VxDel Data Research
Mini Webinar Series

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Re-framing how we think about decision-making: 3 lessons from healthcare workers and managers in Kenya

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SPEAKERS:

Isaac Mugoya
Senior Technical Officer, Kenya - Immunization Center, JSI

Isaac has been working in immunization for more than three decades, supporting the Kenyan Ministry of Health in monitoring immunization programs, introducing new vaccines, and applying best practices.

Emilia Klimiuk
Project Lead, Sonder Design Collective

Based in Lagos, Nigeria, Emilia is a designer and researcher specializing in applying Human-Centered Design methods to the health, microfinance, and agriculture sectors in low resource settings.

Wendy Prosser
Senior Technical Officer - Supply Chain, Immunization Center, JSI

Wendy provides technical assistance and strategic guidance on the immunization supply chain across JSI's country teams to improve the design and management of the supply chain, create processes for data use for decision making, and apply global best practices to the country context.

Sarah Hassanen
Kenya Lead, Sonder Design Collective

Based in Nairobi, Kenya, Sarah practices Human-Centred Design with a focus on health across multiple continents including Africa, Europe and the Middle East
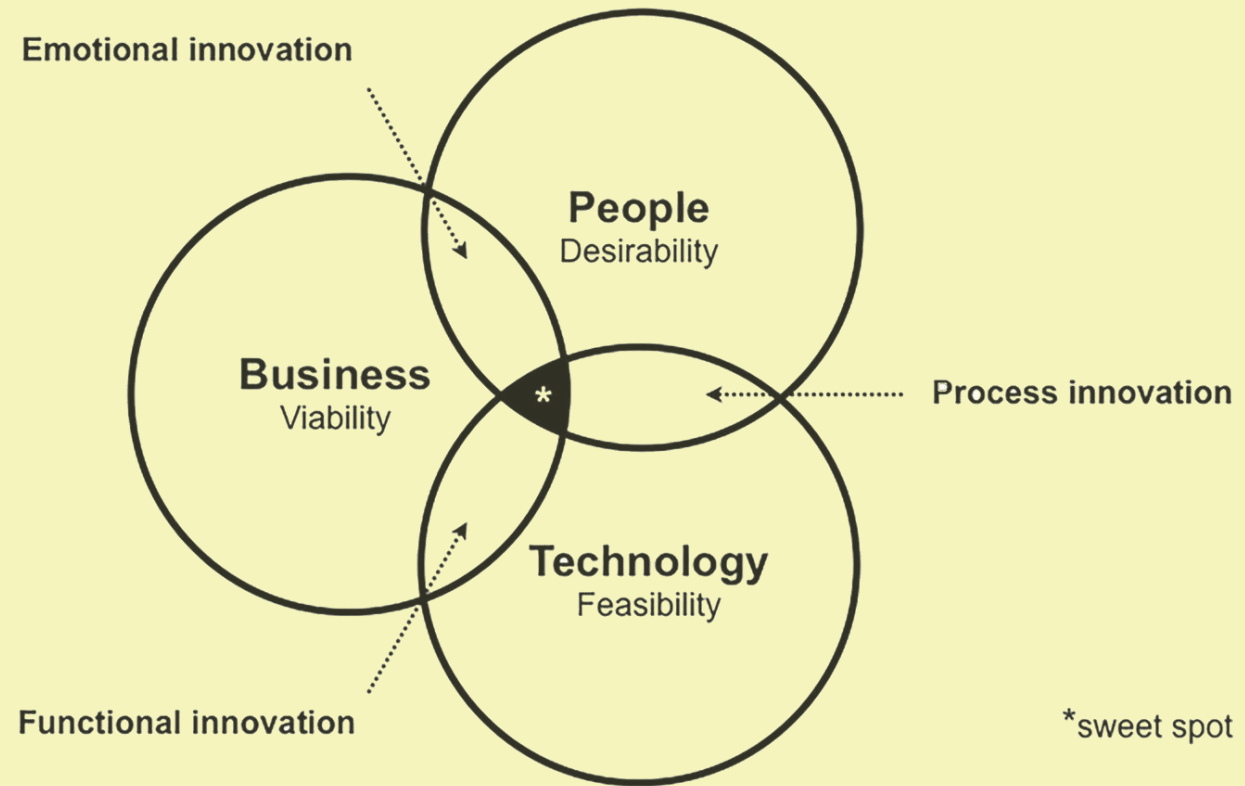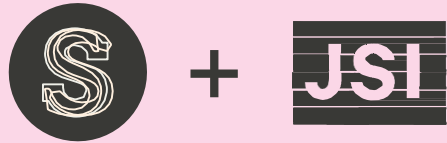
Project Overview

VxDel Data Research Study

A lot of data have already been collected to tell us **what** the vaccine delivery data system challenges are. This project aims to engage the people that make up this system with an approach called **Human-Centered Design** to reveal the **why**.

VxDel Data Research Study

VxDel Data Research Study

S + JSI

A joint research effort to uncover data specific challenges that healthcare workers and managers at all levels encounter in delivering immunization services in Kenya, the DRC, and Mozambique.

Today's discussion will be based on our conversations with nurses, EPI managers, and other decision-makers at all levels of the healthcare system in Kenya.

3 Counties / **12** Sub Counties / **13** Facilities   / **84** Participants
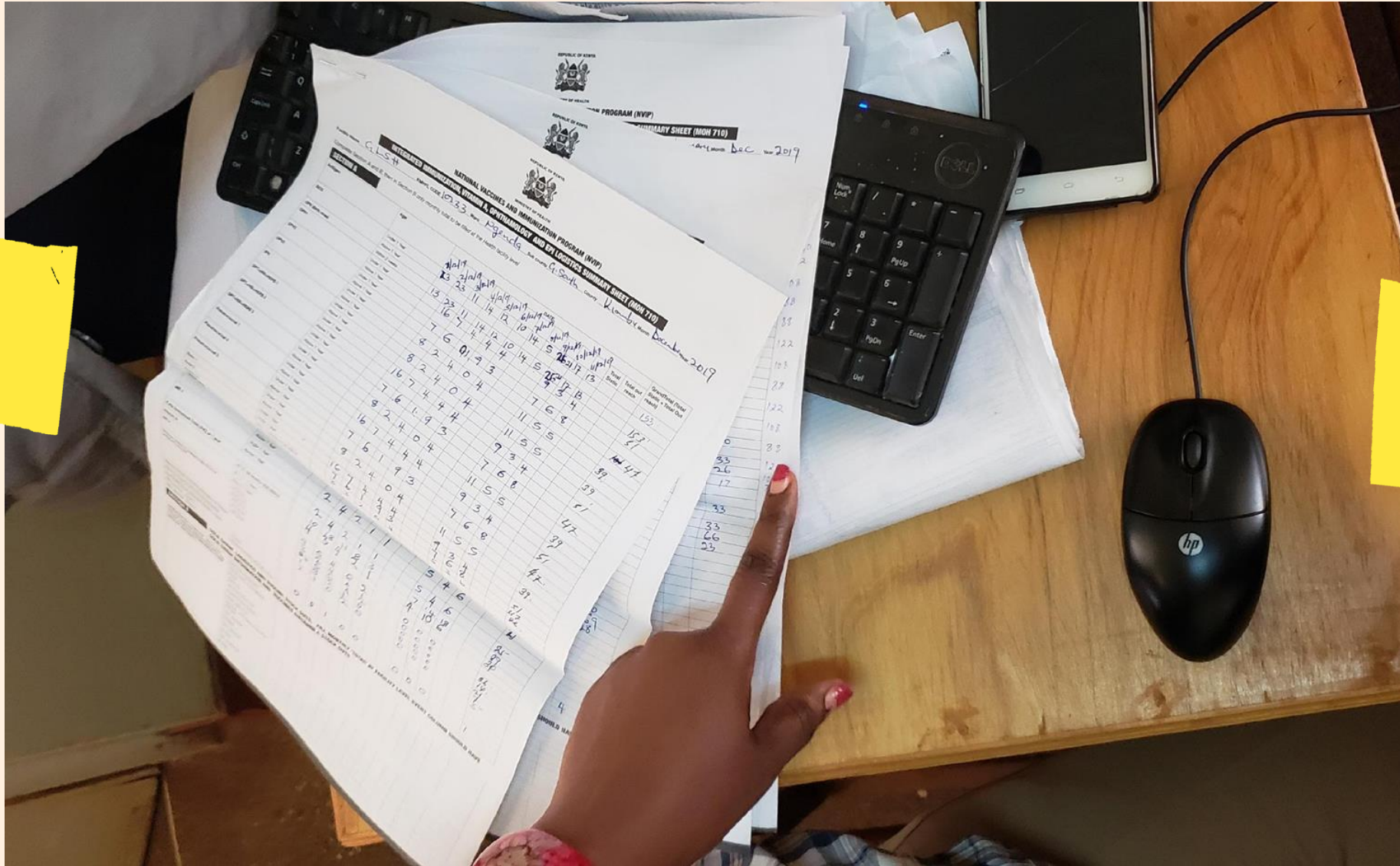
Observations & Walk-throughs

We observed key activities at various levels of the system either through direct observations or through a guided tour of various artifacts from our participants.
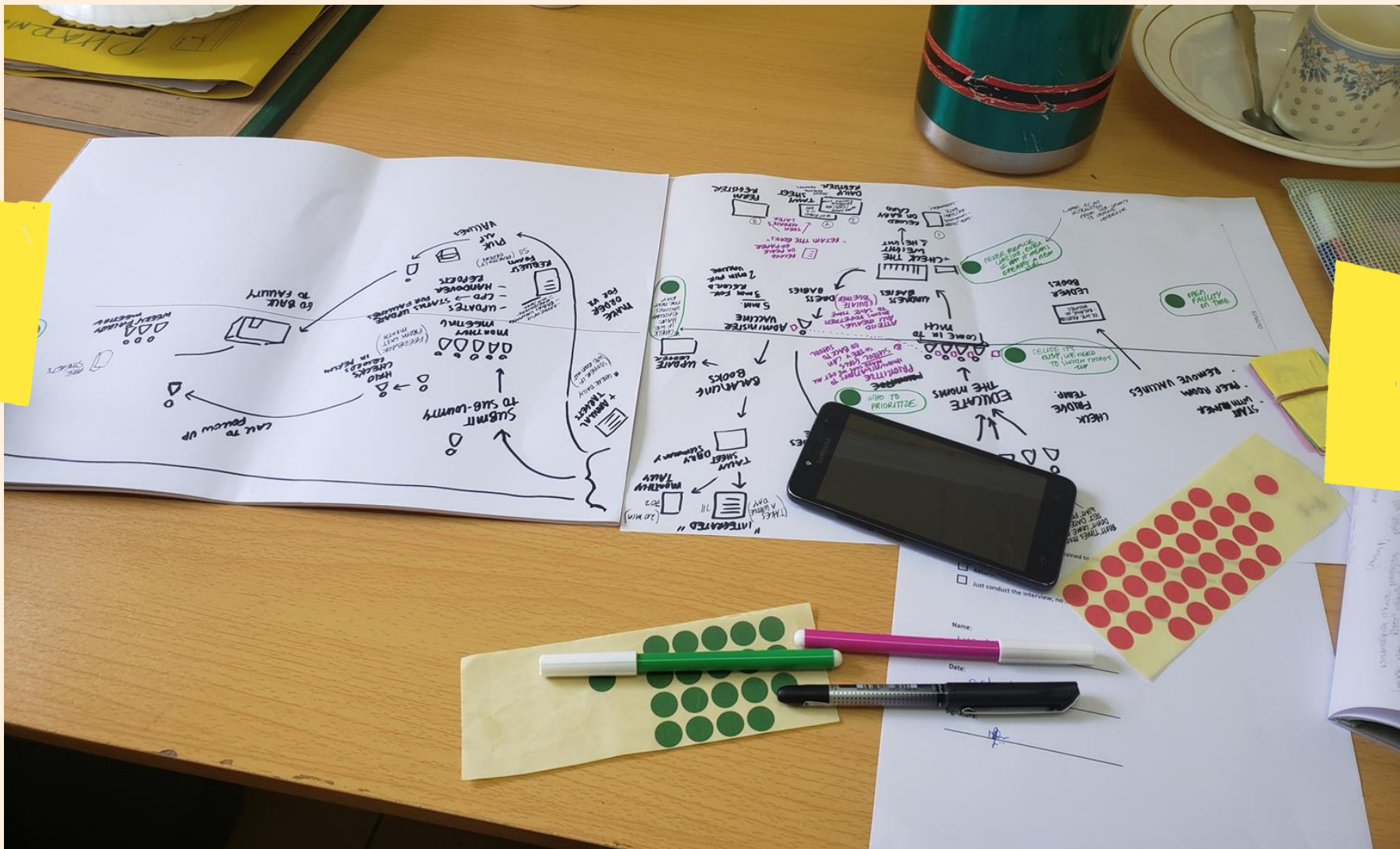
Activity Mapping

To understand processes and the challenges associated with them, we worked with participants to map out some of their key activities and asked them to identify major painpoints.

Actor Mapping

To understand how various actors in the system interact, we asked our participants to create maps of the people they work with. We paid special attention to Frequency or interactions, the information that is being exchanged, tools used to pass this information, and the decisions made.

Based on secondary research and expert interviews, the team identified key immunization system actors at the various levels. Actor cards were printed on color sheets to help differentiate between the various levels (National- pink, County-blue, Sub County-green, Facility-yellow).

Participants were asked to map out who they interact with as part of their immunization work, what information is exchanged (orange text), and what challenges they face (marked above as red dots and text). Finally, we asked them to identify decision-makers within their network (marked as green dots).

Each actor map was different, reflecting the various roles as well as the unique participant perspectives. Rather than focusing on capturing a comprehensive map, this method puts emphasis on accurately reflecting the participants' mental models.

Decision-making insights

1 **Not everyone thinks of themselves as a decision-maker** (even if they make decisions frequently)

Many individuals regularly make decisions about the immunization program, especially at the facility and Sub County level, yet they don't consider themselves to be decision-makers.
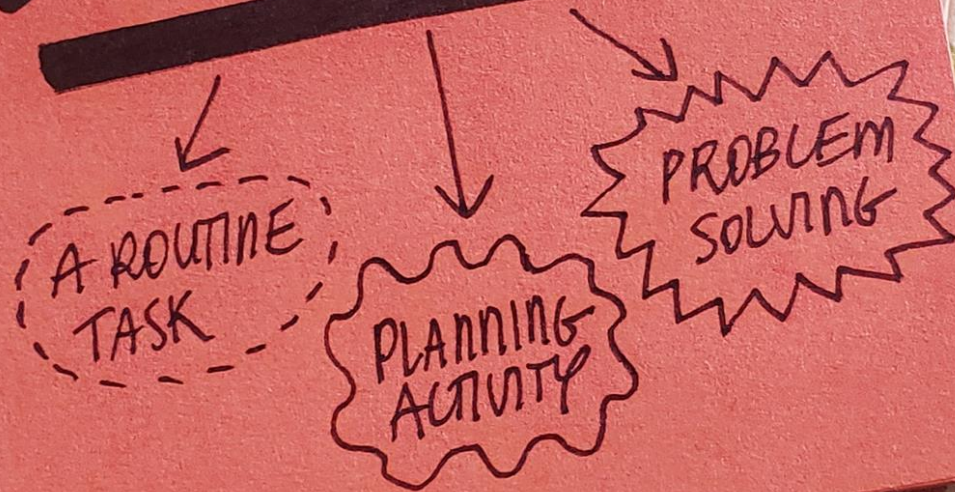
"Decisions are made [at] the top. We don't make them here so we're just given protocols to follow."

Immunization Nurse

"It's not about decisions, I think it's about routine."
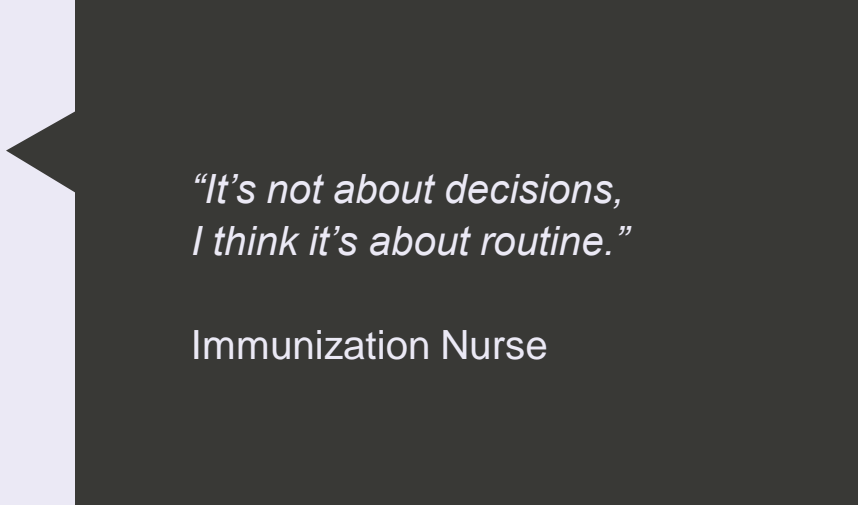
Immunization Nurse

Rather than describing decisions they make, most participants tended to describe their work in terms of:

- routine tasks
- planning activities
- instances of problem solving

Each one can be thought of as a different decision-making mode with unique data needs and processes.

We found that nurses and administrators with a nursing background were more likely to see their role as following a set protocol where decisions are thought to be made by those higher up in the hierarchy.

In this context, making individual decisions can be seen as going against protocol, which in most cases is highly discouraged and can give it a negative connotation.

> *"It's not about decisions, I think it's about routine."*
>
> Immunization Nurse

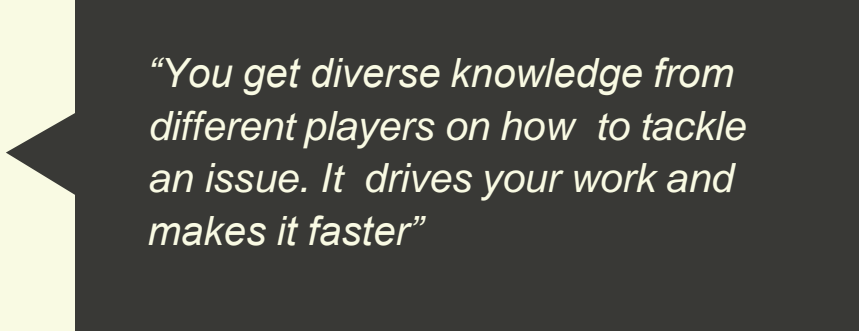**2** **Decisions are mostly made collectively,** not by individuals

When decisions did occur, most participants, even those at higher levels of the system, considered them to be the result of a collective rather than individual process.

"I'm among the CHMT we make collective decisions. I cannot make a decision alone at that level, mine is to share the reasons and we have the seniors whose responsibility is to take up that decision but when it comes to data, I can make any decision alone. I also have to pass through my seniors to give me the resources to implement the decisions if they are not available. So there are decisions I can make within my reach and there those that are not, so I hand over."

Nurse in Charge

Working groups and committees bring together various perspectives, and are thought to produce more strategic decisions.

Collective decisions also provide collective responsibility, shielding individuals from facing any negative consequences should things go wrong.

"You get diverse knowledge from different players on how to tackle an issue. It drives your work and makes it faster"

3 **Information is usually accessed in meetings and informal conversations,** not the from the information management systems

We found that managers at all levels of the system tended to spend most of their time in meetings, which had a significant impact on how data that inform decisions is accessed.
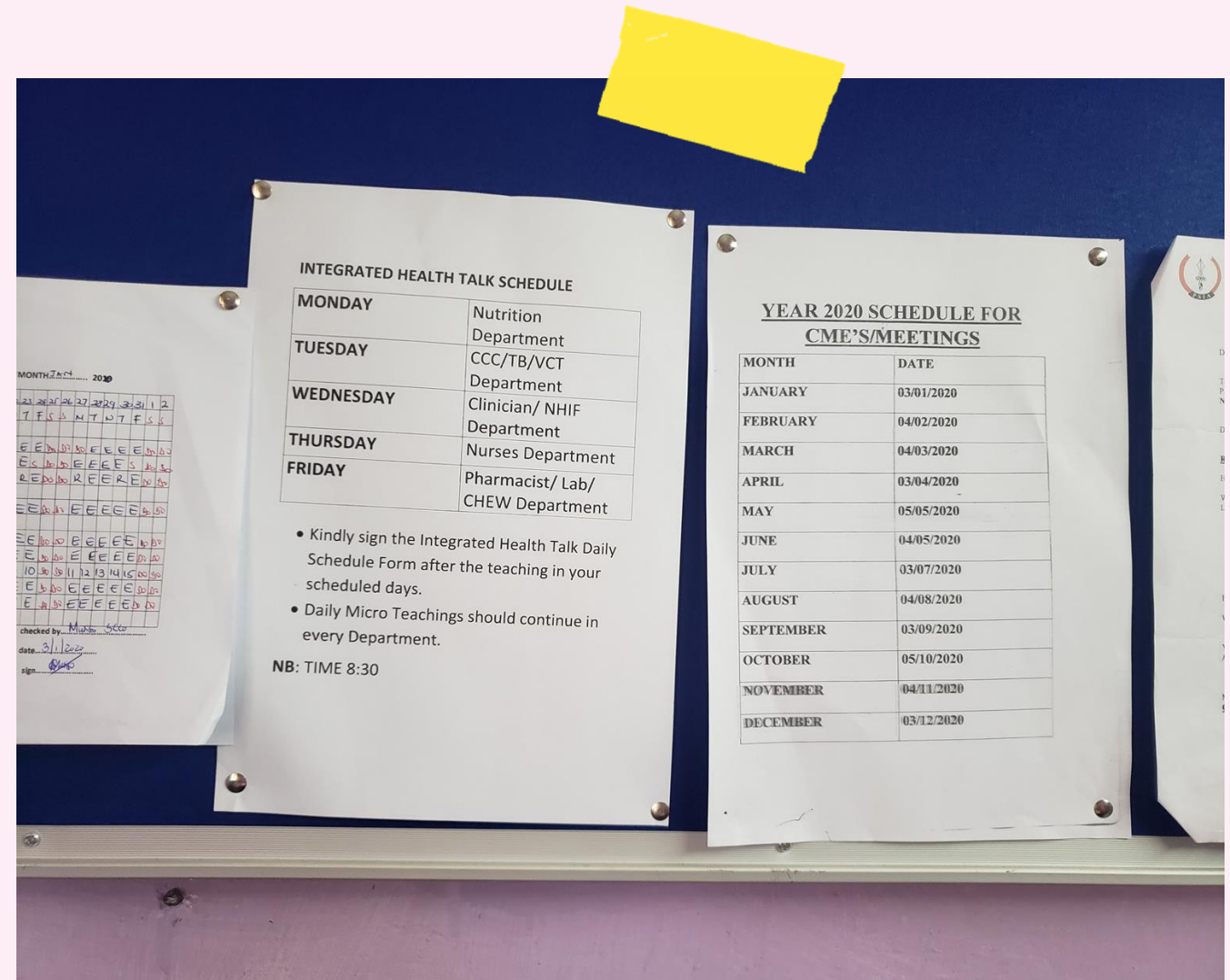
These managers tended to consume data primarily through informal conversations with their staff or colleagues, during meetings or through formal data presentations.

More often than not, they did not have the time or comfort level to access the data directly from the information management system.
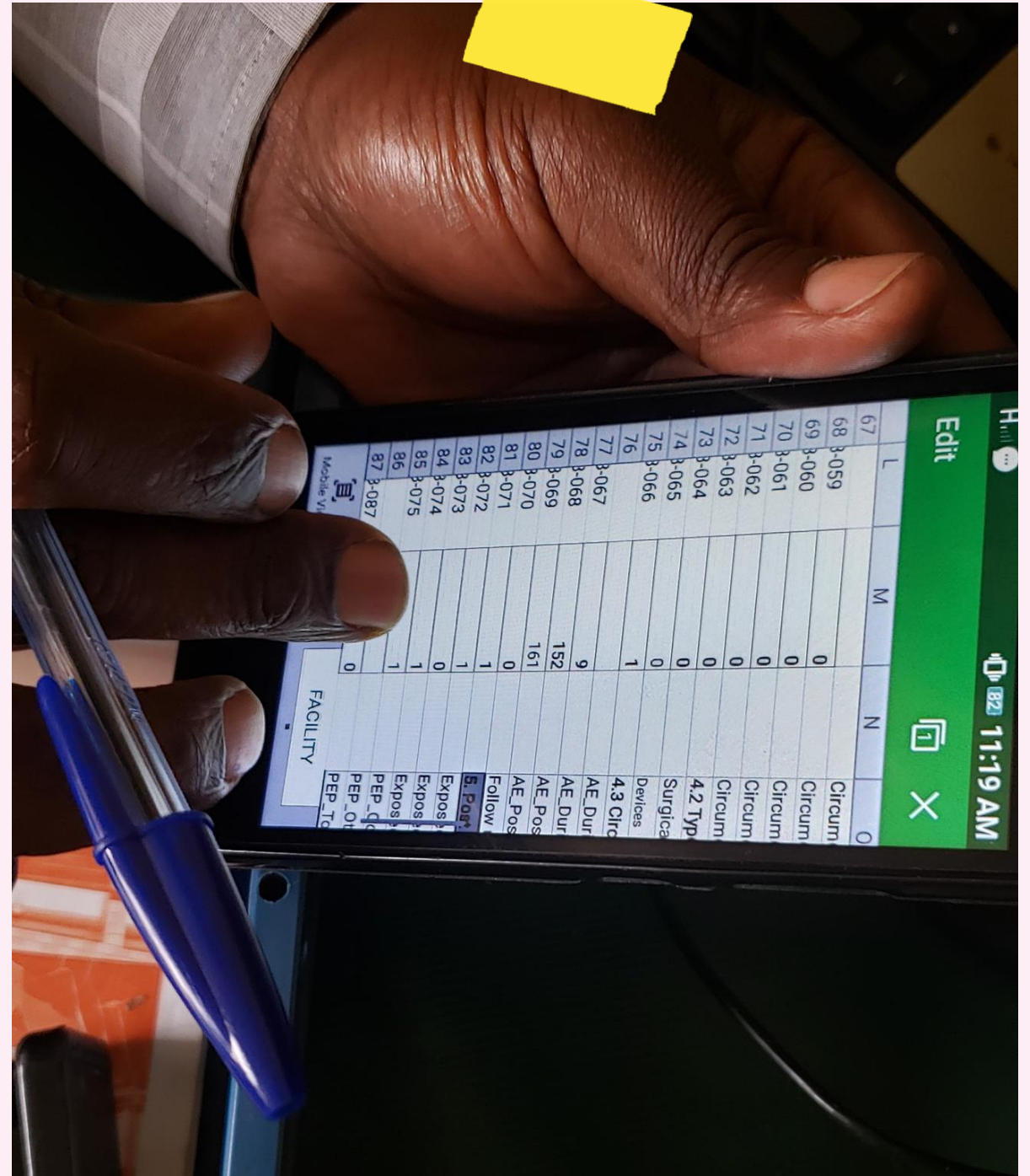
1. Understanding perceptions and mental models around decision-making can help us more effectively support a strong data culture.
    - *For instance, modified supervision approaches and updated protocols can help move away from success being characterized as the perfect execution of protocol and towards taking the initiative that achieves the right outcome.*

1. Understanding the context in which decisions are made is important for thinking about the channels and formats in which data can be accessed and incorporated into the process.
    - *For instance, many of the working groups our participants described relied on a single individual, most frequently the Records Officer, to provide relevant data for the meeting. Designing interventions specific to those individuals can have exponential returns on*

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NEXT WEBINAR:

July 2, 2020
9:30 a.m. EST / 3:30 p.m. GMT

The Health System Map and Its Actors:
Introducing you to the people that make up the Kenyan Immunization Program

RESOURCES:

- Download the Initial Kenya Insights Report
- Read the Blog Series