

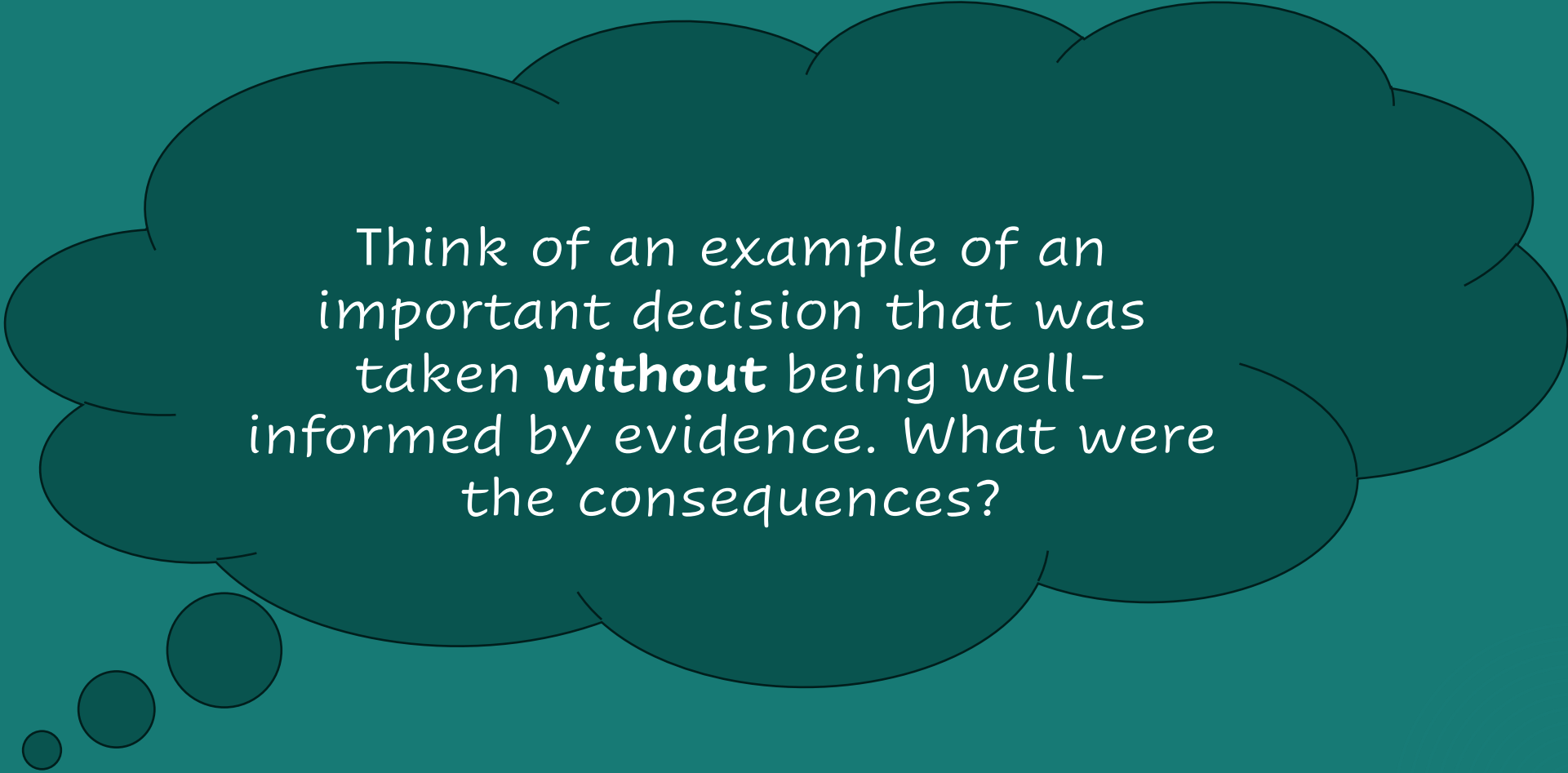
Data & Evidence Use for Decision-Making

GFF Agenda, Approach & Resources

25th June, 2024

Session objectives

- Learn about the GFF agenda, approach and resources on data use
- Share examples, experiences and ideas



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 (or in projects you support)?

- 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 & Evidence Use Agenda

The GFF is strongly committed to sustaining a relentless focus on results by promoting data and evidence use for improved RMNCAH-N programming

This responds to a range of challenges and opportunities which are common in many GFF/WB-supported countries:

- Weak **prioritization of data**
- Poor **data quality**
- Limited **availability of timely, user-centric analytics**
- Gaps in **competencies**
- Weak **feedback loops**
- Weak **organizational culture and incentives**
- Increasing opportunities to **leverage technology** for improved data quality, timeliness & analysis

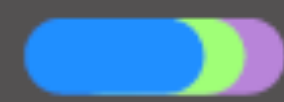
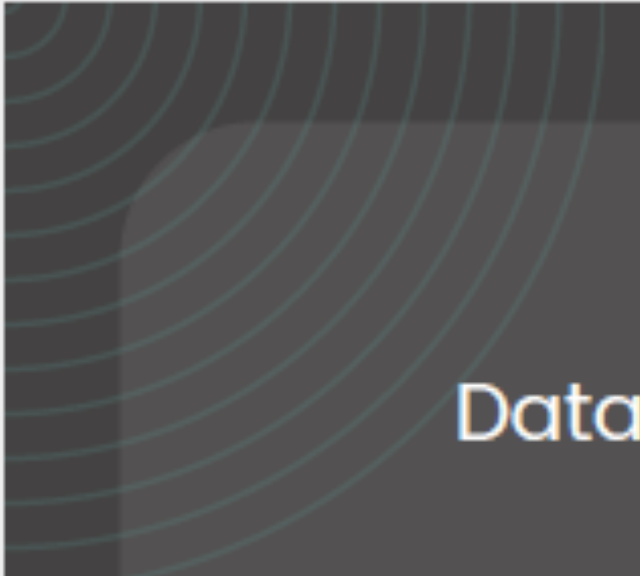
GFF's approach

- **Country-led, partnership approach**
- **Country Platform** as a **key champion** of the data use agenda
- Promoting **alignment of partners' support**
- Emphasizing **data use at all levels of the health system** from national to frontline service delivery
- Promoting use of a broad of **range of health systems data** (including service delivery, finance, HR, logistics, civil registration, etc.)
- Enabling **timely decision-making** through **rapid cycle approaches (FASTR)**
- Strengthening **existing systems and processes**

GFF Data Use Resources

GFF Data Use Resources





Data Use Learning Package

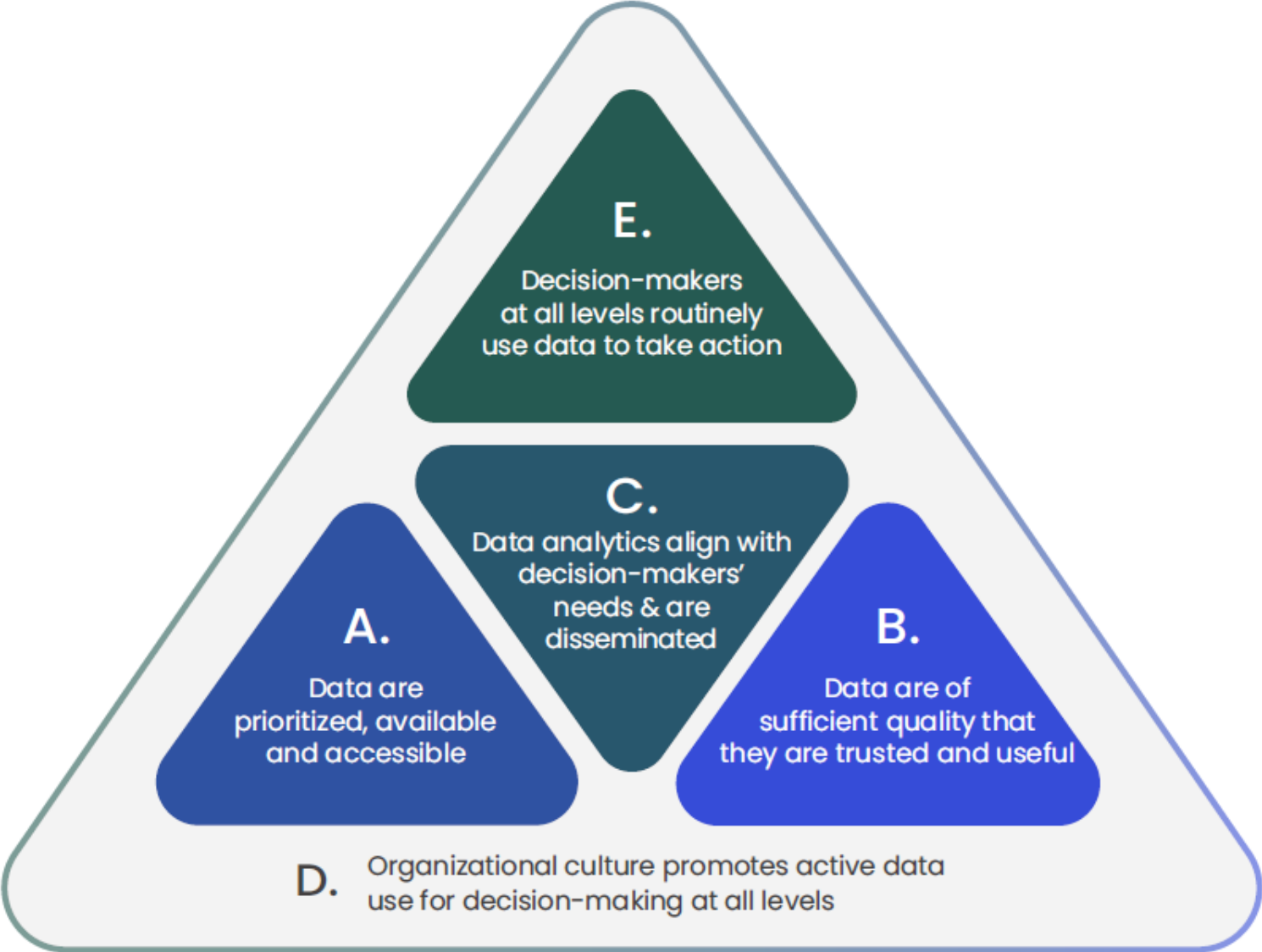
- **GUIDANCE**




Data & Evidence Use Guidance

- Explains **GFF's approach and value-add** in strengthening data use for decision-making (including how GFF works together with the **World Bank**)
- Supports **Country Teams and other stakeholders** to identify and support strategies to strengthen use of data for decision-making at national and sub-national levels
- **Not prescriptive** about what any given country should do; is designed to be country-led based on needs of key decision-makers
- Outlines 5 key **building blocks** for data use

Building blocks for data use





Data Use Learning Package

- **ASSESSMENT**



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			
Building block B: Data are prioritized, available and accessible in a timely manner to potential users at all levels			
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)			
Areas of engagement	Questions	Response to question (identifies an area of need). Select from drop-down menu.	Comments <i>(Please summarise the most critical areas of need)</i>
Availability and accessibility of health systems data	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?	Partially, there is some need to address this
	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
		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)	Yes, this is already well addressed
		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	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?	Partially, there is some need to address this
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 & 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 & routine DQA</p> <p>HIS QA mechanisms Results Framework DQA</p>	<p>Production of integrated analytics</p> <p>Availability of analysis Routine update & dissemination Subnational analysis available Integrated analysis Gender & equity analysis</p>	<p>Data use champions & 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&E showcase learning PBF reinforces data use Use of rapid-cycle data (FASTR) Data use mainstreamed Programmatic data mainstreamed Health resourcing data mainstreamed M&E & HMIS functions connected Feedback loops in place Data use to inform daily frontline service delivery Real-time data informs frontline</p>
<p>IR&E</p> <p>IR&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 & incentives</p> <p>Supportive governance Policies & 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**



GFF Data Use Competency Framework

Data quality assessment & assurance

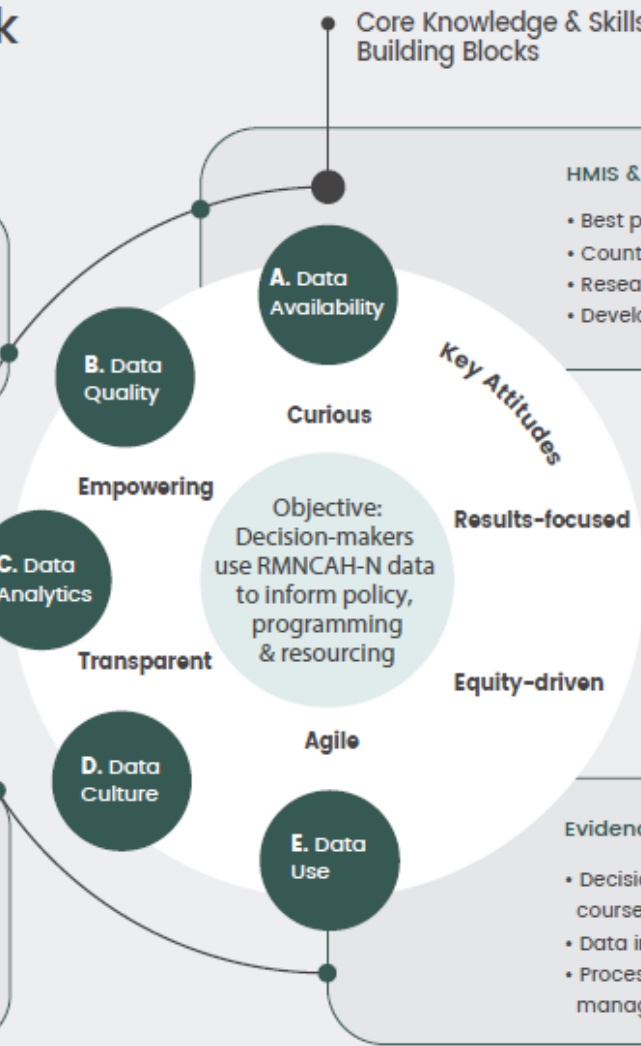
- Advanced data quality concepts, requirements, and procedures, including data quality assessment and assurance.
- Develop, roll out, and promote data quality policies, procedures processes.

Data Analysis & Dissemination

- Data analytics concepts, roles and responsibilities, analytical software and capabilities.
- Data disaggregation, triangulation, gender and equity, and interpretation of patterns/trends.
- Design, prepare and routinely disseminate routine data analytics.

Organizational culture, behavior change, incentives

- Concepts of organizational culture, including values, principles, and attitudes to evidence-based decision-making.
- Promoting behavior change strategies and developing competencies for data use/evidence-based decision-making.
- Approaches/strategies to incentivize data use.



Core Knowledge & Skills for Data Use Building Blocks

HMIS & M&E

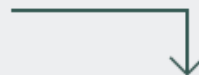
- Best practices in the design/implementation of HMIS and M&E systems and processes.
- Country-specific HMIS and M&E policies & processes in the sector/ministry.
- Research and evaluation/ implementation research methods, tools & frameworks.
- Develop/sustain national HMIS and national M&E systems/plans.

Evidence-informed decision-making

- Decision-making processes for policy, planning, resource allocation, implementation, course correction and feedback loops etc.
- Data interpretation and inquiry.
- Processes, roles & responsibilities for staff supervision, mentoring, performance management & reporting.

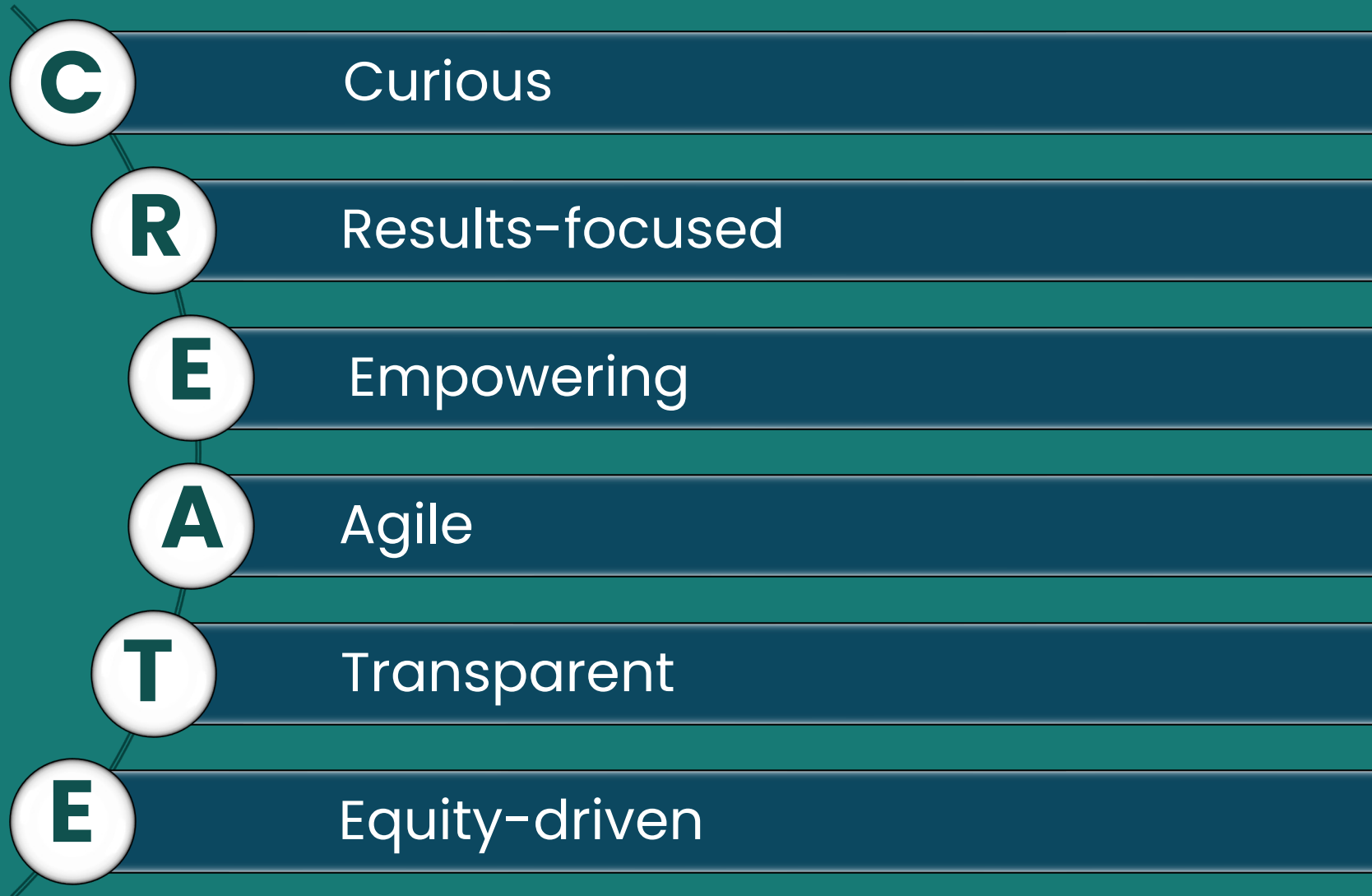
Competency needs assessment

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
Knowledge (Understanding of...)					
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.	●	●	●	●	



COMPETENCIES - Knowledge, Skills & Attitudes	Senior ministry leadership	District managers / Clinical leads	District HMIS / M&E Staff	Facility managers	Gaps/priority competency development needs
Knowledge (Understanding of...)					
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



Questions?

Case studies

Case study: Rwanda national nutrition response



National Child Development Agency

A photograph of several young children in a classroom, wearing white shirts and blue bows. They are sitting at a table with colorful toys and looking down at something on the table. The image is overlaid with a semi-transparent teal background.

NCDA

National Child Development Agency

Goal

- Strengthen multi-sectoral approaches to national nutrition response

What has been done...

A. Data availability

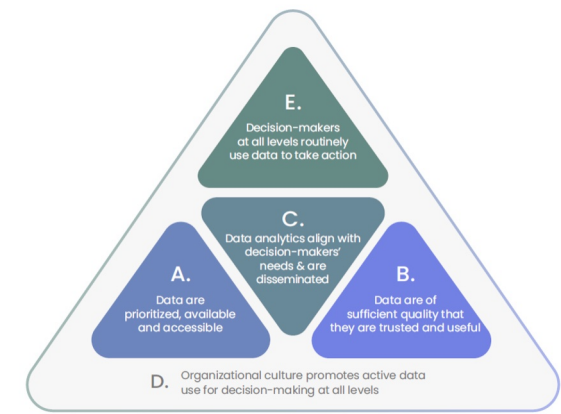
- Developed an information system known as **ICD Dashboard** to improve data availability & accessibility
- Mapping of **ECD settings** inc. geoinformation
- Established a **nutrition resource-tracking system** to inform prioritization, planning & oversight across sectors

B. Data quality

- Strengthened processes for **data quality** review through the ICD Dashboard

C. Data analytics

- Developed **user-tailored analytics, dashboards, and interactive scorecards** in ICD Dashboard for national and district level
- **District profiles** for key nutrition and ECD data



D. Organizational culture

- Linked Dashboard **to performance frameworks**
- Identified actors who would **champion data use** to foster **curiosity** and a strong **focus on results**
- Trained key staff at national, district, and facility level, so they could be **empowered** to access and use the data they need in a timely manner
- *Still to come*: Establishing incentives guidelines

E. Data use

- Developed **data use plan** to highlight key mechanisms to foster data use at all levels
- Institutionalized the **routine review of data** within management and technical platforms

dashboards.ncda.gov.rw



Rwanda Integrated Child Development Dashboard

The Integrated Child Development (ICD) Dashboard is an information hub that show progress in achieving results for children health, nutrition, development, protection, and rights.

It provides stakeholders with data and analysis to inform their decision-making.

The ICD Dashboard is spearheaded by NCDA services for children.

[Continue →](#)

ICD Dashboard Public Portal Welcome page

dashboards.ncda.gov.rw/home

Home Nutrition and MCH ECD Login

Demographics:

Children aged 3-18 months 166,256 20 Jun,2024	Children aged 6-23 months 549,052 20 Jun,2024	Children aged 6-59 months 1,685,862 20 Jun,2024	Children aged below 3 years 1,000,804 20 Jun,2024	Children aged 3-6 years 1,425,212 20 Jun,2024
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Progress Highlights:

Children < 5 with stunting 2020 33%	Children < 2 with stunting 2023 24.4%	Children 0-6 receiving minimum package for ECD service 2023 75.1%
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Trends of Key ANC, Delivery & PNC Indicators

Year	Percentage of Facility delivery	Percentage of mother who received ANC	Percentage of children who received PNC
2019	97.6	87.5	40.6
2020	98.2	92.9	45.8
2021	98.5	93.2	49.5
2022	98.7	93.8	49.9
2023	99.0	94.6	52.4

Trends of Stunting, Wasting & Underweight among U5

Year	DHS_ Percentage of <5 children stunted (National)	DHS_ Percentage of <5 years children who are underweight (National)	DHS_ Percentage of <5 years children who are wasted (National)
2005	51	18	5
2010	44	11	3
2015	38	9	2
2020	33	8	1

Percentage of children 0-6 years of age receiving ECD services

Year	Percentage of children 0-6 years of age receiving ECD services
2020	42.9
2021	64.2
2022	79.5
2023	73.6

ICD Dashboard Public Portal Data objects

NCDA Integrated Child Development (ICD) Dashboard - Interactive Scorecard

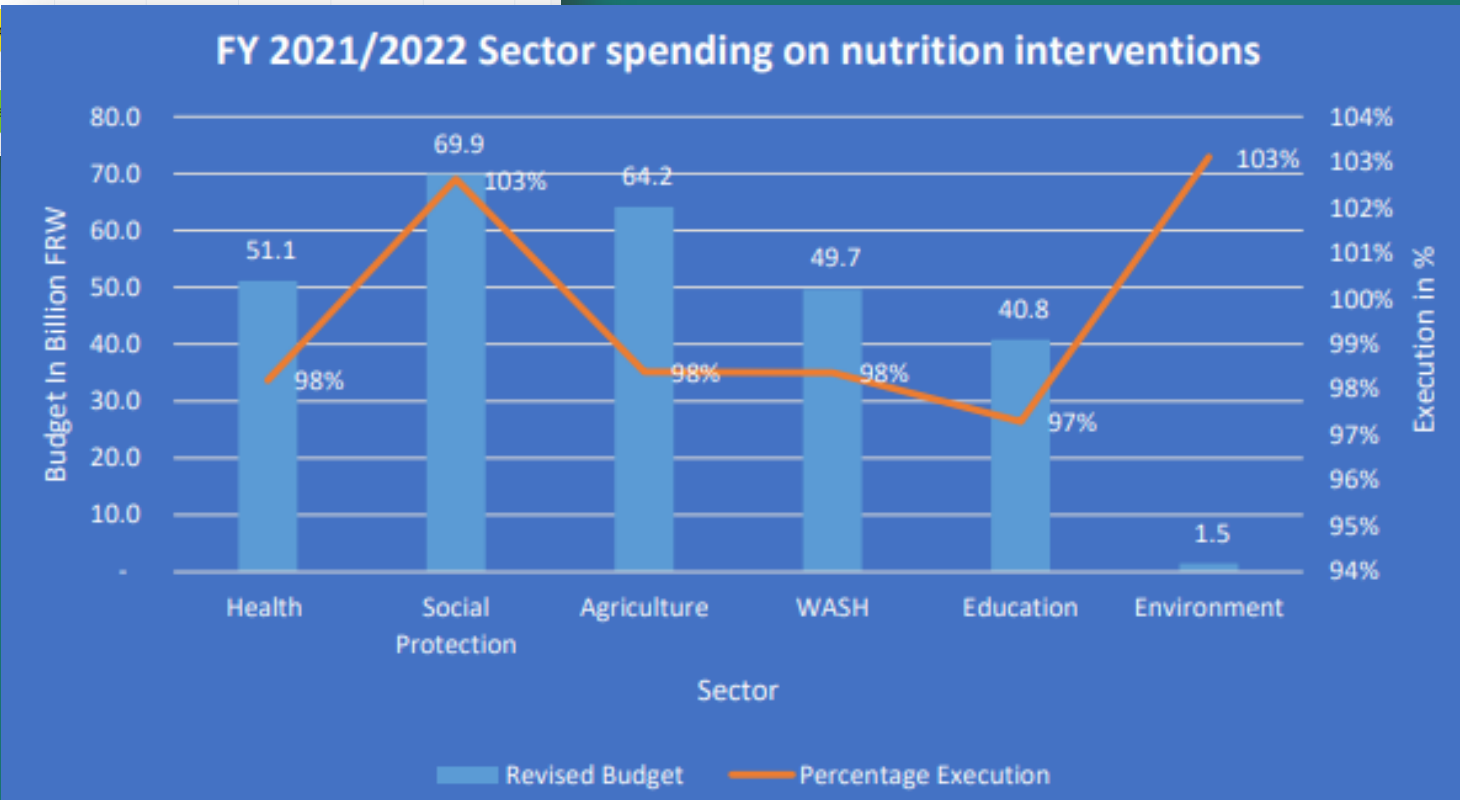
■ On Track vs Target
 ■ More Effort Required
 ■ Off-track
 ■ No Data
 ■ N/A

▲ Increased from last period ▼ Decreased from last period

	Search Data	Bugesera District	Burera District	Gakenke District	Gasabo District	Gatsibo District	Gicumbi District	Gisagara District	Huye District	Kamonyi District	Karongi District	Kayonza District	Kicukiro District	Kirehe District	Muhu Dist
1	HMIS_ Percentage of pregnant women with 4 ANC standard visits	36.3	71.3	58.6	26.5	52.3	55.8	▲ 78.2	▲ 48.5	▲ 45.2	▲ 41.4	69.2	41.2	▲ 58.7	▲
2	Percentage of Facility delivery	99.1	99.2	98.0	99.6	98.5	99.8	99.7	99.4	97.9	96.7	98.2	99.8	99.3	
3	SISCOM_ Percentage of children aged 3-18 months screened using length mat for stunting visualisation	85.2	▲ 78.4	93.4	▼ 43.0	▼ 104.6	66.9	▲ 88.3	▲ 121.6	60.2	80.1	98.7	84.4	▼ 72.3	
4	SISCOM_ Percentage of children aged 6-23 months receiving MNP Onger	▲ 20.5	▼ 36.5	▼ 28.6	▼ 5.9	▲ 24.1	▼ 7.9	▼ 15.4	▼ 22.9	18.9	▼ 12.9	4.4	▲ 18.8	▲ 45.2	▼
5	SISCOM_ Percentage of children aged below 3 years who received ECD services (home visitation)	49.7	▲ 94.3	102.7	17.7	▼ 84.8	60.4	69.6	97.1	31.4	67.5	62.3	59.6	53.3	▲
6	HMIS_ Percentage of new ANC registrations within 1st trimester of pregnancy	32.5	78.8	▼ 58.0	23.9	50.5	56.8	▼ 71.1							
7	ECD_Percentage of children 0-6 years of age receiving minimum ECD services	▲ 71.5	▲ 84.6	▲ 94.8	▲ 35.3	▲ 93.6	▲ 65.2	▲ 84.2	▲						

ICD Dashboard Interactive Scorecard

Nutrition budget and expenditure tracking across sectors



Case study: Rwanda national nutrition response

What have the results 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

Case study - Guinea



Case study: Guinea

Objective: to strengthen the Country Platform's ability to review Investment Case implementation and monitor essential RMNCAH-N services

What has been done...

A. Data availability

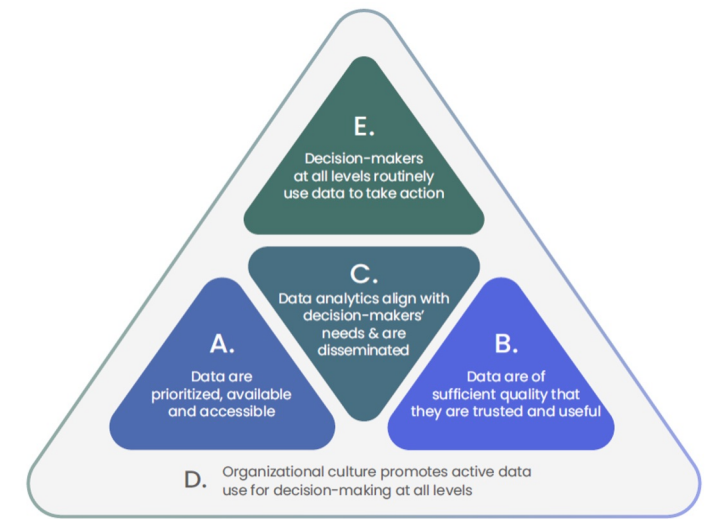
- HMIS (inc. DHIS2) strengthened and health centers connected to the internet and DHIS2.
- Rapid-cycle monitoring of essential health services (FASTR) put in place.

B. Data quality

- Roll out of data quality tools and processes at regional and district levels to ensure quality assurance of monthly HMIS data.

C. Data analytics

- Development of quarterly IC performance reports and accompanying DHIS2 dashboard.
- Guinea's participation in *Countdown to 2030* to enhance capacity for analytics.



D. Data culture

- Establishment of multi-department team to undertake IC monitoring technical work.
- Institutionalization of all aspects of the analysis and utilization of data.

E. Data use

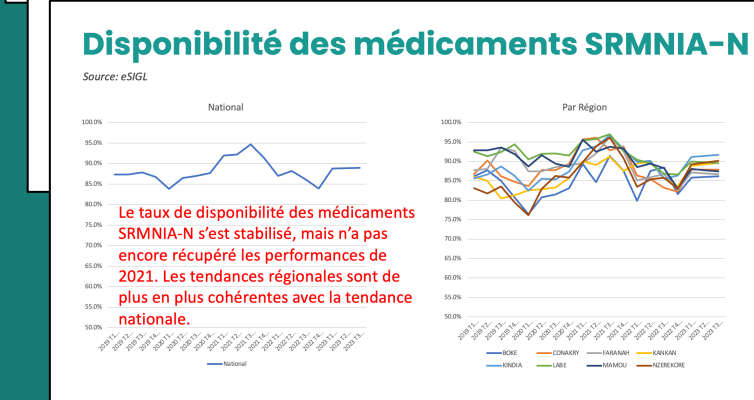
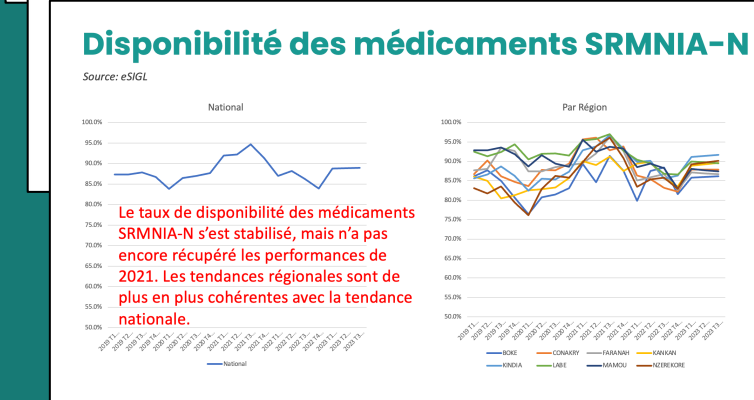
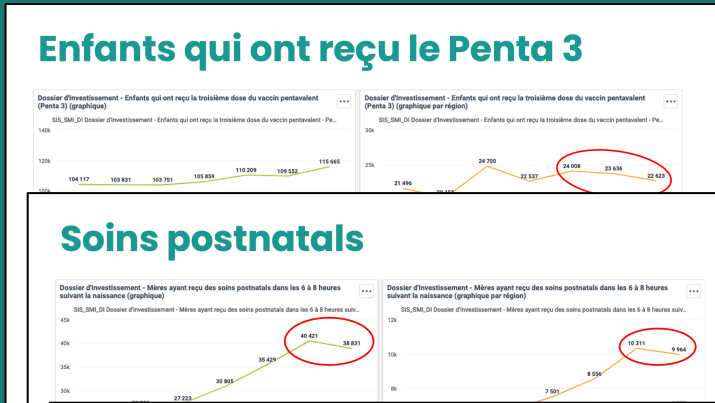
- Review and active discussion of performance reports at all Country Platform meetings over the past 2 years

Guinea: informing Country Platform decision-making

Quarterly Investment Case monitoring reports

Rapid-cycle monitoring of essential health services (FASTR)

Annual coverage and equity analysis



Produire des statistiques sanitaires nationales et internationales fiables en mettant l'accent sur la santé et la nutrition de la mère, du nouveau-né et de l'enfant

Atelier d'analyse pour l'Afrique subsaharienne - 13-17 Juin 2022
Countdown to 2030 / APHRC / GF / UNICEF / OMS

20 Countdown to 2030
African Population and Health Research Center
HEALTHY CHILDREN & ADULTS' HEALTH

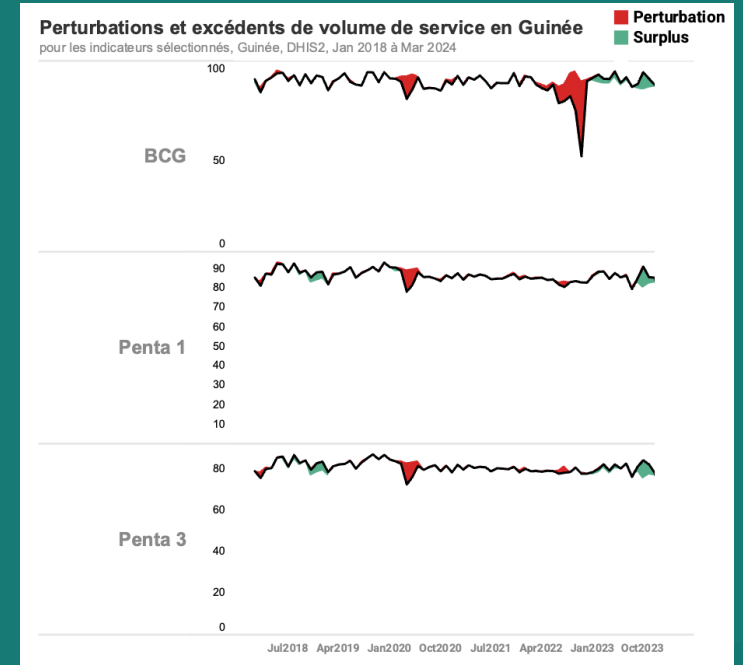
TABLEAU DE BORD DE LA QUALITE DES DONNEES

	2017	2018	2019	2020	2021
1 Complétude des rapports mensuels de l'établissement (vert>90)					
% des rapports mensuels attendus des établissements (moyenne, prévisionnelle*)	114%	100%	100%	99%	100%
1a % de districts dont les rapports des établissements sont complets	100%	100%	100%	97%	100%
1b >=90 %*	100%	100%	100%	97%	100%
1c % d'établissements sans valeurs mensuelles manquantes dans l'année*	100%	96%	95%	99%	100%
2 Valeurs aberrantes extrêmes (vert > 95 %)					
% de valeurs mensuelles qui ne sont pas des valeurs aberrantes extrêmes (moyenne, nationale*)	98%	98%	98%	98%	98%
2b % de districts sans valeurs aberrantes extrêmes dans l'année*	83%	83%	78%	81%	79%
3 Cohérence du reporting annuel (vert >85%)					
Ratio ANC1- penta1 numbers (national)	1.1	1.18	1.17	1.16	1.23
3a % de districts avec un rapport ANC1-penta1 entre 1.0 et 1.5	84%	53%	61%	71%	79%
Ratio Penta1-Penta3 numbers (national)	1.06	1.08	1.11	1.06	1.08
3b % de quartier avec un ratio penta1-penta3 compris entre 1.0 et 1.5	92%	89%	95%	95%	92%
Score annuel de qualité des données (indicateur moyen 1a à 3b)	96%	88%	90%	91%	93%

* Moyenne pour les services de soins prénatals, d'accouchement, de vaccination et d'OPD.

INFORMATION GENERALES

INDICATEURS	VALEURS EN 2022	POURCENTAGE
Population totale	13 261 638	
Population en milieu rural	8 361 957	63%
Population en milieu urbain	4 899 681	37%
Population Femmes	6 916 291	51%
Population Hommes	6 442 347	49%
Superficie totale	246 857 km ²	
Enfants morts de 5 ans	2 124 572	16%
Femmes de 15-49 ans	909	8.3% (en 2018)
Taux Brut de Natalité pour 1000		31.7 (en 2019)
Taux Brut de Mortalité pour 1000		9.7 (en 2019)
Nombre de Région administrative	8	
Nombre de district Sanitaire	38	
Nb de Structure sanitaires publiques	2519	
Taux de croissance annuelle		2.7 (en 2019)
Indice Synthétique de Fécondité (ISF)		4.6 (en 2019)



- En termes de cohérence des données rapportées, l'analyse des taux calculés pour les cinq années montre que la situation est plus préoccupante avec une valeur moyenne inférieure à 85%.
- Pour les ratios Penta1 et Penta 3, on constate que la moyenne quinquennale est de 93%.

Guinea: informing Country Platform decision-making

What progress has there been?

- Review of Investment Case implementation progress and identification of areas where course corrections are required
- Rapid identification and analysis of disruptions to RMNCAH-N services (eg subnational analyses of immunization disruptions earlier this year)
- Identification of equity issues for further analysis and action

Discussion

What enablers could you foster to promote a culture of evidence-based decision-making? (For example, in projects or investment cases you support)

Link to resources: <https://gffklportal.org/learning/data-use-learning-package/>