

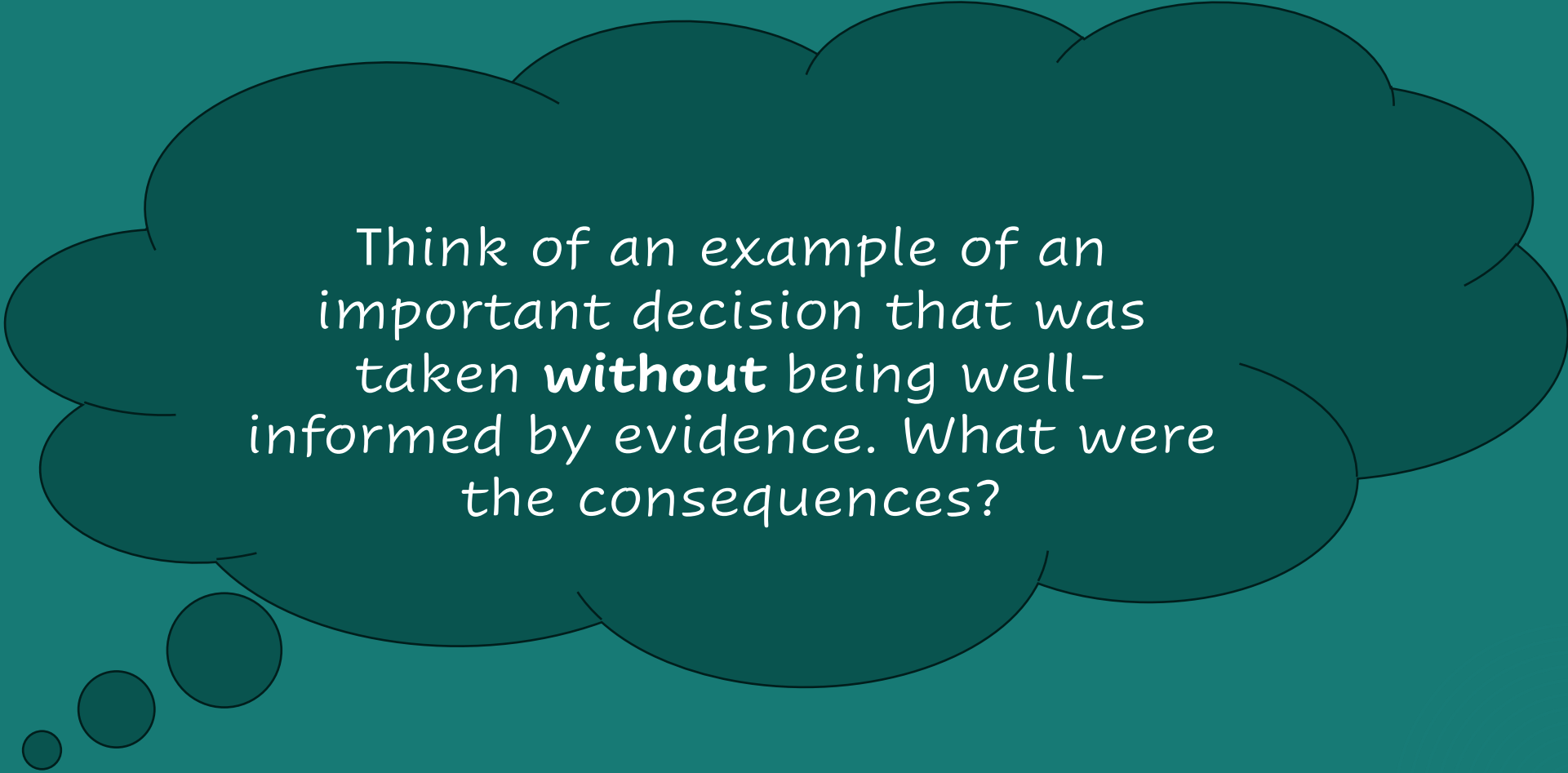
# Data Use for Decision-Making

## Country Leadership Program Alumni Community of Practice

9<sup>th</sup> May, 2024

# Session objectives

- Learn about the GFF resources on data use
- Share ideas and experiences



Think of an example of an important decision that was taken **without** being well-informed by evidence. What were the consequences?

# Mentimeter poll

What would you say are some of the biggest barriers to data use in your organization?

- a) Data availability
- b) Data quality
- c) Data timeliness
- d) Analytics that responds to needs
- e) Skills to interpret data
- f) Lack of culture of data use
- g) Mindsets
- h) Other

# GFF Data Use Resources

# Scope of GFF resources

## Data for what use?

- To inform the key RMNCAH-N policy, strategy and programmatic questions that decision-makers need to answer and the types of decisions they are taking

## Which decision-makers?

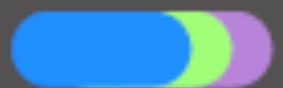
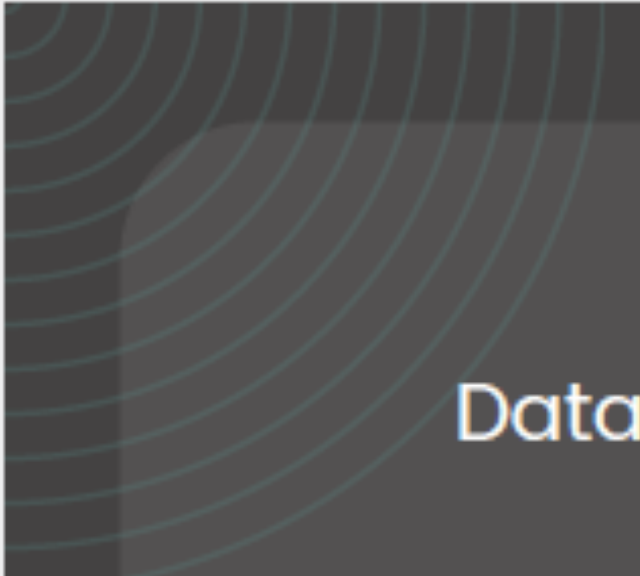
- Key decision-makers and decision-making bodies in relation to RMNCAH-N at national and sub-national level

## What data?

- Full range of health systems data (e.g., service delivery, finance, HR, logistics, civil registration, etc).
- Key indicators for monitoring the investment case

# GFF Data Use Resources





Data Use Learning Package

- **GUIDANCE**

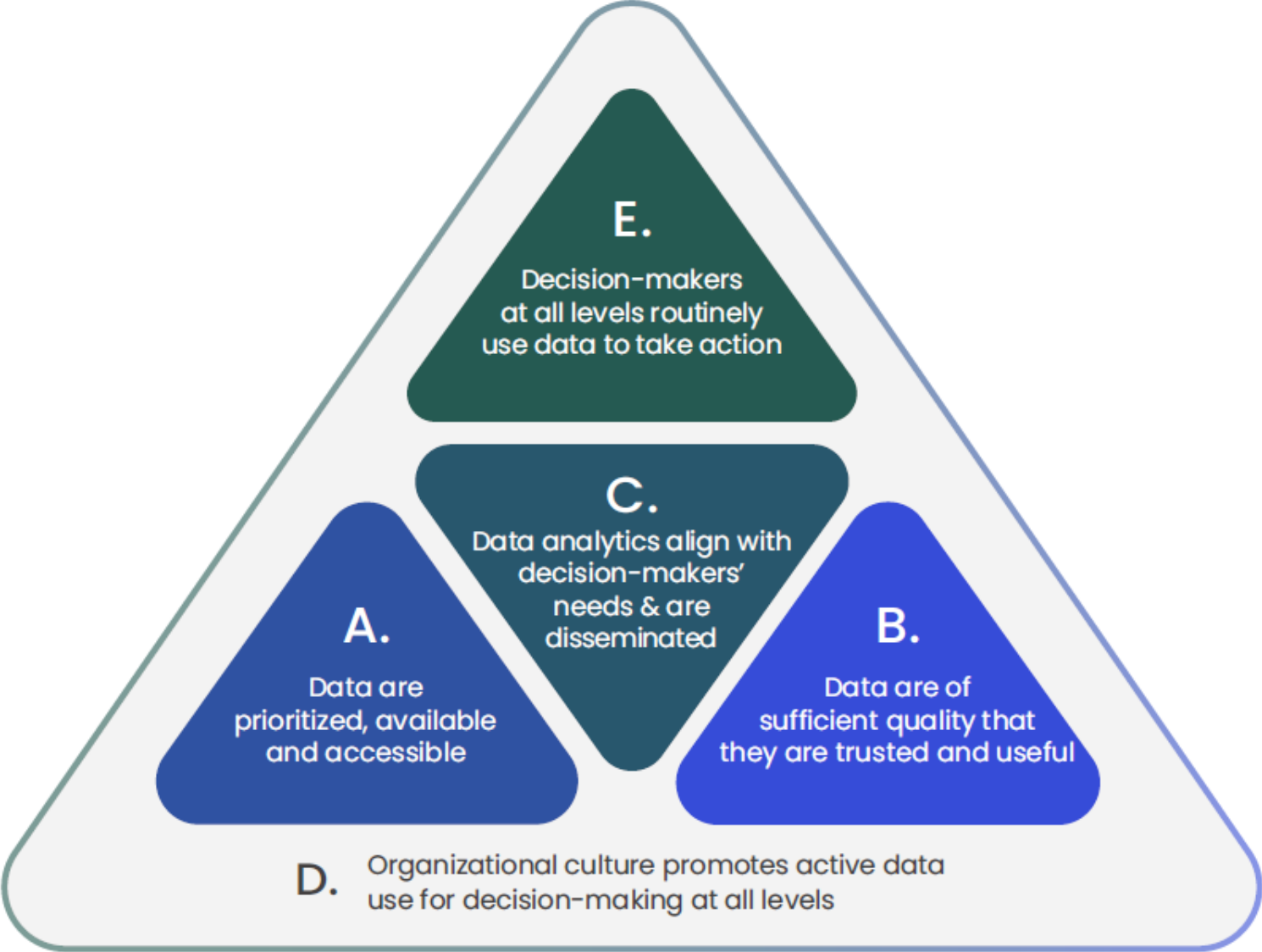





# Data & Evidence Use Guidance

- Explains GFF's approach and value-add in strengthening data use for decision-making
- Supports **GFF Results Specialists** and **Country Teams** to identify and support strategies to strengthen use of data for decision-making at national and sub-national levels
- Outlines 5 key building blocks for data use and promotes use of the full range of health systems data (e.g., service delivery, finance, human resources, logistics, civil registration, etc)
- **Not prescriptive** about what any given country should do; is designed to be country-led based on needs of key decision-makers

# Building blocks for data use





Data Use Learning Package

- **ASSESSMENT**



# Data Use Landscape Assessment

- To be used by countries together with GFF teams to systematically identify areas of need for data use on RMNCAH-N and priorities for action
- Intended as a light, desk-based assessment, which can indicate if a more in-depth assessment is needed
- Provides a starting point for identifying where GFF and other partners may be able to add most value and support

# Assessing landscape for each building block

Building block A: Data are prioritized, available and accessible in a timely manner to potential users at all levels					
Areas of engagement	Building block B: Data are prioritized, available and accessible in a timely manner to potential users at all levels				
	Areas of engagement	Building block C: Data analytics are prepared in alignment with decision-makers' needs and are disseminated on a routine and timely basis (national and district levels)			
Strong Results Agenda & Results Framework	IC DQA interventions	Areas of engagement	Questions		
Availability and accessibility of health systems data	Policies & routine DQA	CP links to analytics WG	Does the Country Platform include (or is it linked to) a subgroup that specializes in data analysis, and which can generate reports/dashboards for Country Platform meetings?	Response to question (identifies an area of need). Select from drop-down menu.	Comments <i>(Please summarise the most critical areas of need)</i>
		Production of integrated analytics	Are routine data products and visuals currently available to the Country Platform and/or other related decision-making bodies to monitor and evaluate the IC (including tracking progress against targets)?	Yes, this is already well addressed	
			If these products are available, are they updated routinely and disseminated to relevant decision-makers/decision-making bodies?	Yes, this is already well addressed	
	Do the currently available data products and visuals include subnational data analysis?		No, this is not well addressed and IS an area of need		
	Data cleaning through innovative/rapid cycle approaches	Do the currently available data products and visuals integrate different types of health systems data (e.g. service delivery, finance, HR, logistics, CRVS etc.?)	Partially, there is some need to address this		
		Capacity/competencies	Do the currently available data products and visuals include gender and equity analysis?	No, this is not well addressed and IS an area of need	
			Rapid/innovative approaches	Have opportunities to use rapid-cycle analytics for PHC monitoring been reviewed and responded to where the demand/potential is high? (e.g., FASTR)	
	Availability of Implementation Research & Evaluation	Other (Any critical needs addressed above. May include issues that are not part of value add, but are critical to achieving change)	Have opportunities to adopt digital and other forms of innovation for production of timely analytics been reviewed and responded to where need/potential is high?	Partially, there is some need to address this	
			Have opportunities to connect with other partnerships, including the Countdown to 2030, been reviewed and responded to where need/potential is high?	Yes, this is already well addressed	
	Capacity/competencies		Capacity/competencies	Do staff have the capacity to undertake data analysis, interpretation and maintenance, e.g. are there adequate staff with allocated roles that have been trained?	
			Are staff well equipped with the core competencies for data analysis? E.g. Design, development, dissemination and maintenance of analytical products, skills in data	Partially, there is some need to address this	

# Landscape assessment – map of needs

Data availability	Data quality	Data Analytics	Data Culture	Active Data Use
<p>Results Agenda and Results Framework</p> <p>HMIS Plan in place Partner alignment Results Framework fit-for-purpose</p>	<p>IC DQA interventions</p> <p>DQ in HIS reforms</p>	<p>CP linkages with analytics unit/WG</p> <p>Linkages in place</p>	<p>IC data culture interventions</p> <p>IC addresses data culture</p>	<p>Data use for prioritization &amp; planning</p> <p>Evidence-based prioritization in IC Health resourcing data informs prioritization</p>
<p>Health systems data availability/accessibility</p> <p>Service delivery data (inc FASTR analysis) Health financing data HR data Logistics data CRVS data SRHR, MNDSR data HFAs conducted Pop. based surveys conducted</p>	<p>Policies &amp; routine DQA</p> <p>HIS QA mechanisms Results Framework DQA</p>	<p>Production of integrated analytics</p> <p>Availability of analysis Routine update &amp; dissemination Subnational analysis available Integrated analysis Gender &amp; equity analysis</p>	<p>Data use champions &amp; leaders</p> <p>CP acts as champion for data use Other active data champions CP regularly tracks core indicators CLP includes data use</p>	<p>Data use for review, performance management and course correction</p> <p>Data (inc HRT) inform review/course correction IR&amp;E showcase learning PBF reinforces data use Use of rapid-cycle data (FASTR) Data use mainstreamed Programmatic data mainstreamed Health resourcing data mainstreamed M&amp;E &amp; HMIS functions connected Feedback loops in place Data use to inform daily frontline service delivery Real-time data informs frontline</p>
<p>IR&amp;E</p> <p>IR&amp;E needs identified/plans in place</p>	<p>Data cleaning, including via FASTR DQA/innovations</p> <p>Data cleaning undertaken</p>	<p>Rapid/innovative approaches</p> <p>Rapid-cycle analytics (FASTR) Innovation Countdown 2030</p>	<p>Governance, policies, processes &amp; incentives</p> <p>Supportive governance Policies &amp; processes in place Incentives mechanisms in place</p>	
<p>Capacity/competencies</p> <p>HR available Comptencies well developed</p>	<p>Capacity/competencies</p> <p>HR available Comptencies well developed</p>	<p>Capacity/competencies</p> <p>HR available Comptencies well developed</p>	<p>Capacity/competencies</p> <p>Promotion of values,attitud's, behv.</p>	<p>Capacity/competencies</p> <p>Comptencies well developed</p>
<p>Other</p>	<p>Other</p>	<p>Other</p>	<p>Other</p>	<p>Other</p>



Data Use Learning Package

- **TOOLKIT**

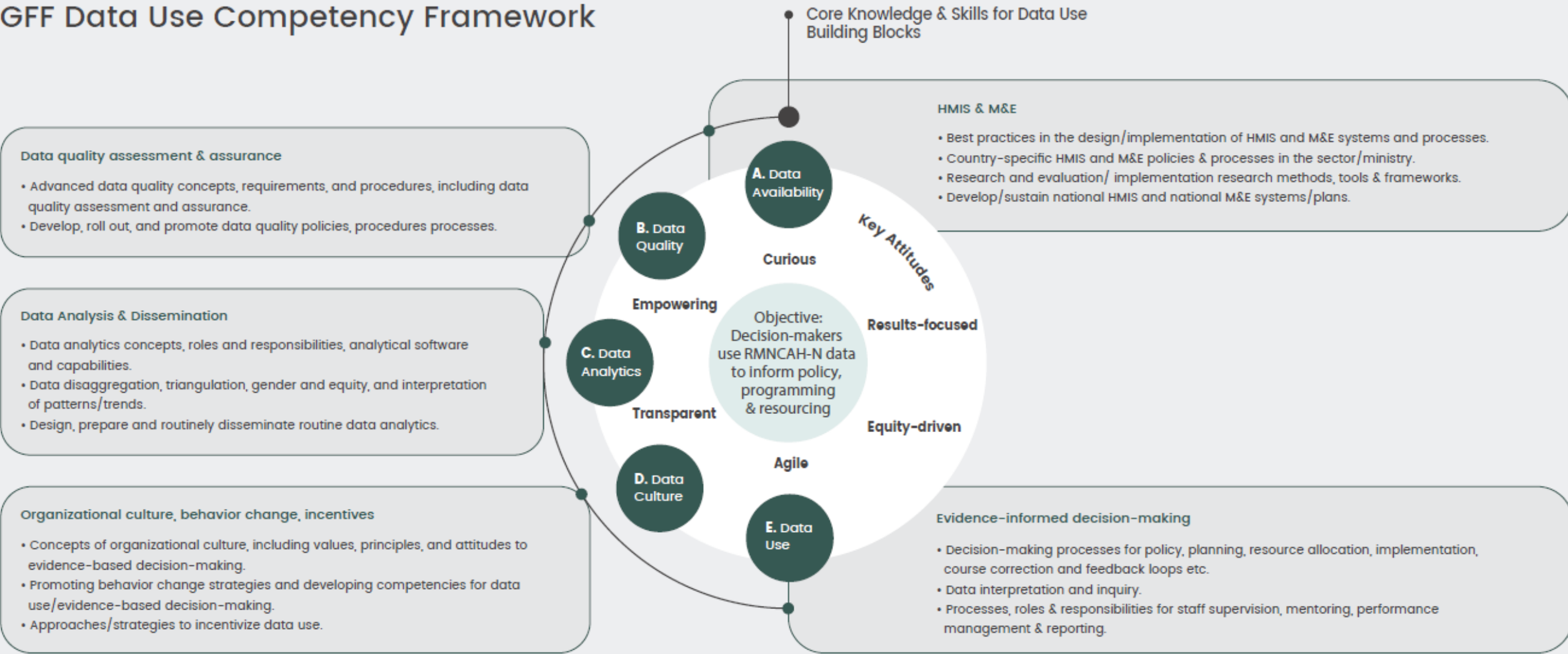


# Data Use Competency Toolkit

- Provides practical tools for assessing countries' data use competency needs and designing learning strategies in response
- Addresses both knowledge and skills needed to compile, analyze and use data, and organizational attitudes that motivate and inspire teams to actively use data

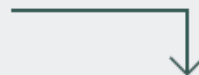


# GFF Data Use Competency Framework



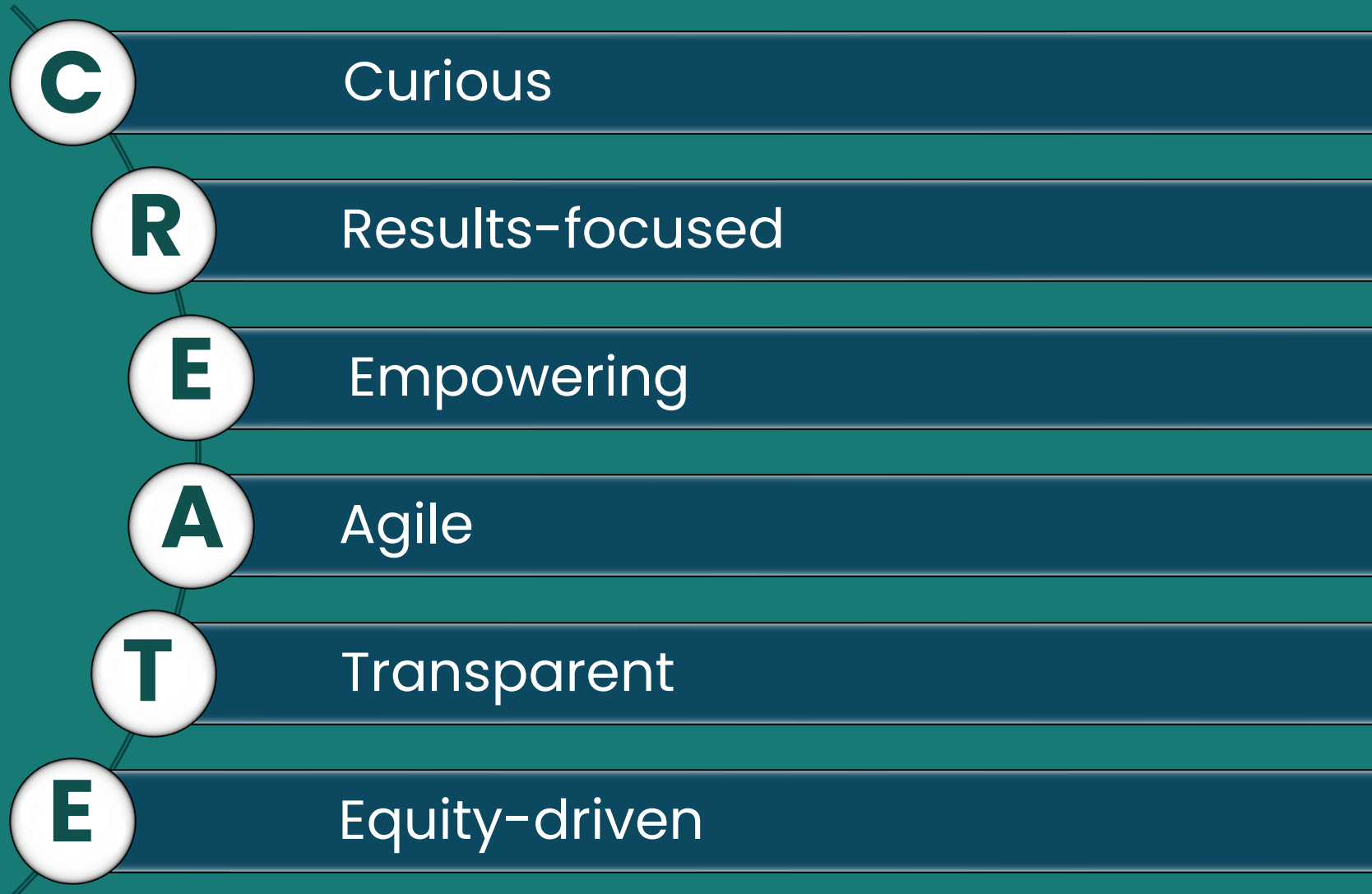
# Competency needs assessment

Building Block E. Data use					
COMPETENCIES - Knowledge, Skills & Attitudes	Senior ministry leadership	District managers / Clinical leads	District HMIS / M&E Staff	Facility managers	Gaps/priority competency development needs
<b>Knowledge (Understanding of...)</b>					
Decision-making processes for policy, planning, resource allocation, implementation, and course correction	●	●	●		
Sub-national decision-making processes for planning, resource allocation, implementation, course correction etc.	●	●	●	●	
Data interpretation and inquiry (inc. of different data types, e.g., routine data, surveys, research), and evidence-based management approaches.	●	●	●	●	
Feedback loops, both between different levels of decision-makers and between data users and data producers.	●	●	●	●	



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<b>Knowledge (Understanding of...)</b>					
Decision-making processes for policy, planning, resource allocation, implementation, and course correction	✓	✓	✗		<i>Understanding among district managers regarding their role within the national processes is currently weak.</i>
Sub-national decision-making processes for planning, resource allocation, implementation, course correction etc.	✓	✓	✓	✗	<i>Facility managers have not been sensitized to processes within their district, which affects their ability to work according to expectations.</i>
Data interpretation and inquiry (inc. of different data types, e.g., routine data, surveys, research), and evidence-based management approaches.	✓	✓	✓	✗	<i>Need for improved knowledge and skills for data interpretation.</i>
Feedback loops, both between different levels of decision-makers and between data users and data producers.	✓	✗	✓	✗	<i>Feedback loops are not something that has been promoted; need for better understanding of what this involves and how to do it.</i>

# Attitudes for data use



2 case studies

Rwanda – Improved data  
accessibility, analysis and culture for  
multi-sectoral approaches to health  
and nutrition

# Case study: Rwanda national nutrition response

## *Goal*

- Given persistently high rates of childhood malnutrition, the government sought to strengthen multi-sectoral approaches to national nutrition response

## *What have they been doing...*

- Mapped users' data needs and developed a Data Use Plan, including identifying data champions to promote culture of data use
- Developed an Integrated Childhood Development Dashboard and MIS to improve data accessibility and analysis tailored to decision-makers needs across sectors at national and sub-national level
- Introduced routine review of data within management processes, linking the Dashboard to performance frameworks
- Established a nutrition resource-tracking system to inform prioritization, planning & oversight across sectors
- Promoted alignment of donor engagement around the NCDA Operational Plan

# Case study: Rwanda national nutrition response

## *What progress has there been?*

- Strengthened and shared understanding of causes of stunting and effective responses across sectors
- Nutrition mainstreamed into national plans and budgets
- Improved multi-sectoral planning, coordination and prioritization
- Improved convergence and targeting of health, nutrition, and ECD services

# Rwanda – transforming data use culture

Dr Nkechi  
Olalere

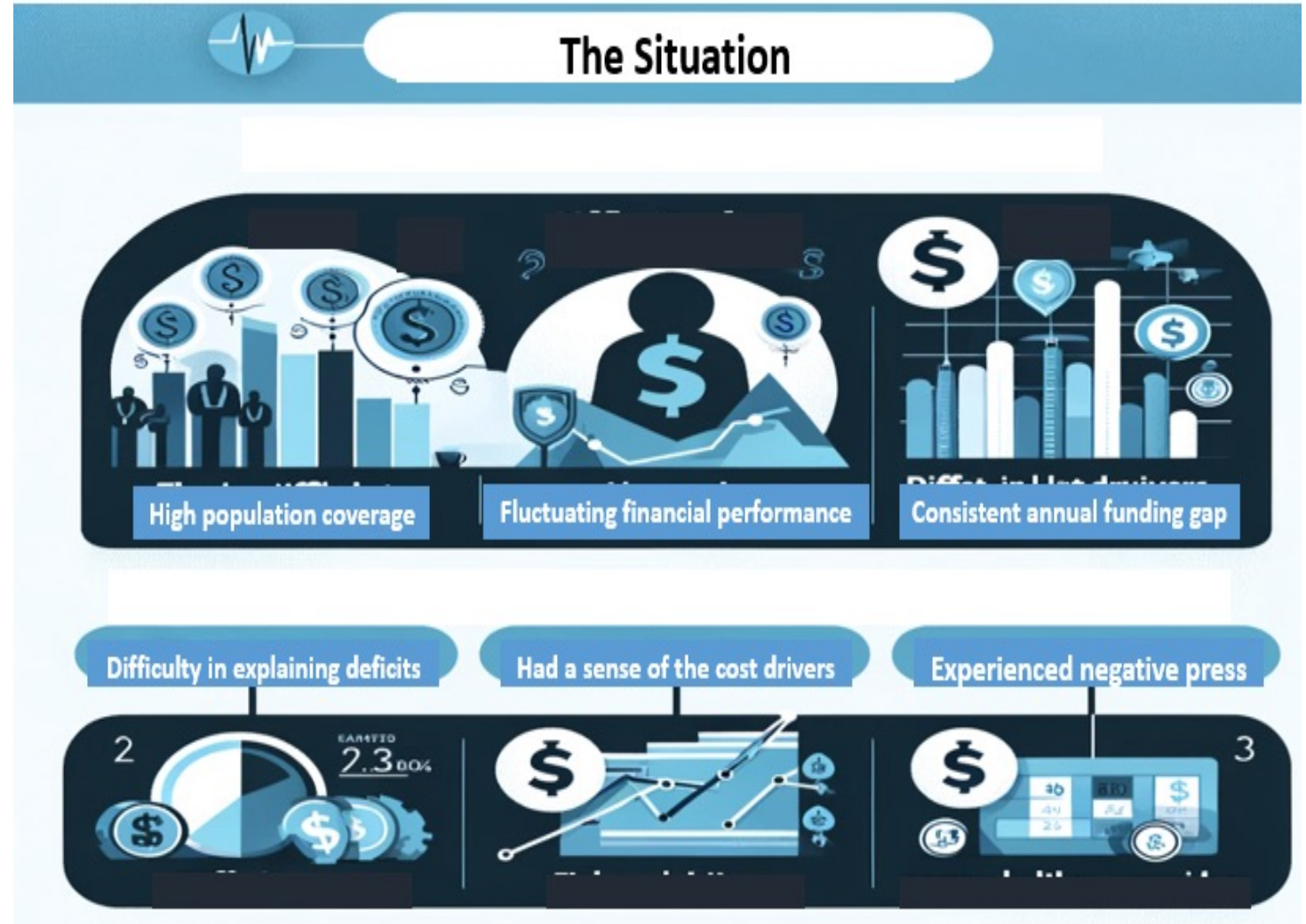


# What was the situation?

CBHI's initial success and financial struggles.

Inability to explain cost drivers and financial deficits to key stakeholders.

Tension arising from late payments to healthcare providers and negative press.



# Data Insights from Backlog Project

## Key Insights Gained

Patient visit data: ubudehe category and demographics (age, gender)

Cost drivers

Major diagnoses

Denial rates and reasons

Average time to verify a claim

Average number of prescriptions

## Data also:

Pinpointed areas for fraud detection and preventive programs.

Demonstration of improved transparency and agility in decision-making.





# Results and Reforms

Reforms initiated based on data insights:  
 Transition to capitation payment,  
 Automation of processes,  
 Earmarked taxes for funding.

Operational insights

Understood their cost structure  
 Could pinpoint areas of potential fraud  
 Could see trends that need to be addressed

Results-oriented, transparent, and equity-driven approaches.



# Impact on Stakeholders

Data-driven reforms improved relations with Ministry of Finance and political leadership.

Transparency and evidence-based decision-making strengthened trust and collaboration.

Empowerment of CBHI leadership through access to data and ability to drive change.



# Discussion

What enablers could you foster in your organizations to promote a culture of evidence-based decision-making?

What support do you need on this journey?