

Data Use Case Study: Using project data to improve reproductive health services in Kenya

Kubai works to ensure all communities in Kenya have access to reproductive health and family planning services

Kubai Ikiugu is a Research, Monitoring and Evaluation Officer at Marie Stopes Kenya (MSK). He monitors and evaluates projects in health, reproductive health and HIV/AIDS, ensuring that learning feeds into the planning of new projects.

The goal of Kubai's work, and of MSK, is to empower all women and men, in particular young adults of reproductive age, with information and services that enable them to make informed reproductive health care decisions freely and without coercion. Kubai's research is a critical component to help MSK improve the way they deliver their healthcare services.




The consequences of lack of access to contraception can be devastating. Marie Stopes International (MSI) estimates that every year 19 million women worldwide resort to unsafe

abortions resulting from a lack of contraception, causing around 82,000 women to die each year¹. Across the developing world there are approximately 222 million women who want to use, but cannot access, contraception, some of whom are in Kenya. Marie Stopes Kenya (MSK) works to enable women to take control of their reproductive health, preventing unintended pregnancies, unsafe abortions and maternal deaths. Information is critical to MSK's work – "We respect the right of women to decide whether and when to have children. We give them the information they need to make their own choices".

Information, as well as being vital for MSK's external communications with women, is central to its internal operations. MSK places great emphasis on using evidence to continually monitor and evaluate the effectiveness of its health programmes. Kubai and his team conduct this research – monitoring and evaluating the effect of MSK's operations and projects, and using data and research to prove and improve MSK's impact on health indicators.

MSK uses health service information to understand what resources are going where so that they can better direct, prioritise and design their work. Kubai works to understand which communities are not able to access reproductive health and family planning services so that he can determine where there may be an unmet need for contraception. Kubai also identifies and tracks the services that other healthcare providers are offering, monitoring the fees they charge for services and the demographic of their client base. This information is essential to ensure that MSK's services remain competitive, and to prevent



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geographic concentration of services. "Evidence is essential in helping us improve how we deliver our services. The data is used to help ensure that our services are targeted and shaped to meet the communities who have the greatest need or who are the most marginalised".

Kubai sources the information he needs through both primary data collection and online secondary sources. He has found information about development assistance from Millennium Development Goal Progress Reports and the World Health Organisation database; information about government strategy from Government Development Plans and Ministry of Health policies, and socio-economic information from census data and from the World Bank database. Much of this information is, however, broadly aggregated and not directly relevant, and therefore it is not suitable for the detailed analysis that Kubai wants it for. In the past he has tried to find more detailed and disaggregated data by using online Kenyan government data sources. For example, Kubai has tried to use data from a website that contained the geo-locations of all government health facilities. Unfortunately these online government datasets have several limitations. Firstly, the information is often incomplete and not kept up to date. "Many health facilities were missing, and ones that had been closed remained in the system." Secondly, bureaucracy creates a barrier and Kubai has to go through many levels of government officials, encountering slow processes to obtain the appropriate permissions. "It prevents information – particularly from government – being accessed quickly when it is required." In Kubai's experience, the most reliable, disaggregate, and

¹ Marie Stopes International (2012) Global Impact Report 2012, Reaching the Underserved, <http://mariestopes.org/sites/default/files/Global-Impact-Report-2012-Reaching-the-Under-served.pdf>

up-to-date data source for MSK is themselves. MSK collects data directly, both from their clinic's operational records and from their project staff.

Almost all the information that Kubai uses is captured by MSK staff working at the service-delivery level. Service-delivery data, such as client demographic information, services used, amounts paid, and information about client satisfaction is recorded and collated by staff at the MSK clinics and transferred daily to the national office in Nairobi for analysis. MSK has a branch network of 25 clinical facilities and so there are many people involved in the data collection, most of which have not had formal data skills training. This has led to some inconsistencies in the way in which the service-delivery data is recorded and reported, causing problems for the staff in the finance department who have to manually enter the information into the financial management system. This manual transfer of data increases the risk for human error. In addition, the quality of data is impacted by the lack of skills amongst those collecting and a limited sense of data ownership by the clinics. Kubai believes that if all staff across the organisation were equipped with basic data skills they would better understand the value of it, feel more ownership and be more likely to use the data themselves, thus improving effectiveness at all levels of the organisation.

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In addition to primary data collected from clinics and secondary data from online government sources, another valuable source of data for Kubai is other organisations working within this sector. This information is, however, not always available. "There are many instances when the required data is not publicly available; this is especially an issue when other organisations working the same sector do not share information". This lack of transparency has

risked a duplication of efforts and inefficiencies within the sector. In recognition of this common problem in Kenya, steps have been taken to improve the transfer of information between organisations. The Kenyan Ministry of Health has set up Technical Working Groups that enable the government and relevant organisations to share details about their progress and strategies. There are also regular stakeholder forums where organisations can share ideas and information. MSK has been involved in creating an online portal as a platform for organisations to share information and best practice. This has enabled easy access to industry reports, has avoided duplication of work and is already showing results. "We were able to use the data from a baseline survey conducted by another organisation. This helped us understand the current needs of a particular community and to target our intervention, without having to duplicate the research".

Kubai carries out most of his analysis using MS Excel; however, for more complex statistical analysis the SPSS software package is required. Currently, much of the MSK's SPSS data analysis is conducted by specialised data analysts based in the MSI office in London. Kubai would like to develop better skills in using SPSS and in interpreting analysed data so that he can reduce the dependence on the London office and use the skills in other aspects of his work. Kubai believes that improving the data skills of the rest of the team in Kenya would also be of benefit. "There is a need to build a basic level of skills capacity in all staff to enable data analysis by all parts of the organisation in Kenya. This would ensure all areas of work, from project planning to service delivery, and from advocacy to strategy development, are more informed and evidence based". With improved collection and analysis of data, Kubai believes that MSK will be more

effective at enabling access to quality reproductive health and family planning services for those who need it most.

Kubai uses the primary data collected by the clinics, together with data from his secondary sources, for a range of purposes. In addition to developing new projects and implementing service delivery, he uses this data for internal reporting on MSK's programmes, finding that many donors now require evidential reporting with a high depth of detail as a condition of their funding. Published reports are also written using the data, with any confidential information anonymised, aimed at donors and government to raise their awareness of the need for better reproductive health provision. MSK regularly participates in the government's annual planning meetings to discuss resource allocation for reproductive health services. All the information that Kubai and his team capture goes towards informing MSK's position and input to these meetings and processes and is shared with the Ministry of Health to inform their understanding. Importantly, Kubai's work to establish an evidence base enables MSK to know in which areas their work is most needed. His data enables MSK to carry out sensitisation projects, provide health education and support community-based organisations with the highest level of need.

Case study insights

This case study shows how vital data and information is to the successful delivery of health services. Data is used to improve the way health services are provided, to increase the number of people reached, and to demonstrate the importance of the services on offer. Despite the barriers caused by incomplete and out-of-date government data, and limited information sharing within the sector, MSK has managed to use data from a range of sources to meet their needs, enabling them to better direct, prioritise, design and monitor the impact of their own work.

The need to improve staff capacity to work with, collect, store and share data is seen as fundamental. Not only is capacity development required for clinical staff to improve their data collection skills and understand the potential benefit of using data in their work, but it would also enable more sophisticated analysis of the data and minimise reliance on external data specialists.

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This case study is available online at: <http://devinit.org/#!/post/using-project-data-to-improve-sexual-health-services-in-kenya>. A shorter-form version of this case is available from DI's Access to Information programme.

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