STRENGTHENING UTILIZATION OF THE KENYAN HIV AND HEALTH SITUATION ROOM AT THE COUNTY LEVEL

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DECLARATION

I declare that this project report is my original work and has not been submitted elsewhere for examination, award of a degree or publication.

Signature ……. Date…….

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This project report has been submitted for examination with our approval as university supervisors:

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ACKNOWLEDGMENTS

Abba Father,

“And we know that all things work together for good to those who love God, to those who are the called according to His purpose”.

I would like to thank my supervisors, Prof. Raphael Nyonje and Dr. Lydiah Wambugu for their guidance and support throughout this project.

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To my family, I am forever very grateful for always being there for me.

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LIST OF ABBREVIATIONS AND ACRONYMS

AIDS:	Acquired Immunodeficiency Disease Syndrome
CASP:	County Aids Strategic Plan
CEC:	County Executive Committee
CEO:	Chief Executive Officer
CHMT:	County Health Management Team
CHO:	County Health Officer
CHRO:	County Health Records Officer
DHIS:	District Health Information Systems
DMS:	Director Medical Services
HIV:	Human Immunodeficiency Virus
LMIS:	Logistics Management and Information System
NACC:	National AIDS Control Council
OCA:	Organizational Capacity Assessment
PLP:	Local Participating Partner
SR:	Situation Room
ToT:	Trainer of Trainers
UNAIDS:	Joint United Nations Programme on HIV/AIDS
UNITID:	The Institute of Tropical and Infectious Diseases

PROJECT SUMMARY

In 2015, the Kenya HIV and Health Situation Room, was launched with the help of the Joint United Nations programme on HIV/AIDS (UNAIDS).

The Kenya HIV and Health Situation Room is an electronic decision support tool that was developed to integrate data from health programs at the national and county level. The tool synthesizes and presents data visually; giving data users a better understanding of data use therefore helping them make better informed data decisions. The tool also provides data users with access to different data sets from various data sources. The tool has already been implemented in 11 national governmental offices and all 47 counties. 30 national and 94 county level staff have already been trained. This tool was to be used at national and county levels in the country to inform critical decisions in HIV programming. However, following feedback by the NACC regional data officers, the HIV Situation Room was hardly used at the county level.

The project aim was to strengthen the use of the Kenya HIV and Health Situation Room at the county level. A situational analysis was conducted to determine why the Kenyan HIV and Health Situation Room was not being utilized at the county level. From the assessment study, an intervention was selected and implemented to help the CHMT members use the tool. The activities conducted were: sensitization of the CHMT members through engagement, awareness raising and a video with key messages in it. There was positive feedback on the impact of the sensitization activities that were done. The outcomes of the project were: 30 CHMT members sensitized about the HIV and Health Situation Room; 30 CHMT members using the HIV and Health Situation Room and sensitized CHMT members using the sensitization video in their forums and meetings to sensitize other staff about the HIV and Health Situation Room. The implementation plan was done according to the project objectives, work plan and budget.

1.0 INTRODUCTION AND BACKGROUD

1.1 Project Context

This project arose as part of the HIV Capacity Building fellowship program on the job learning. The UHIV fellowship program is a two year post-masters competency training program offered at the Institute of Tropical and Infectious Diseases (UNITID), University of Nairobi. The training program focuses on institutional capacity building. Selected fellows are hosted at a local organization. My Participating Local Partner (PLP) posting was at The National AIDS Control Council (NACC). NACC is a state corporation established in 1999, whose main mission is to "provide policy and strategic framework for mobilizing and coordinating resources for the prevention of HIV transmission and provision of care and support to the infected and affected people in Kenya". NACC is therefore mandated to coordinate stakeholders in the multi-sectoral response to HIV/AIDS in Kenya.

1.2 Project Identification

Prior to my posting to the National AIDs Control Council, an organizational capacity assessment (OCA) was to be done to collect baseline data on organizational and institutional capacity, so as to inform on the gaps to be addressed. However, the capacity assessment was not done. This Project idea was therefore proposed after a series of brainstorming sessions with some of the M&E departmental staff at NACC Headquarters. Through discussions with my supervisors, PLP mentor, NACC Chief Executive Officer (CEO) and UNITID Program Manager, the project was finally approved.

1.3 Background

HIV/AIDS still remains a pandemic worldwide. Approximately 36.7 million people are living with HIV globally (UNAIDS, 2018). 66% of all HIV infected reside in sub-Saharan Africa (WHO, 2018). Kenya has the joint fourth largest epidemic in the world, alongside Mozambique and Uganda with an estimated 1.6 million people living with the virus. The HIV prevalence in Kenya is approximately 6% (NACC, 2018).

In 2013, time bound targets were set to accelerate progress towards ending the AIDS pandemic (UNAIDS, 2018). As a result, there was a global consensus to aim for 95% of all people living with HIV to know their status, 95% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy and 95% of all people receiving antiretroviral therapy will have viral suppression by year 2030 (Lima et al., 2018). But, how were these targets going to be supported? By managing and using quality data for decision making.

In the fight against HIV and AIDS, data driven decisions are crucial as a driver for change in the health system. Michel Sidibe, the UNAIDS Executive Director, says that, "Having reliable and up-to date information is vital if the world is to meet its commitment to end AIDS and reach the Sustainable Development Goals" (UNAIDS, 2018). Data provides all the information needed to determine what action is required and how this can be accomplished most successfully. Those responding to the epidemic need access to up-to the minute data to effectively combat HIV (Avert, 2018). To improve the quality of data, a number of decision support tools have been developed for use in the health sector (Nutley et al., 2013). Decision support tools analyze, synthesize and display data visually to inform evidence based decision making (Nutley et al., 2013). Data dashboards, summary bulletins, report cards and color coded data presentation techniques are examples of this

tool. The World Health Organization notes that decision support tools should be part of every country's national health strategy (WHO, 2012).

A Health Situation Room is a data decision support tool. The concept of a health Situation Room is that data is centralized and accessible to everyone (UNAIDS, 2018). Situation Rooms collect data in one place, on one system, in a form that is easily shared (UNAIDS, 2018). On the global context, UNAIDS has a physical Situation Room (a single room) at their headquarters in Geneva that gives access to HIV data, collected worldwide (UNAIDS, 2018). Regionally, the HIV Situation Room was recently launched, 2018, in these four countries: Lesotho, Cote d'Ivoire, Uganda and Zambia (UNAIDS, 2018). Kenya was the first country to launch the HIV and Health Situation Room in 2015. Namibia, Mozambique and Zimbabwe are also preparing to launch their HIV Situation Rooms very soon (UNAIDS, 2018). As part of their commitment towards the Fast Track plan, UNAIDS has been helping countries set up their HIV Situation Rooms (UNAIDS, 2018).

The Kenyan HIV and Health Situation Room is a data visualization platform that collates and synthesizes HIV information and health data to inform decisions in health programs (DSW, 2018). Launched in 2015, the HIV Situation Room is not an actual room or limited to a single place (UNAIDS, 2018). Instead, the software platform brings together data from multiple sources; national and sub-national levels; and presents the data information in an easy to understand visual format (UNAIDS, 2018). These data sources includes the HIV estimates by UNAIDS, the Kenya District Health Information System (DHIS), and commodity management (LMIS) (UNAIDS, 2018). The Situation Room also works on multiple types of devices so that those working on Kenya's HIV response anywhere in the country can easily use it to tailor the data to suit specific health needs. The Situation Room's software automatically updates whenever an original data

source is updated with the latest information. The Situation Room dashboard also tracks certain key HIV and Health indicators at the Country, County, sub-County and facility levels in the health system.

In Kenya, UNAIDS has provided financial and technical support in the development and deployment of the Situation Room software. The first roll out of the installation of the Situation Room software was done at select national institutions including the Presidency Office and 14 counties. Thereafter, installation roll out has slowly continued to the remaining 33 counties.

The National AIDS Control Council in collaboration with other partners, have conducted Situation Room training to ensure the Situation Room data is used in each County. Counties are required to use the data generated from the HIV and Health Situation Room for evidence based decision making purposes and implementation of the County AIDS Strategic Plans (CASP). The NACC regional data officers work together with the County Health Records Officers (CHROs) in each County, to generate County Reports from the HIV Situation Room quarterly. This report is then presented to the CASP Monitoring Committee. Thereafter, the County specific HIV Situation Room report is shared with the County Executive Committee of Health (CEC) and the County CASP Monitoring Committee during quarterly meetings. All key policy makers including the President are therefore able to access the County HIV Situation Room report at national level in order to track HIV progress towards the 95-95-95 targets.

Much of the data needed for decision making is already being integrated at the Situation Room. However, in as much as the HIV/AIDS data is readily available on this tool, the County governments have not been utilizing the HIV Situation Room very much. The need for the HIV Situation Room to be utilized at the County level is a gap that needs urgent attention and possible solutions.

1.4 Statement of the Problem

Since the HIV Situation Room was launched on 17th September 2015, complete set up and access of the HIV Situation Room was done at National and County levels. Capacity building of the tool was conducted by NACC as follows: Training of Trainers (ToT) at National level on June 2015; First ToT at County level done on November 2015, then subsequently on October 2016; December 2017; and February 2018.

The tool was rolled out to 11 national institutions and 47 County governments. 30 national and 94 County level health staff were trained on how to use the HIV and Health Situation Room. However, over time, several challenges that the County Health Management Team (CHMT) members were experiencing in utilizing the SR tool at the County level were reported to NACC. These challenges were: County governors were not aware of what the Situation Room was all about, the County Health Management Team (CHMT) members did not have adequate training about the tool, not many of the CHMT members knew how to use the tool, the licenses needed to use the tool was limited to one person access only.

Interestingly, the HIV and Health Situation Room is an easy to use platform, requires little training, users can create and generate reports, has visual charts such as bar graphs, pie charts etc. and geospatial capabilities. But why aren't the County Health Management Teams able to utilize the HIV and Health Situation Room? Are they experiencing barriers to using the tool? What are these barriers? Could something be done to help CHMT members be able to use the tool? If so, what possible interventions would be best suited to help in utilization of the tool. These raised questions specifically helped to address the issues surrounding the use of the HIV and Health Situation Room at the County level. This project therefore intended to find out the barriers to using the HIV and Health Situation Room and offer appropriate interventions.

1.5 Project Objectives

1.5.1 Goal: To strengthen the use of the HIV and Health Situation Room at the County level.

1.5.2 Project Objectives

The project objectives were:

1) To identify what challenges the CHMT members' experience that prevents them to use the HIV and Health Situation Room.
2) To formulate appropriate interventions following assessment.
3) To implement a selected intervention to help CHMT members use the HIV and Health Situation Room.
4) To assess the impact of the selected intervention.

1.5.3 Outputs / Deliverables

1) A situational analysis report.
2) A list of appropriate interventions.
3) A sensitization video with content done.

1.5.4 Outcomes

1) Sensitized CHMT members using the sensitization video in forums and meetings.
2) 30 CHMT members sensitized about using the HIV and Health Situation Room.
3) Sensitized CHMT members using the HIV and Health Situation Room.

1.6 Justification/ Significance

The HIV and Health Situation Room is an innovative, comprehensive, decision support tool that strengthens the National Health Information Systems (HIS) through data integration and real time visualization from multiple data sources. The SR dashboard enables data users to easily and

quickly view data on several health programs at National, County, sub-County, facility levels. For these reasons, decision makers are able to make timely decisions to improve health programs and achieve the 95-95-95 targets whereby, 95% of people living with HIV know their positive status, 95% of people who know their HIV+ status are accessing ART and 95% of people on treatment have suppressed viral loads by 2030.

Through the HIV and Health Situation Room, the County Health Departments have a comprehensive picture and understanding of the HIV and AIDS epidemic and response in the country. The Situation Room further enables quick feedback on HIV and other health outcomes at all levels in the society, as well as identify any challenges people face in accessing health care services. SR can also be seen as a planning tool to help the County Government effectively allocate resources in the health department to improve health outcomes. Because the Situation Room uses service delivery data, commodity and logistics data, it will therefore help the CHMT to reflect on the health problems in the community and make decisions based on the data analyzed to generate information. The County Governments utilizing the Situation Room will help them be able to analyze collected data, establish trends, share progress reports and actively steer discussions in finding solutions to prioritized health problems in a defined geographical area.

The HIV Situation Room is also very relevant to M&E practitioners because it helps the M&E practitioners monitor and track the progress of different health programs through various indicators. This in turn helps them to know how effective a health program implemented at the sub-county level is. The HIV Situation Room provides vital information to M&E practitioners on what location is a health program, what that health program is achieving, what further resources are needed to enhance the program and how many people were reached by the program activities.

1.7 Definition of Terms

Data: These are facts and information collected in the raw form used to reason or make decisions.

Data sets: The collection of data in a single database.

Data sources: A database where data is stored.

Data utilization: The extent to which the health care providers use the collected data for decision making purposes.

Decision support tool: A tool designed to support informed decision making processes.

HIV and Health Situation Room: A computerized tool designed to collect data from different sources, integrate it and support informed decision making processes.

Sensitization: The process of making someone aware of something he/she had no prior information about.

2.0 PROJECT IMPLEMENTATION METHODS & MANAGEMENT PLAN

The implementation of the project started August 2018. Before the start of the implementation of the activities, project planning was done. A meeting was held at NACC on 19/3/2018 with the PLP mentor to plan the project. A logical framework was set up as part of the planning process.

Table 2.1: The Logical Framework

PROJECT DESCRIPTION		INDICATORS	MEANS OF VERIFICATION	RISKS / ASSUMPTIONS
GOAL	To Strengthen the use of the HIV and Health Situation Room at the County level.	% of CHMT members using the HIV and Health Situation Room by August 2019.	Progress reports	CHMT members adopted the HIV and Health Situation Room for use in their counties.
OBJECTIVES	To identify what challenges the CHMT members experience that prevents them to use the HIV and Health Situation Room. To formulate interventions. To sensitize the CHMT members about the HIV and Health Situation Room.	# of CHMT members sensitized about the HIV and Health Situation Room by August 2019.	Situation analysis report Progress reports	CHMT members will willingly participate in this project.
OUTCOMES	CHMT members use the HIV and Health Situation Room tool. CHMT members sensitized about using the HIV and Health Situation Room. Sensitized CHMT members use the video.	% of CHMT members using the HIV and Health Situation Room by August 2019. # of CHMT members sensitized about the HIV and Health Situation Room by August 2019. # of CHMT members using the sensitization video by August 2019.	Questionnaire Progress reports	NACC will continue to offer support throughout the project.
OUTPUTS	A situational analysis. A list of interventions. Sensitization video with key messages done.	# of CHMT members sensitized about the HIV and Health Situation Room by August 2019.	Progress reports	CHMT members are willing to be sensitized about the HIV and Health Situation Room. I will find a video producer to make the video. NACC will offer support throughout the project.
ACTIVITIES	Conducted qualitative research. Sensitized CHMT members about the HIV and Health Situation Room. Developed a sensitization video. Monitoring and evaluation of project activities.	INPUTS: Office supplies (Laptop, Recorder, Headphones, Printer, and paper). Personnel (Research assistant, video producer). Transport costs.		There will be availability of funds and resources to carry out the project.

2.1 Key Institutional Issues to Be Addressed

An organizational capacity assessment report is very important in identifying the institutional gaps, although, this was not done during that time. Through discussions with my supervisors, PLP mentor, NACC CEO, UNITID Program Manager, this project was therefore decided, agreed upon, and approved to be done. This project focused only on the HIV and Health Situation Room, the challenges that the CHMT members faced that prevented them to use it, identifying appropriate interventions that could be done to help CHMT members use the tool and implementation of a selected intervention.

In 2015, the Kenyan HIV and Health Situation Room was created, to synthesize and display specific data collected from standalone databases in a single platform, enabling data users and decision makers access the data and drive decision making in the Country. The Users of the HIV and Health Situation Room include NACC, Office of the President, Office of the Cabinet Secretary Health, Office of the Principle Secretary Health, Ministry of Health, 47 County Governments, UNAIDS and other development partners. The HIV and Health Situation Room is an important tool that the CHMT could use to help them in program operations to ensure that service delivery is on track and deliver results. However, since the roll out of the Situation Room at the County level, the tool was hardly used by the County Departments of Health. I conducted a situational analysis to ascertain the key issues that affected the effective use of the Situation Room at the County level. Some of the issues that arose were: County leaders not sensitized on the importance of using the Situation Room, the SR licenses limits number of people who can access the tool, the SR is not an open source platform where everyone can access data, some County offices lacked equipment i.e. tablet, CHMT needed Situation Room training because some were not even trained before.

2.2 Project Activities Indicating How Objectives Were Accomplished

All activities implemented are presented under each project objective.

Objective 1: To identify what challenges the CHMT members' experience that prevents them to use the HIV and Health Situation Room.

Since the organizational capacity assessment was not done, I undertook a situational analysis so as to identify the challenges that the CHMT members faced that prevented them from using the HIV and Health Situation Room. Data was collected from 7 counties (Nairobi, Murang'a, Kajiado, Machakos, Kilifi, Kwale and Mombasa).

Methodology of the study:

Design: A qualitative study design was undertaken, to provide an in-depth understanding of why the participants' did not use the Kenyan HIV and Health Situation Room.

Period: The study was conducted for six months starting July 2018 to December 2018.

Sampling and recruitment: A sample size of 15 participants was selected from 7 Counties to take part in the study. These Counties were namely: Murang'a; Nairobi; Kajiado; Machakos; Mombasa; Kilifi; Kwale. Convenience sampling was used to identify appropriate participants. The sampling method was influenced by the willingness to participate in the study, easy accessibility, geographical proximity to the 7 Counties and time constraints.

Participant Characteristics: The selection criteria for a participant to be eligible to participate in the research was that he/she must (1) be a County Health Management Team (CHMT) member (2) work at the already specified Counties (3) be available at short notice.

Data Collection: To collect data, in-depth qualitative key informant interviews were conducted. Each participant was interviewed individually in-person at a convenient location. A participant information sheet, consent form and letter of introduction were emailed to participants at least 24 hours' prior to the interview. All interviews were audio-recorded. Each interview took approximately 30 minutes. The interviews were guided by a topic guide (a set of questions) so as to ensure standardization. When necessary, probes were used to clarify some points raised. The interviews explored the experiences of and views about the Kenyan HIV and Health Situation Room at the County level.

Data Analysis: A thematic analysis was used to analyze the data. Audio-taped interviews were transcribed verbatim into word documents. The transcripts were read and reviewed for familiarization. Thereafter, a coding scheme was developed. Coded data was then analyzed more deeply. The descriptive codes were examined for patterns and then summarized, to identify emerging themes. The common sub themes were classified together to forge main themes. An external researcher reviewed the data and research findings so as to validate the results.

The study reported that: there was not enough sensitization and training that was done; some CHMT members did not have log in credentials to the platform; there was limited internet connectivity in some places; there was no access to the equipment and not enough follow up was done after the initial set up.

The **activities** that were done:

1) Map out the current situation and response.
2) Identity pilot sites.
3) Design an interview topic guide to assess SR problems experienced at the County level.

4) Collect field data.
5) Analyze collected data.
6) Report data findings.

Objective 2: To formulate appropriate interventions following the assessment.

After reviewing the results of the assessment study, it highlighted areas that needed further strengthening. Some of the appropriate interventions are listed below, they include:

1) Continuous refresher training workshops and sensitization of the HIV and Health Situation Room.
2) Selection of an individual in the CHMT to be a HIV and Health Situation Room representative who will be trained intensively to be an expert guide at each county.
3) Distribution of written educational information to the CHMT about the HIV and Health Situation Room.
4) Engaging the CHMTs in every county and promote the use of the HIV and Health Situation Room.
5) Work in partnership with other organizations to advocate for the use of the HIV and Health Situation Room in every county.

Objective 3: To implement an appropriate intervention to help the CHMT members to use the HIV and Health Situation Room.

The intervention that I selected to do was sensitization of the HIV and Health Situation Room. Sensitization was done through engaging and discussing with the CHMT members, raising awareness of the HIV and Health Situation Room and sharing a sensitization video with key messages in it.

A video was made to support awareness among the CHMT members. The video was shared by the CHMT members in their meetings, providing information to other colleagues, therefore reaching more and more people. The video was approximately 4 minutes. The content in the video included: what the HIV and Health Situation Room entails, the data sources found in the tool and advantages of them using the tool. Afterwards, each participant was asked to rate the video and its content on a scale of 1 (Poor) – 5 (Good). The video had overall ratings of 4 out of 5.

Activities that were done:

1) Preparation of the key messages to be included in the video.
2) Video recording, production and editing.
3) Pre-testing of the video / reviewing the video.
4) Sharing the video through emails.
5) Engaging the CHMT members to advocate the use of the HIV and Health Situation Room through telephone discussions.
6) Sensitize the CHMT members about the HIV and Health Situation Room through the video.
7) Raise awareness about the HIV and Health Situation Room among the CHMT members.

Objective 4: To assess the impact of the selected intervention.

The sensitization video was disseminated among the CHMT members via emails. The immediate impact of the sensitization video was very positive. CHMT members reported that the video was quite informative and had a good overview of what the Situation Room entailed. They also reported that they shared the video with their other colleagues in the CHMT meetings. They intended to

continue to use the video in forums so as to sensitize others when cascading the Situation Room to the sub-county level.

Activities that were done:

1) Design a questionnaire to assess the impact of the selected intervention.
2) Evaluation of the selected intervention to assess its impact.

2.3 Roles and Responsibilities

Table 2.2: The roles and responsibilities of the persons involved in this project

ROLE	RESPONSIBILITIES
UHIV Fellow	- Managed project implementation, the pilot in 7 counties - Provided administrative and logistical support to the project - Conducted the assessment, data collection - Implemented project activities - Developed and designed sensitization content and video - Monitored project progress - Carried out evaluation on project activities - Prepared report on project findings
Head, M&E	- Provided overall guidance throughout the project
Situation Room Focal Point	- Provided technical support and guidance throughout the project
Regional Data Officers	- Acted as a contact point between me and Counties (work together with the SR County teams on the SR tool) - Ensured that the project responds to the needs of the SR County team

2.4 Implementers, Partners and Beneficiaries (Stakeholders)

The implementers of the project were:

1. UHIV Fellow (1 person)
2. Situation Room Focal Point (The person responsible for Situation Room at NACC)
3. Head, M&E (1 person)

4. Statistician (1 person)
5. Regional Data Officers (8 persons)

Partners and Beneficiaries were:

1. County SR team
2. County Health Management Teams
3. The People

2.5 Communication Strategies / Plans / Processes

For effective communication throughout this project, a simple communication plan was developed. A communication plan describes approaches for communicating clearly, providing information to the right people, at the right time and in the right format. The communication plan acted as a roadmap to manage stakeholder expectations and share the required information adequately. To help communicate the project information, I had a communication strategy to aid with the communication processes with my project audiences. I had two main audiences: NACC staff and UNITID that needed to know what was going on with the project. I used various communication methods to relay and exchange important project information throughout the project implementation process and completion. These methods included: one on one meetings, emails, phone calls and progress reports. Dissemination of information was an ongoing process throughout the project life cycle.

2.6 Documentation Process

Documenting the process involves collecting information, analyzing and consolidating that information for different audiences and dissemination of the project findings. Documentation started as soon as the project was approved. It is important to capture important details in the

project. Every step of the project life cycle was documented in word documents and stored in confidential files. Any form of documentation or communication material was approved by NACC prior to the start of implementation.

2.7 Risks and Assumptions

Risks were identified at various points throughout the project and mitigations done during project implementation. A Risk assessment was done to identify, characterize, prioritize and document mitigation approaches relative to each risk that was initially identified prior to the start of the project. The risk assessment was continuously monitored and updated throughout the project life cycle. The Kenya Population based HIV Impact Assessment (KENPHIA) study which started in May 2018 was a risk to this project because counties were concentrating in conducting the survey. To mitigate this risk, NACC wrote an introductory letter on my behalf to the CHMT prior to the start of this project. This project had a number of assumptions. First, that all stakeholders would support the project. Secondly, that the CHMT members would be interested in participating in this project. Third, that there would be good team dynamics from NACC staff to help implement the project. Lastly, there would be adequate resources and funds available to carry out the project.

2.8 Sustainability Plan

In the sustainability of the project, the sensitization video has already been adopted for use as a training component by NACC and the County Governments in their meetings and training activities. Additionally, NACC has the ownership of the HIV and Health Situation Room, therefore the Situation Room County teams will maintain continuity of the HIV and Health Situation Room on the ground. Furthermore, the utilization of the Situation Room will be self-sustaining at the Counties because they will have better capacity after undergoing training sessions on how to use the Situation Room and NACC will monitor its progress using progress reports from the counties.

2.9 A Work Plan with Time Lines

Table 2.3: A work plan showing the project timelines.

	JAN 2018	FEB 2018	MAR 2018	APR 2018	MAY 2018	JUN 2018	JULY 2018	AUG 2018	SEPT 2018	OCT 2018	NOV 2018	DEC 2018	JAN 2019	FEB 2019	MAR 2019	APR 2019	MAY 2019	JUN 2019	JULY 2019	AUG 2019	SEPT 2019	OCT 2019	NOV 2019	DEC 2019
Project proposal																								
Project Implementation																								
Monitoring																								
Evaluation																								
Reporting and Writing																								
Project Defense and Submission																								

2.10 Data Sources

The sources of this project information was from document reviews, journal articles and credible websites.

2.11 Limitations

The project had some limitations. First, there was delay in the relaying of project funds therefore project implementation was slow and behind schedule. Lastly, the study sample size was very small and the study respondents were not selected at random, this may not be representative of the whole population.

3.0 RESULTS

The interventions in this project produced the following results. The project outputs were: a situational analysis report; a list of appropriate interventions; a sensitization video with key messages. The project's immediate outcomes were: 30 CHMT members sensitized about the HIV and Health Situation Room; CHMT members were using the HIV and Health Situation Room and Sensitized CHMT members were using the sensitization video in their counties.

4.0 IMPACT OF THE PROJECT

To measure the impact of the sensitization activities, a questionnaire was made. During project evaluation, the CHMT members stated that there was very positive responses to the sensitization video. The video was regarded as good by the CHMT members and was shared widely to other key stakeholders such as UNAIDS, IVEDIX and Palladium. Furthermore, the CHMT members appreciated the video very much because they felt the video made their work easier during training sessions, since then, they have incorporated the video as part of their training component when training others about the HIV and Health Situation Room. They reported that they used the sensitization video especially in other sensitization forums and meetings in the counties. The video was vital to the CHMT members because it came at the right time since they were cascading the HIV and Health Situation Room tool down to the sub-county levels. Therefore, they still use the video to sensitize other health stakeholders of the importance of using the HIV and Health Situation Room. Additionally, the CHMT members indicated that the sensitization video had contributed to improved knowledge and enhanced awareness of what the HIV and Health Situation Room was all about. The evaluation also found out that the video played an important role in advocating for the use of the HIV and Health Situation Room among the CHMT members. The project's intervention of using a sensitization video was successful in creating awareness to CHMT members at the county levels.

5.0 PROJECT MONITORING AND EVALUATION

The purpose of monitoring and evaluation is to assess and measure performance in order to effectively manage the outputs and outcomes. Monitoring progress towards goals is important in indicating what's working and informing revisions to be done in the project. Evaluation is done to check if the project achieved the intended objectives and what was the impact.

A continuous monitoring system was implemented as part of the project activities. Regular reviews and monitoring was undertaken at quarterly intervals. A logical framework was used for designing, implementing and evaluating the project. My M&E plan included the logic model with objectives, project activities, clear timelines and resources necessary to conduct M&E.

6.0 ETHICAL ISSUES

Ethics is concerned with rules and principles of human behavior. The code of ethics has the following criteria: researcher must inform respondents about the study; research must be for the good of society; researcher must try to avoid injury to research respondents; researcher must be qualified to conduct research; respondents or the researcher can stop the study if problems occur.

Approval to conduct the study was sought from UNITID and NACC. Before starting data collection for the situational analysis, special permission was granted by NACC. During recruitment, all potential participants were provided with full disclosure of what the project was all about. Written informed consent to participation was obtained before recording each discussion. Additionally, all participants were assured that their identity was to be kept confidential and anonymous in any report arising from the data.

7.0 CONCLUSION

The goal of this project was to strengthen the use of the HIV and Health Situation Room at the county level. The HIV and Health Situation Room is a data decision support tool that the CHMT members can use in HIV and health programs. The HIV and Health Situation Room provides the CHMT members with a comprehensive picture and understanding of the HIV&AIDS epidemic and response in the country. This project undertook an assessment study to find out why the CHMT members were not using the HIV and Health Situation Room. Results of this assessment was used to select and implement an intervention that could help the CHMT members use the HIV and Health Situation Room. The activities included: sensitization of the CHMT members through engagement, awareness raising and a video with key messages in it. The immediate impact of intervention activities was positive: 30 CHMT members were sensitized about the HIV and Health Situation Room; 30 CHMT members were using the sensitization video and 30 CHMT members were using the HIV and Health Situation Room. Furthermore, the sensitization video was very successful in creating awareness about the HIV and Health Situation Room to the CHMT members. The video was shared widely to key stakeholders and is often used in forums and meetings to sensitize other staff on the HIV and Health Situation Room as the tool is currently being cascaded down to the sub-county level.

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9.0 APPENDICES

APPENDIX A: LETTER OF INTRODUCTION TO THE COUNTY

Ref:

Date: August 3rd, 2018

Ms Hazel Koitaba,

CEC - Health,

Mombasa County Government,

P. O. Box 81599 – 80100,

Mombasa.

Dear Ms. Koitaba,

RE: Project Kenya HIV and Health Situation Room Utilization at the County level

The Kenya HIV and Health Situation Room is a decision support tool that was developed to integrate data from health programs, at the national and county level and to enable county health management teams to review and monitor program progress for specific health issues to make informed service delivery decisions. The tool synthesizes and presents data visually providing data users a better understanding of data use. The tool has already been implemented in 11 national governments and all 47 counties. 30 national and 94 county level staff have been trained.

However, there has been several challenges reported at the county level in utilizing the tool. These are: most county governments are not aware of what the Situation Room is all about, not many of the county health management teams remember how to use the tool and lastly the CHMT may not have had adequate training regarding the Situation Room.

Caroline Mutune, an attachee at the National AIDS Control Council is undertaking a project to determine why the Kenyan HIV and Health Situation Room is not being utilized at the county level. The findings and recommendations from this project will be applied to improve access and utilization of this dashboard at every county.

The purpose of this letter is to therefore introduce to you, Ms. Caroline Mutune and to kindly request your support during her visit at your county when carrying out the above project.

Thank you for your continued support.

Yours Sincerely,

Dr. Nduku Kilonzo.

CHIEF EXECUTIVE OFFICER

APPENDIX B: LETTER OF INTRODUCTION TO THE PARTICIPANT

Dear Sir / Madam,

Title of proposed project: **STRENGTHENING THE UTILIZATION OF THE KENYA HIV AND HEALTH SITUATION ROOM AT THE COUNTY LEVEL.**

My name is Ms. Caroline Mutune, an HIV capacity building Fellow at the Institute of Tropical and Infectious Diseases (UNITID); University of Nairobi who is assigned to a placement at the National AIDS Control Council (NACC). As per the circular letter, I will undertake a research project at your county from August to September 2018. The purpose of this project is to help the National AIDS Control Council find out the challenges that the County Health Management teams face in utilizing the Kenya HIV and Health Situation Room and what can be done to alleviate the challenges.

I would like to invite you to assist with this project by agreeing to be involved in an interview which covers the aspects of this project. No more than 30 minutes on occasion would be required.

Be assured that any information provided will be treated in strict confidence and none of the participants will be individually identifiable in the final report. You are, of course, entirely free to discontinue your participation at any time or to decline to answer particular questions.

I will make a tape recording of the interview so as to use the recording for transcription in preparing the final report, on condition that your name or identity is not revealed.

If you have any enquiries about this project, please feel free to speak to me directly. I can be contacted on 07XXXXXXXX or email addresses carolmutune@gmail.com.

Yours Sincerely,

Ms. Caroline Mutune.

UHIV Fellow.

APPENDIX C: PARTICIPANT INFORMATION SHEET

I am currently undertaking a placement project at the National AIDS Control Council as part of my award for a UHIV Fellowship at the Institute of Tropical and Infectious Diseases; the University of Nairobi.

Proposed project: **STRENGTHENING THE UTILIZATION OF THE KENYA HIV AND HEALTH SITUATION ROOM AT THE COUNTY LEVEL.**

I would like to invite you to take part in the above project.

Purpose of the project:

My project aims to identify the key challenges that the County Health Management staff face in utilizing the Kenya HIV and Health Situation Room and draw out interventions for improvement. The research will be conducted late August 2018- late September 2018.

Why have you been invited?

You are invited because you are a member of the County Health Management Team already involved in HIV programming at the County level.

Do I have to participate?

The decision has to be made by you. A consent form will be offered if you agree to participate; withdrawal can be at any time, without any whatsoever reason.

What will happen to me if I participate?

Your involvement will be through an interview lasting no longer than 30 minutes. You will be asked on various issues concerning your take on the Kenya HIV and Health Situation Room; the

challenges in accessing and using the tool. Notes will be taken during the interviews; there will be audio recording too.

Will my taking part in the project be kept confidential?

Participants' names will be coded and maintained anonymous. Data collected through verbal responses will be confidential. Equipment such as audio tapes and notes will be secured in a locked office cabinet.

What will happen to the results of the research study?

A report will be written after data analysis and stakeholders will be informed of the findings.

If you have any questions or you would like to ask further information about my project, please contact me on 07XXXXXXXX or email carolmutune@gmail.com.

Yours sincerely,

Caroline Mutune.

APPENDIX D: PARTICIPANT CONSENT FORM

Title of the project: **STRENGTHENING THE UTILIZATION OF THE KENYA HIV AND HEALTH SITUATION ROOM AT THE COUNTY LEVEL.**

Name of interviewer:

PARTICIPANT IDENTIFICATION NUMBER:

• I confirm that I have read and understood the information sheet for the above study explaining the project and what my contribution will be.	YES	NO
• I have been given the opportunity to ask questions via (face to face, telephone and e-mail)	YES	NO
• I agree to take part in the interview	YES	NO
• I agree to the interview being audio tape recorded	YES	NO
• I understand that my responses will be kept strictly confidential	YES	NO
• I understand that my participation is voluntary and that I am free to decline participation from the project at any time, without giving any reason	YES	NO
• I agree to take part in the above project	YES	NO

Name of interviewer:
Signature:
Date:

APPENDIX E: INTERVIEW TOPIC GUIDE

Title of project: **STRENGTHENING THE UTILIZATION OF THE KENYA HIV AND HEALTH SITUATION ROOM AT THE COUNTY LEVEL**

Purpose: **TO ASSESS THE UTILIZATION OF THE KENYA HIV AND HEALTH SITUATION ROOM AT THE COUNTY LEVEL**

INTERVIEW		
DATE:		
TIME	START:	END:
INTERVIEWER NAME:		
TITLE OF RESPONDENT:		

About this interview

Your participation is requested to provide your insights about the constraints to utilizing the Kenya HIV and Health Situation Room at the County level and what can be done about it. Your participation is very important to this research but it is entirely voluntary. Your responses will be treated as confidential and I will ensure that any statements or comments you make cannot be linked either to you as an individual or to your organization. I will be producing a report that is intended mainly to help the National AIDS Control Council improve the utilization of the Kenya HIV and Health Situation Room at the County level.

Are you willing to participate?

YES NO (stop the interview)

AWARENESS OF THE KENYA HIV AND HEALTH SITUATION ROOM

1. Have you heard about the Kenya HIV and Health Situation Room?
   Yes / No (Where?)

ACCESS TO KENYA HIV AND HEALTH SITUATION ROOM

2. Do you have access to use the Kenya HIV and Health Situation Room tool?
   If no, give reasons why.

AVAILABILITY OF REQUIRED EQUIPMENT

3. Do you have equipment to access the Kenya HIV and Health Situation Room platform?
   If yes, name equipment available.
   If no, give reasons why.

TRAINING OF COUNTY STAFF IN USING THE KENYA HIV AND HEALTH SITUATION ROOM

4. Have you been trained on how to use the Kenya HIV and Health Situation Room?
   Yes / No

5. Did other staff get training on how to use the Kenya HIV and Health Situation Room?
   If yes, how many?
   If no, give reasons why.

6. Are there training needs on how to use the Kenya HIV and Health Situation Room?

EXPERIENCE USING KENYA HIV AND HEALTH SITUATION ROOM

7. Have you ever had an experience using the Kenya HIV and Health Situation Room?
   If yes, tell me more.
   If no, give reasons why.

CHALLENGES IN USING KENYA HIV AND HEALTH SITUATION ROOM

8. What challenges have you experienced when it comes to using the Kenya HIV and Health Situation Room?

9. How would you have gone about preventing these challenges from taking place?

CLOSING REMARKS

10. Anything else, you would like to add to the interview?

THANK YOU!

APPENDIX F: SITUATIONAL ANALYSIS REPORT

The Kenya HIV and Health Situation Room is a decision support tool that was developed to integrate data from health programs at the national and county level, and to enable county health management teams to review and monitor program progress for specific health issues to make informed service delivery decisions. The tool synthesizes and presents data visually providing data users a better understanding of data use. The tool has already been implemented in 11 national governments and all 47 counties. 30 national and 94 county level staff have been trained.

There has been several challenges reported at the county level in utilizing the tool. These are: most county governments are not aware of what the Situation Room is all about, not many of the county health management teams remember how to use the tool and lastly the CHMT may not have had adequate training regarding the Situation Room.

A situational analysis was carried out in 7 counties namely: Nairobi, Murang'a, Machakos, Kajiado, Kilifi, Kwale and Mombasa.

Aim: To identify what challenges the CHMT members' experience that prevents them to use the HIV and Health Situation Room tool.

PROJECT METHODOLOGY

Design: A qualitative study design was undertaken, to provide an in-depth understanding of why the participants' did not use the Kenyan HIV and Health Situation Room.

Period: The study was conducted for six months starting July 2018 to December 2018.

Sampling and recruitment: A sample size of 15 participants was selected from 7 Counties to take part in the study. These Counties were namely: Murang'a; Nairobi; Kajiado; Machakos; Mombasa; Kilifi; Kwale. Convenience sampling was used to identify appropriate participants. The

sampling method was influenced by the willingness to participate in the study, easy accessibility, geographical proximity to the 7 Counties and time constraints.

Participant Characteristics: The selection criteria for a participant to be eligible to participate in the research was that he/she must (1) be a County Health Management Team (CHMT) member (2) work at the already specified Counties (3) be available at short notice.

Data Collection: To collect data, in-depth qualitative key informant interviews were conducted. Each participant was interviewed individually in-person at a convenient location. A participant information sheet, consent form and letter of introduction were emailed to participants at least 24 hours' prior to the interview. All interviews were audio-recorded. Each interview took approximately 30 minutes. The interviews were guided by a topic guide (a set of questions) so as to ensure standardization. When necessary, probes were used to clarify some points raised. The interviews explored the experiences of and views about the Kenyan HIV and Health Situation Room at the County level.

Data Analysis: A thematic analysis was used to analyze the data. Audio-taped interviews were transcribed verbatim into word documents. The transcripts were read and reviewed for familiarization. Thereafter, a coding scheme was developed. Coded data was then analyzed more deeply. The descriptive codes were examined for patterns and then summarized, to identify emerging themes. The common sub themes were classified together to forge main themes. An external researcher reviewed the data and research findings so as to validate the results.

DATA FINDINGS

The study findings from the data collected are presented below.

Objective: To identify what challenges the CHMT members' experience that prevents them to use the tool.

The following themes arise:

1 No access to equipment / software

33.3% of the participants reported that they had limited access to equipment. The equipment was proposed to be installed at the governor's office, which led to limited access to the tool.

2 No log in credentials

26.6% of the participants reported that they had no log in credentials to the platform therefore limiting access to the tool.

3 No internet connectivity

20% of the participants reported that they had trouble with internet connectivity, which made using the platform a challenge.

4 Not enough training and sensitization

40% of the participants reported that although training was initially done, it was only a limited number of staff that were trained on how to use the tool hence there was more need for more sensitization and training to be done.

5 Not enough follow up

46.6% of the participants reported that limited follow up of the program hindered better progress of the initial steps taken.

APPENDIX G: QUESTIONNAIRE

1) What do you think about the sensitization video?
2) Has the sensitization video helped in any way?
3) Does the sensitization video portray important information about the HIV and Health Situation Room?
4) Would you share the Video? If No, why? Whom did you share the video with? What did they say?
5) What can be improved in this video?

APPENDIX H: BUDGET

ITEM / ACTIVITIES	NUMBER	FREQUENCY	UNIT COST	TOTAL AMOUNT	BUDGET NOTES (justification)
MATERIALS / SERVICES / MISCELLANEOUS					
STATIONERY SUPPLIES					
A4 PRINTING PAPER	1		500	500	Purchased printing paper for printing data collection tools.
PRINTING CARTRIDGE	1		5,000	5,000	Purchased a cartridge for printing purposes.
PENS	5		20	100	Purchased pens to use during interviews.
COMMUNICATION					
AIRTIME (COMMUNICATION)				5,000	Purchased airtime to schedule interviews, sensitize participants using telephone discussions.
INTERNET BUNDLES				15,000	Purchased internet bundles for research purposes.
EQUIPMENT					
AUDIO VOICE RECORDER	1		8,500	8,500	Purchased a voice recorder to audio tape the interviews.
HEADPHONES	1		3,500	3,500	Purchased headphones to help transcribe the data already collected.
CONSULTANCY SERVICES					
RESEARCH ASSISTANT	1 PP	For 30 days	3,000	90,000	Hired a research assistant to help transcribe and analyze the collected data.
VIDEO PRODUCTION	1		85,000	85,000	Hired a video producer to make a sensitization video.
MISCELLANEOUS					
PHOTOCOPY SERVICES			250	250	Photocopy charges for consent papers.
SUB-TOTAL				**212,850**	
FIELD TRAVEL EXPENSES					

TRANSPORT COSTS	1 PP		47,600	47,600	Transport costs during project implementation. The costs include field travel to 7 counties (Mombasa, Nairobi, Murang'a, Machakos, Kajiado, Kilifi and Kwale).
ACCOMMODATION COSTS	1 PP	8 days	4,000	32,000	Accommodation costs during field work.
SUB-TOTAL				**79,600**	
GRAND TOTAL				**292,450**	