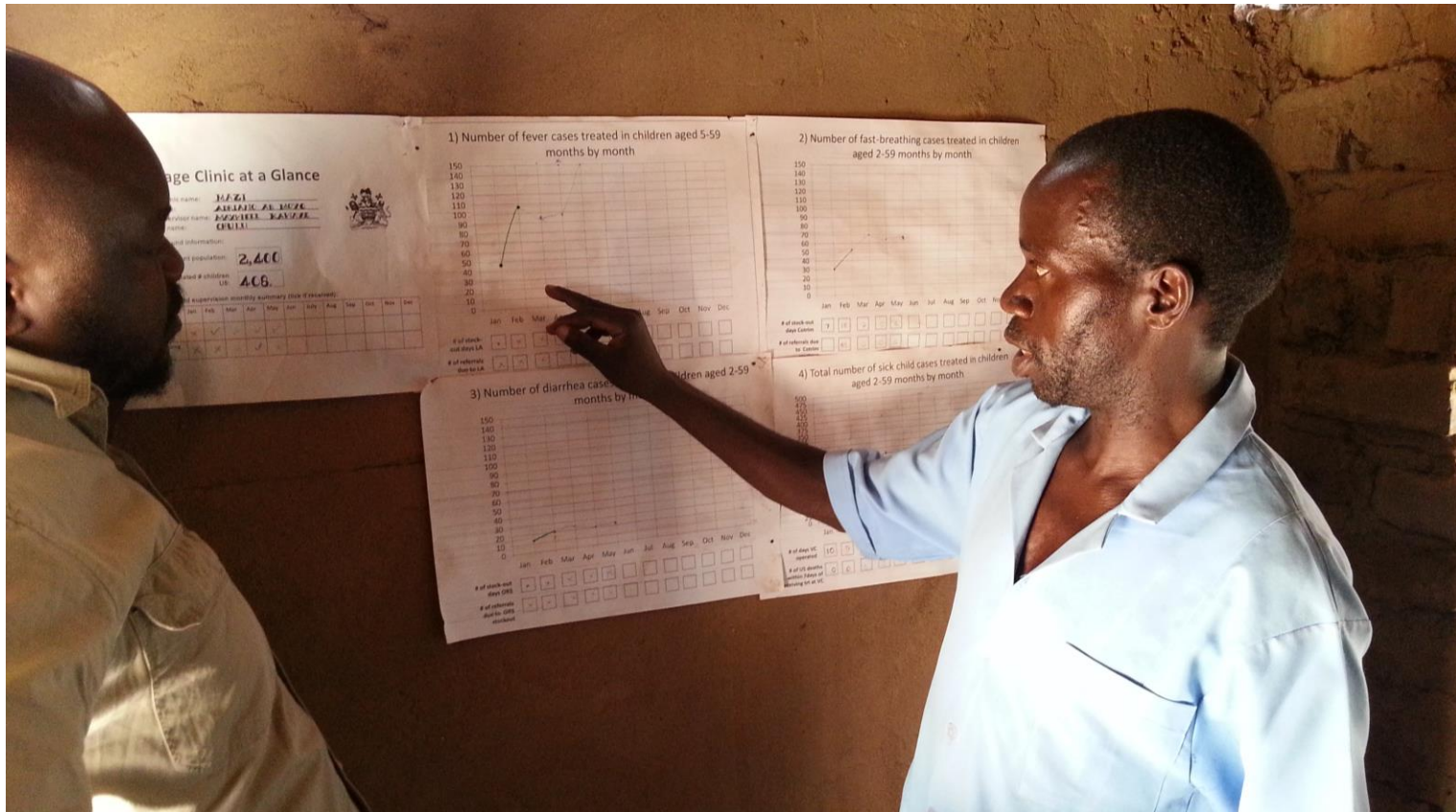# Special considerations for community level data

Improving Routine Data for Child Health in National Health Information Systems: Africa Regional Workshop

September 21, 2017

Jeanne Koepsell, Tanya Guenther, Gail Snetro-Plewman

Overview

- Importance of routine community level data

- Characteristics of community data

- Design principles for CHIS (#1-4)

- Community level data quality & use

Routine monitoring systems for integrated community case management programs:
Lessons from 18 countries in sub–Saharan Africa

Tanya Guenther[1], Yolanda Barberá Laínez[2], Nicholas P Oliphant[3], Martin Dale[4], Serge Raharison[5], Laura Miller[6], Geoffrey Namara[7], Theresa Diaz[3]

dhis2

DHIS2 Community Health Information System Guidelines

Why is community-level data important?

- Children require health services on an on-going basis

- Surveys occur periodically and do not provide community-level estimates

- Routine data at community level:

  - ❖ Facilitates community ownership and increases demand for quality, responsive health care

  - ❖ Allows tailoring of services to greatest needs

  - ❖ Strengthens linkages to facility

What is community-level data?*

➢ data on health, health services, and determinants of health

➢ derived from and relevant to:
  - community admin/geo units
  - community members
  - community level of health systems

*Source: DHIS2 community health information system guidelines, 2017.
https://www.healthdatacollaborative.org/fileadmin/uploads/hdc/Documents/Working_Groups/CHISGuidelines_version_August29.pdf

Unique characteristics of community data

Area	Examples
Scale	• Thousands of CHWs and communities compared to typically hundreds of health facilities
Complexity	• Wider range of programs (health promotion, etc) • Different services and definitions • Variable linkages with formal health system
Diversity	• CHWs range from well educated to illiterate • Communities may have different CHWs for different programs; programs vary by area
Stakeholders	• Wider group of stakeholders interested in community-level data – has implications for data management, protection, etc
Infrastructure	• Tends to be weaker the further out you go – less electricity, limited to no internet, poorer roads – all affecting ability to collect and report data

Design principles for CHIS

1. Design the CHIS to strengthen **government ownership** and sustainability.

2. Enable and **strengthen community engagement**.

3. Build a **balance** between reporting burden and provision of care.

4. Strengthen **capacity** of CHWs and other stakeholders as a team.

5. *Follow incremental and evolutionary principles of system design and development.*

CHIS Design Principle 1: Government ownership

- Government leadership and coordination essential to promote:
    - Rationalization
    - Harmonization
    - Sustainability
    - Integration with HMIS
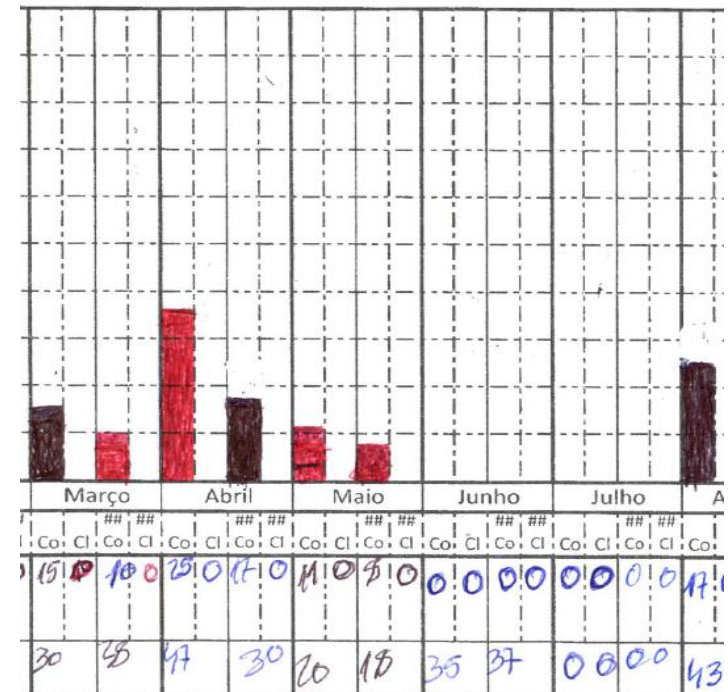   - Pooling of resources

    Example: Mozambique data use training

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CHIS Design Principle 2: Community engagement

- Central to data quality and supporting community action based on data

- Requires involvement of range of community-level stakeholders

- Must occur early and continue across the design ➔ implementation phase

- Design process should aim for **simplicity**, **efficiency** and **scalability** and be suitable for the lowest capacity levels

- Identify and promote local innovations

CHIS Design Principle 3: Balance

- CHWs often bear the heaviest burden for data collection & reporting
- Overly detailed documentation requirements counterproductive
- Prioritize data elements that are:
  - Linked to program performance (e.g. treatment coverage)
  - Tied to specific actions
  - Feasible to collect well

Photo: Courtesy of Yolanda Barbera Lainez, International Rescue Committee

CHIS Design Principle 4: Strengthen team capacity

- Allocate resources to strengthen capacity of teams (CHWs, facility staff, other stakeholders)

- Build in basic concepts of data elements, indicators, coverage, etc

- Provide simple tools and resources

- Promote appropriate use of mobile and other technologies

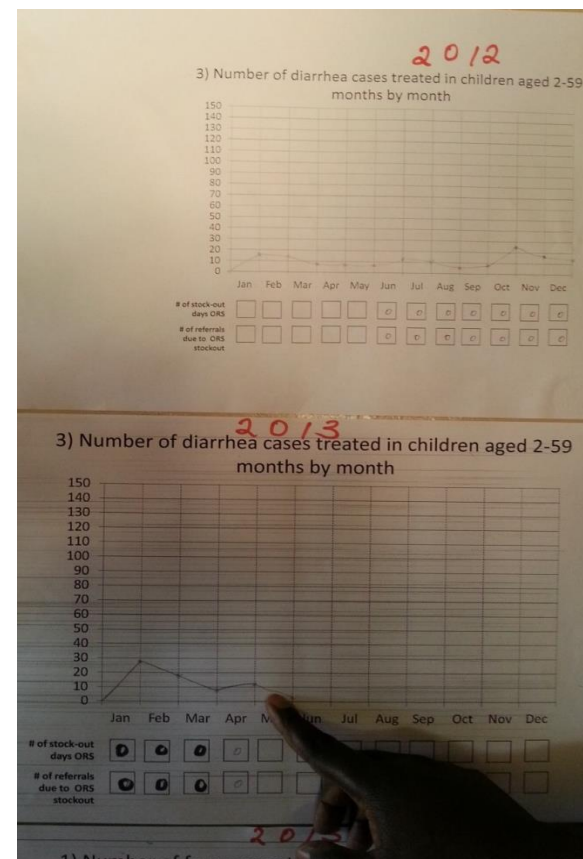- Ensure sustained support and supervision

Improving data quality and use by CHWs

Data Quality and Use Intervention Package for iCCM in Malawi*

- <u>Challenge:</u> iCCM data were being compiled but not used at the health facility or HSA levels

- <u>Intervention:</u> Flexible data quality and use improvement package for HSAs and facility staff including: basic data management, analysis and use training; provision of wall charts for data display with action thresholds

- <u>Evaluation results:</u> Provision of wall charts to organize and view monthly iCCM reporting data, along with additional training, leads to more data-based decision making

- Package scaled up across Malawi through MOH and partners

Paper available soon at: https://doi.org/10.9745/GHSP-D-17-00103

"Now everyone can see the data"

Community *Use of Data* for Decision-Making

- Communities are the source of data and have a fundamental citizen right to use data for decision-making

- Engaging communities in data collection & use helps:

  - Improve health indicators
  - Leverage local resources to support health programs
  - Increase women's and family participation in community decision-making and action.
  - Strengthen community capacity to act and monitor their progress
  - Increases self-reliance

CH BULLETIN BOARD

Community *Use of Data* for Decision-Making

- Captures key community health data before being *extracted up* the health system

- Makes data understandable to all through use of picture cards and Community Health Bulletin Boards

- Provides feedback back to the community on local health status

- Provides a tool for existing community health groups, such as Community Health Committees; women's groups to engage the broader community in action for health

Community *Use* of Data: How Does It Work?

- Health promoters collect monthly data on key indicators from families
- Service providers collect service utilization data
- Together they consolidate data at the end of the month.
- Teams use simple tools to share the data with the community.
- Community members review and analyze the information.
- Participants then set priorities and develop plans to improve their priority health indicators.

THANK YOU

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