

# Framework for Supporting Implementation of CL-M Interventions - Kenya

## DATA TRIANGULATION FRAMEWORK

## Table of Contents

Abbreviations .....	ii
1. Introduction and Background .....	1
2. Triangulation Methods .....	1
2.1 Methods Triangulation.....	1
2.2 Investigators Triangulation.....	2
3. CL-M Data Triangulation .....	2
3.1 Goal and Objectives of Triangulation .....	2
3.2 Data Sources for Triangulation.....	3
3.3 Stakeholder Engagement and Collaboration.....	3
3.4 Analysis and Conclusions .....	4
4. Data Triangulation Frequencies .....	4
5. Critical Requirements.....	4

## Abbreviations

CL-M	Community Led Monitoring
CSOs	Civil Society Organizations
GF	Global Fund
MOU's	Memorandum of Understandings
NACC	National Aids Control Council
NASCOP	National AIDS and STIs Control Programme
PEPFAR	The United States President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV

## 1. Introduction and Background

Kenya GF programme is in the process of developing a framework to support implementation of CL-M interventions in HIV, TB and Malaria Programmes as well as human rights issues. The framework targets to enhance the capacity of communities to monitor and report on the accessibility, availability, affordability and quality health services as well as human rights issues.

In order to ensure of CL-M data is of expected quality there is need for mechanisms for data verification. One of the effective ways to achieve this is to develop and implement a data triangulation activities. Towards this goal, a comprehensive data triangulation framework has been captured in this document.

The main purpose of this document is to provide guidance on how CL-M implementing institutions can conduct data triangulation as a process for quality assuring data generated through CL-M. The framework outlines the critical requirements for an effective data triangulation process. This includes establishment of clear triangulation goals, development of triangulation plan and identification of relevant stakeholders that are necessary for data triangulation. The document also identifies triangulation approaches that are more relevant for a CL-M mechanism.

This document is therefore part of the framework to support implementation of CL-M interventions in Kenya. The document is also one of the inbuilt strategies for data quality assurance to ensure CL-M interventions captures reliable data.

## 2. Triangulation Methods

Two approaches will be used to triangulate the Kenya CL-M data, namely the a) methods triangulation, and b) investigators triangulation.

### 2.1 Methods Triangulation

Data collected through different multiple methods will be used to triangulate CLM data. CL-M implementing partners will seek access to data collected through;

- a. Community Score Cards that are essentially periodic evaluations and assessments of health services at facility and community levels. The Community Score Cards are implemented by a number of organisation in Kenya and form a part of Kenya Community Health Strategy 2020-2025.
- b. Community treatment observatories that are implemented through the network of PLHIV.
- c. Health Facility Committees reports that collects recipient of care grievances.

The CL-M implementing institution shall map out the different data collection methods and the organisation that host this data, and established a collaborative partnership that allow for sharing of critical data emanating from the different types of community Led/Based monitoring.

The intention of this approach is to limit the deficiencies and biases that might arise from CL-M mechanisms and enhance, augment and clarify the results and generalisations from CL-M data. This approach shall emphasise on using data collected by different methods as opposed to data collected for different programmes, locations and populations.

## 2.2 Investigators Triangulation

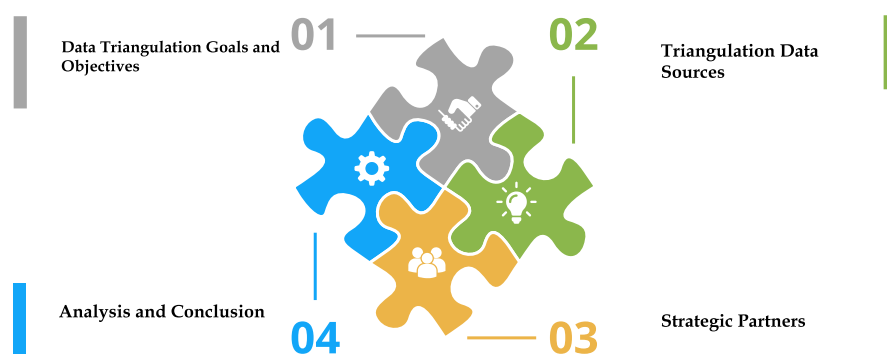
CL-M data shall be triangulated using data collected by different institutions. This will enhance the ability to confirm findings, enhance credibility and validity of data collected across institutions. The CL-M implementing institution shall ensure CL-M data is corroborated and interpretations are verified across multiple institutions.

CL-M implementing institutions shall seek to access data from the CSOs and state agencies that collect community data in HIV, TB and Malaria Programmes.

## 3. CL-M Data Triangulation

The CL-M data triangulation will include four (4) process steps, as shown in figure I below. This steps are logical and interlinked and they provide a clear guide on how the CL-M data should be quality assured and verified.

Figure I: Conceptual Framework for CL-M Data Triangulation



### 3.1 Goal and Objectives of Triangulation

The CL-M implementing institution working with the partners shall establish data triangulation goals and objectives. This shall be informed by the scope of CL-M data and identified Key Performance Indicators. The goals and objectives will be guided by the following principles:-

- Appropriateness - triangulation is the most appropriate way of confirming CL-M data;
- Relevance - the results are expected to be of relevance to communities and public health challenges;
- actionable - the findings can be used to improve for programmes improvements, decision making and policy change;

- d. feasible - triangulation data is available and the CL-M implementing partner has the capacity to triangulate

CL-M triangulation goals and objectives shall be reviewed over time to reflect changes in the scope and scale of CL-M.

The main goal of CL-M data triangulation is to ensure quality, validity of data generated through the CL-M. Specific objectives of CLM will be established at the point of conducting data triangulation on specific issues emanating from CL-M data.

### 3.2 Data Sources for Triangulation

Following the different triangulation approaches, the CL-M implementing institutions shall identify data sources to support CL-M data triangulation. This will include institutions that collect community data around HIV, TB, Malaria as well as human rights programmes. Data sources for triangulating CL-M data will include but not limited to:-

- a. Community Score Cards
- b. Health Facility Committee Reports
- c. Treatment Observatories
- d. NACC Community AIDS Programme Reporting
- e. Reports, assessments and evaluations NASCOP reports
- f. Reports, assessments and evaluations National TB and Leprosy programme reports
- g. Reports, assessments and evaluations from MOH Division of Community Health reports
- h. Reports, assessments and evaluations from Kenya Human Rights Commission
- i. Reports, assessments and evaluations from Civil Society Organizations and National Networks
- j. Reports, assessments and evaluations from Malaria programmes

The CL-M implementing institutions shall continuously seek to identify and establish new data sources for triangulation of CL-M data.

### 3.3 Stakeholder Engagement and Collaboration

CL-M implementing institutions shall establish a collaborative partnership with relevant institutions to facilitate access to their data on access to and quality of health services as well as human rights. Where possible, CL-M implementing partners shall establish MOU's with this partners to ensure formal and structured engagements, establish partner expectations and define parameters for data sharing.

Some of the relevant institutions include but not limited to;

- a. National Aids Control Council
- b. National AIDS and STIs Control Programme (NASCOP)
- c. National TB and Leprosy Programme
- d. MOH Division of Community Health
- e. MOH Malaria Control Programme

- f. Kenya Human Rights Commission
- g. Civil Society Organizations and National Networks
- h. UNAIDS Kenya Office
- i. The United States President's Emergency Plan for AIDS Relief (PEPFAR) Kenya Office
- j. County Health Departments
- k. Health Service providers

The CL-M implementing institutions shall continuously seek to identify and establish new partners for triangulation of CL-M data.

### 3.4 Analysis and Conclusions

CL-M implementing institutions shall analyse data, draw conclusions and establish trends. The implementing institution shall conduct the following activities during the analysis of data for triangulation:

1. Make critical observations about the data trying to link findings that lead to the goal of triangulation. The institution shall identify ways that findings from the different data sources relate to the CL-M data.
2. CL-M implementing institutions shall identify trends in the data.
3. CL-M implementing institutions shall develop a working hypothesis related to the objective of data triangulation.
4. CL-M implementing institutions shall strive to confirm or refute the hypothesis.
5. CL-M implementing institutions shall use the convergence of data supporting or not supporting the hypothesis to draw reasoned conclusions from the triangulation exercise.

CL-M implementing institutions shall carefully document the conclusion before disseminating the CL-M reports. In case the conclusions are not in line with data from other data sources there is need to document this and share with the source stakeholders.

## 4. Data Triangulation Frequencies

The CL-M implementing institutions shall conduct CL-M data triangulation every quarter. The CL-M data triangulation shall be conducted prior to multi-stakeholder partners meetings to ensure reports presented at the stakeholder meeting are accurate, verifiable and can be used for decision making, advocacy and policy.

While quarterly data triangulation is proposed, CL-M implementing institutions may conduct data triangulation on need basis responding to specific triangulation needs.

## 5. Critical Requirements

To ensure effective data triangulation the CL-M implementing institutions should have the following in place:-

- a. Human Resources, training and capacity building: The staff should have adequate skills in data analysis and triangulation. The CL-M implementing partners shall conduct training on data triangulation targeting to build capacity of community actors who will be involved in data analysis and reporting.

- b. Political goodwill: CL-M implementing partners shall establish, strengthen and sustain collaborative strategic partnerships with relevant institutions including the state agencies to ensure political goodwill and support in accessing data.
- c. Funding: CL-M implementing institutions shall budget for activities related to data triangulation during the CL-M design stage.

Data triangulation shall be the responsibility of all CL-M participating organization to ensure data ownership and enhance to quality data assurance.