Special considerations for community level data

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

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Overview

• Importance of routine community level data

• Characteristics of community data

• Design principles for CHIS (#1-4)

• Community level data quality & use
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. 
## Unique characteristics of community data

<table>
<thead>
<tr>
<th>Area</th>
<th>Examples</th>
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<tbody>
<tr>
<td>Scale</td>
<td>• Thousands of CHWs and communities compared to typically hundreds of health facilities</td>
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<tr>
<td>Complexity</td>
<td>• Wider range of programs (health promotion, etc)</td>
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<td>• Different services and definitions</td>
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<td>• Variable linkages with formal health system</td>
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<td>Diversity</td>
<td>• CHWs range from well educated to illiterate</td>
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<td>• Communities may have different CHWs for different programs; programs vary by area</td>
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<td>Stakeholders</td>
<td>• Wider group of stakeholders interested in community-level data – has implications for data management, protection, etc</td>
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<td>Infrastructure</td>
<td>• 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</td>
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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*
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
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*

- **Challenge:** iCCM data were being compiled but not used at the health facility or HSA levels
- **Intervention:** 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
- **Evaluation results:** 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**

“Now everyone can see the data”

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

Save the Children