.

- **Compatibility**—FGAE, through its partnership with Packard, had already made a commitment to improving its M&E system and use of the data it generates.
- **Trialability**—The DDU intervention was compatible with already planned activities to improve the M&E system thus did not interfere with the delivery of services.
- **Observability**—The intervention was monitored, assessed, and successes communicated.

To influence and foster the change process, change agents were identified who could clearly convey the benefits of the intervention to FGAE staff. The change agents in this case were the FGAE senior M&E officer, the executive director, select headquarters and area M&E officers, as well as a few dynamic facility and area office managers. In addition, the Packard population, health, and environment fellow was key to facilitating initiation and sustainability of the partnership. Through the champion's leadership, vision, and advocacy, funds were raised to implement the DDU strengthening work plan even after the formal MEASURE Evaluation partnership ended. The shared vision for DDU as developed by the team that participated in the VLDP also acted as a catalyst for the institutionalization of the intervention. The sustained engagement and leadership of these individuals coupled with an intervention that addressed the barriers to data use at multiple levels and MEASURE Evaluation's support through field visits and regular telephone calls (as opposed to a one-time training), laid the foundation for the improvements in the data use culture experienced by FGAE.