Using community-generated data to deliver and track the Sustainable Development Goals at the local level

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Our vision is a world without poverty that invests in human security, where everyone shares the benefits of opportunity and growth

A case study from Lanet Umoja, Kenya

Development Initiatives · Open Institute

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Background

> *"As we embark on this great collective journey, we pledge that no one will be left behind. Recognizing that the dignity of the human person is fundamental, we wish to see the Goals and targets met for all nations and peoples and for all segments of society." Transforming our world: the 2030 Agenda for Sustainable Development[1]*

Data generated at the community level can make a powerful contribution to realising Agenda 2030. To truly know if everyone is benefitting from efforts to tackle poverty and build resilience, we must focus our attention as locally as we can – right down to the individual person. National progress can mask a disparate picture in a country, and it is therefore crucial that we go further than country-level aggregates. If communities can take ownership of identifying and prioritising indicators of success, and track progress toward achieving the Sustainable Development Goals (SDGs) locally, we are in a powerful position to ensure no one is left behind.

The project, led by the Open Institute, with Development Initiatives working as the partner responsible for data quality and analysis, has begun with a pilot study into community-generated data in Lanet Umoja, Kenya. The study's aims were simple: explore whether communities can assess and identify their own local development priorities using the SDG framework; and help them generate timely and accurate data to feed into local and national development intervention plans, ensuring the SDGs are met for their community and that the data is available and accessible in an open format through Lanet Open County portal. Collaboration with local government was vital, and in Lanet Umoja this meant working closely with Chief Kariuki, who was instrumental in making this project a success.

The study is due to be completed in October 2016 but already makes a strong case for the benefits of community-generated data. Two rounds of data collection covering 9,136

households have shown that this local approach is more cost effective than collecting census data. Furthermore, the method used in this exercise demonstrates the value of collecting SDG data based on local interpretations of the SDGs, making them more relevant to people's aspirations for social progress. Just 10 months in and already the project has led to improved buy-in to the SDGs – a better understanding of what they are and how they can be useful as a planning and participatory tool. The project has already led to tangible changes in people's lives – with Lanet Umoja residents drinking and cooking with clean water for the first time.

Lanet Umoja: a snapshot
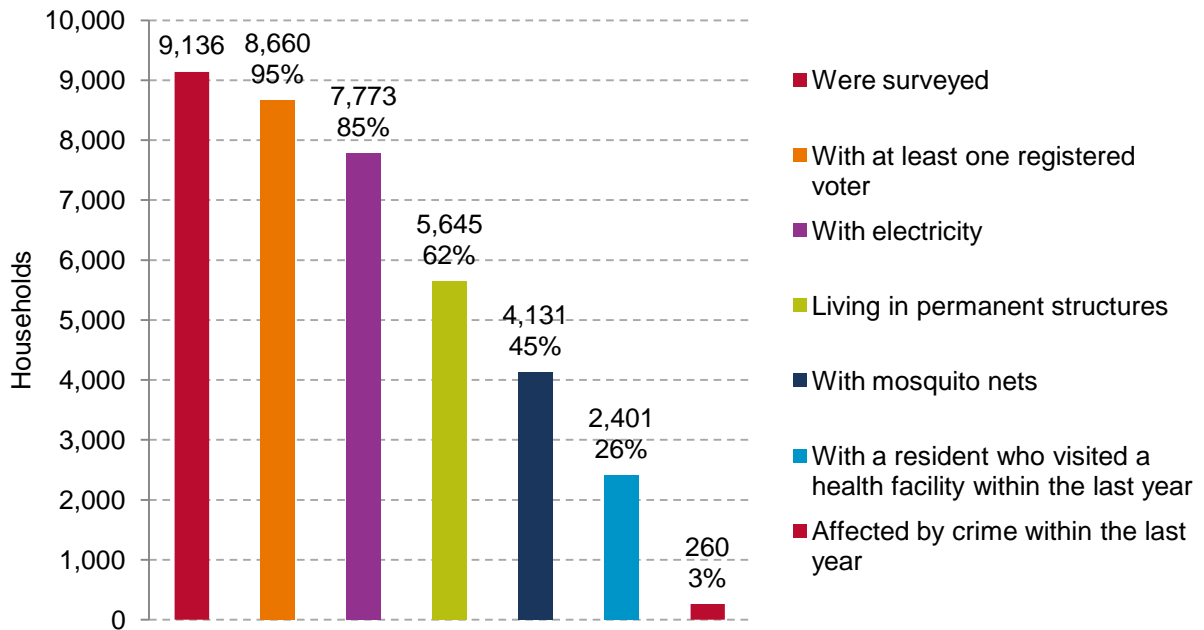
Source: Development Initiatives based on the Lanet Umoja dashboard www.lanet.opencounty.org
Notes: There are more than 12,000 households in Lanet Umoja, for which 9,136 household responses were digitised and analysed in this report. Percentages shown are of the total responses

Highlights of preliminary findings from the first round of data collection

- The community generated data on number of households and household sizes is real data, not based on a sample survey of households in the wider population.
- Household budget data is recent and collected by knowledgeable residents, who can better cross-check the responses to expenditure module of the report. This serves to reduce reporting errors on key aspects of the survey. Household expenditure structure is not extrapolated from a large sample: rather, it is built bottom-up from the collected data as reported by each individual household. By cross-referencing with a real dependency ratio calculated from this data, consumption per capita makes more sense than when calculated across a large population using inferences based on average household sizes.
- Overall, the database from this exercise can be built overtime to capture real social progress – in access to basic social services, for instance – and a measure of improvements to living standards in the long run.

General

- **Households –** Community-generated data revealed there are 4,500 more households in Lanet Umoja location than current records and predictions (based on the official 2009 census) continue to show. This results from counting each individual and each household to determine the total population.
- **Living standards –** 90% of respondents (1,149 household representatives) in the second round of data collection reported their largest area of expenditure on food (32% of their budget), followed by medical expenses (29%), school fees (26%) and housing/rent (13%).[2]

SDG1: Ending poverty in all forms everywhere

Ending poverty in all its forms will need a particular focus on vulnerable groups at the greatest risk of being left behind such as orphans, older people, people with disabilities and women.

- **Orphans –** Of 221 orphans reported, only 14 (6.3%) benefit from cash transfers to orphans; this is much lower than the national ratio for vulnerable orphans of 41.7%.
- **Older people –** Older people have the least access to the National Hospital Insurance Fund.[3] The age bracket with the highest share of access is 36–50 years (43%). The bracket with the lowest share of access is 65 years and over (11%).
- **Disability –** Just 2 of 24 people with disabilities in Lanet Umoja have access to the disability fund.
- **Gender –** Of those households engaged in farming that are headed by women, 41% reported the land was owned by the father, grandfather or the landlord, indicating the dominance of patriarchal land ownership.

SDG3: Ensure healthy lives and promote wellbeing for all at all ages

- Despite malaria being the most-reported illness, only half of households are fitted with bed nets.
- 'Illnesses related to diseases borne in unsafe drinking water' is the second-highest health issue reported in the location.
- About 73% of the children who have not received immunisation come from a single-parent household.
- One third of interviewed respondents indicated they had access to the National Hospital Insurance Fund. Of those that had access, over 69% were men.
- Only about 38% of those who reported having a disability had access to the National Hospital Insurance Fund.

SDG4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

- Of the 14,834 children in the location, about 69% are in early childhood development/nursery school – indicating that a large proportion of the children are in the age bracket of 4 to 6 years.

SDG6: Ensure availability and sustainable management of water and sanitation for all

- Most households have access to piped water, although the water is reportedly not treated.
- Close to three-quarters (74%) of Lanet Umoja households use pit latrines. The rest have water closet toilets.

Immediate impact

The data obtained on sources of water, as well as the prevalence of water-borne diseases, helped the Chief obtain water filters with a 10-year guarantee from a non-profit organisation.[4] These filters were distributed to each household in the community by cluster leaders, who attended training on how to use and clean the filters, and in turn demostrated this to residents. After the data-collection exercise, more than 12,000 Lanet Umoja residents, are drinking and cooking with clean water for the first time. The chief will conduct another round of data collection to assess the impact of the water filters on the health of residents.

Piped water before the filters were distibuted

Chief Kariuki shows how to clean a water filter

Julia Kinyanjui drinks water she has fetched from her new filter

Methodology

Before starting the data collection exercise, the project team held a two-day engagement workshop officiated by the county Deputy Commissioner; attended by chiefs, their assistants and representatives of the local youth from nine locations. The chiefs and their assistants were trained on data, the SDGs, the relationship of data and poverty and the importance of involving local leaders in data collection. In the meeting, four out of twelve potential locations were identified as places where the project could be scaled up.

Cluster leaders decided on the most relevant SDG indicators for Lanet Umoja, which were: ending poverty (SDG 1), good health and wellbeing (SDG 3), quality education (SDG 4), gender equality (SDG 5) and clean water and sanitation (SDG 6).

Cluster leaders under the Nyumba Kumi (a government community-policing initiative that also covers socioeconomic areas of responsibility) were assigned the role of data collectors. This meant data was collected by people known to the residents, who could verify the authencity of the information being collected. The Chief sent tweets[5] to cluster leaders each time they needed to meet or for follow up. He also tweeted residents, alerting them to the ongoing data-collection exercise.

Information was collected via paper and electronic surveys, and transferred to a closed web-based dashboard that the Chief and his assistants accessed to see the data. The Chief has access to all the data but witholds biodata from the public for confidentiality purposes.

Conclusion: benefits of community-generated data

- Empowering local communities to take ownership of their development priorities by letting them choose which areas they want to focus on, and holding government to account.
- Creating a strong local evidence base for where development intervention plans should be focused, and ensuring progress can be accurately tracked.
- Producing disaggregated data that is not available in national-level data systems and can be used from the local to international level to help decision-making and monitor progress.
- Providing more cost-effective, timely and accurate data than is available through national-level data collection systems.

More information

For more information about this project, you can visit: http://devinit.org/community-generated-data/

If you would like to discuss this project or its findings, please contact the project lead Momodou Touray on Momodou.Touray@devinit.org

Notes

[1] United Nations, 2015. Transforming our World: The 2030 Agenda for Sustainable Development https://sustainabledevelopment.un.org/post2015/transformingourworld/publication

[2] In choosing the measurement of living standards through household consumption and wealth indices, the World Bank recommends the use of consumption rather than income in developing countries where informal employment is more common. This is because the sources of household income continually change, and home production is widespread.

[3] The National Hospital Insurance Fund (NHIF) allows citizens to have access to social health insurance; this means anyone with access to the NHIF can have subsidised medical treatment and drugs. It makes healthcare affordable and accessible. NHIF is compulsory to all those in the formal sector while membership is open and voluntary for those in the informal sector and retirees. Those in poverty are predominantly in the informal sector and so have less access to the NHIF.

[4] The non-profit organisation is called Start With One – Kenya

[5] Data collected from more than 7,832 household heads and 2,612 spouses of household heads indicates that 75.8% of breadwinners and 60.2% of their spouses follow Chief Kariuki on Twitter.

Photographs courtesy Martha Getachew Bekele