Emergent trends and best practices for strengthening community health information systems, data quality and data use

(Photo: Ramatou Niambele – ASC, Mali; M. Crook)

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Session Four

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Implementing integrated community case management at scale involves thousands of diverse community health workers providing services in the hardest to reach, most deprived communities where formal services have failed to adequately deliver the most basic preventive and curative care – systems for routine monitoring must be designed to fit this context, place the end-user at the forefront, and align with the capacity for response.

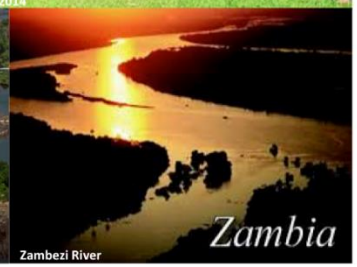
Source: Guenther T et al, 2015;
http://www.jogh.org/documents/issue201402/Guenther_Final.pdf

Getting a seat at the HMIS table

Reducing routine indicators to the minimum necessary to support effective management

18 ⟶ 12?

Institutionalizing capacity



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Regional training program in East Africa, West Africa, Asia, Latin-America

Advanced DHIS 2 Academy, Entebbe, 4-13 June 2013

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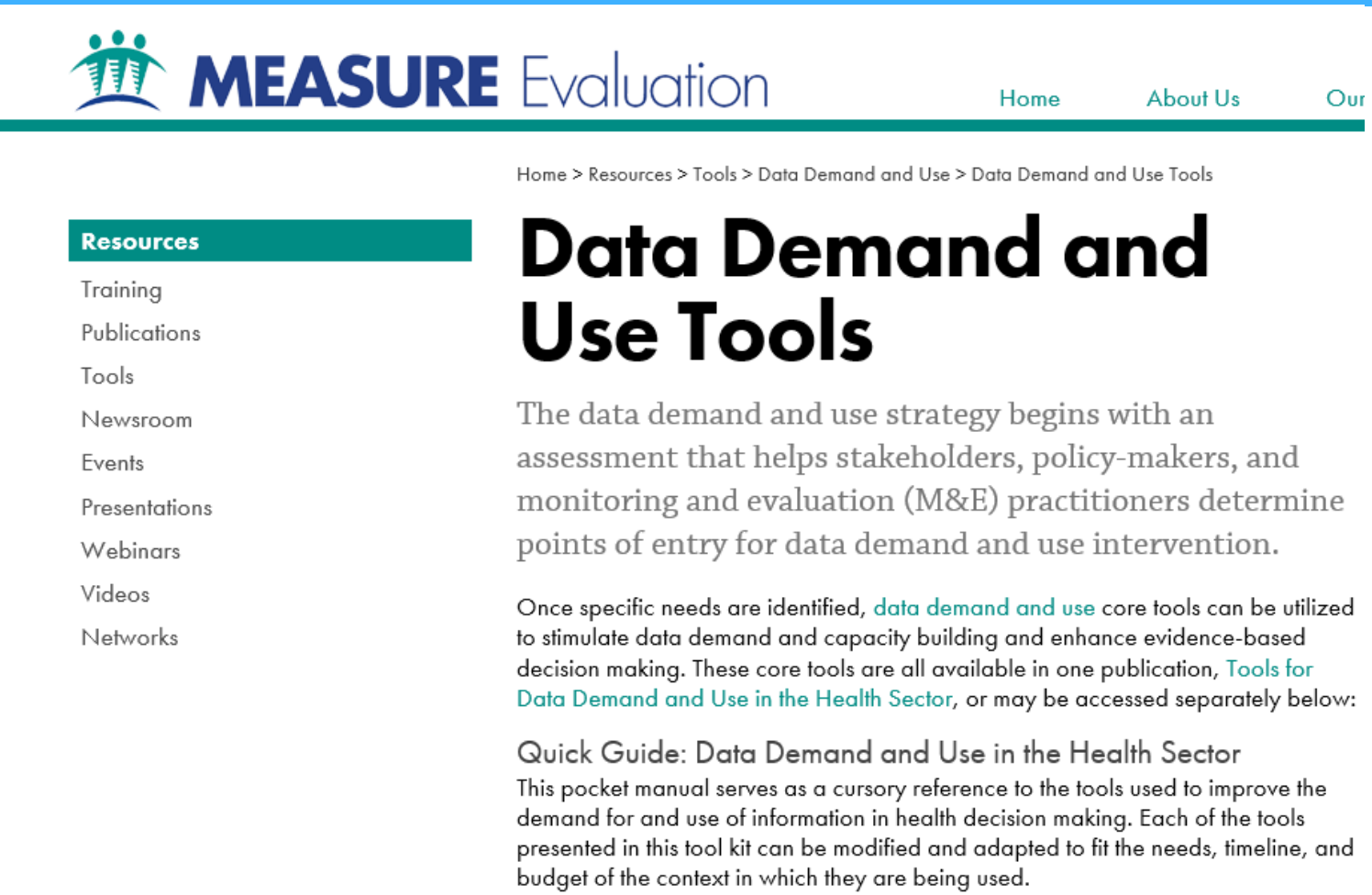
Generating demand for data



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Building a culture of data use and quality

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http://dx.doi.org/10.2471/BLT.11.099580

LESSONS FROM THE FIELD

Improving quality and use of data through data-use workshops: Zanzibar, United Republic of Tanzania

Box 1. **Summary of main lessons learnt**

- The outcomes of the data-use workshops demonstrate and validate our hypothesis that the more data are used, the more data quality will improve, leading to significant innovations in the use of information and breaking the vicious cycle of non-use and poor quality of data.
- An integrated framework for HMIS, using a national data warehouse framework, provides an enabling environment in which actors, health programmes and systems can "speak to each other", which is the foundation for improving health systems.
- Regular data-use workshops, with self-assessment and peer critique and discussion of the data presented, provide a powerful means of building a strong evidence base for HMIS improvements.

Build on existing HMIS with mobile applications

Strengthening the delivery of integrated community case management (iCCM) in two districts of Eastern Province, Zambia

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Zambia Center for Applied Health Research & Development in partnership with Boston University Center for Global Health & Development

BU Center for Global Health & Development

See handout on this study

iCCM DHIS-2 Mobile System Applications

- Aggregate Application - weekly reporting of:
  - Cases seen and managed and referred by CHWs
  - Reports and requisitions of iCCM drugs and RDTs
- Tracker Application - used to:
  - Submit CHW referral forms
  - Track patients referred by CHWs to health facilities
  - Support mentorship
  - Submit mentorship reports by supervisors

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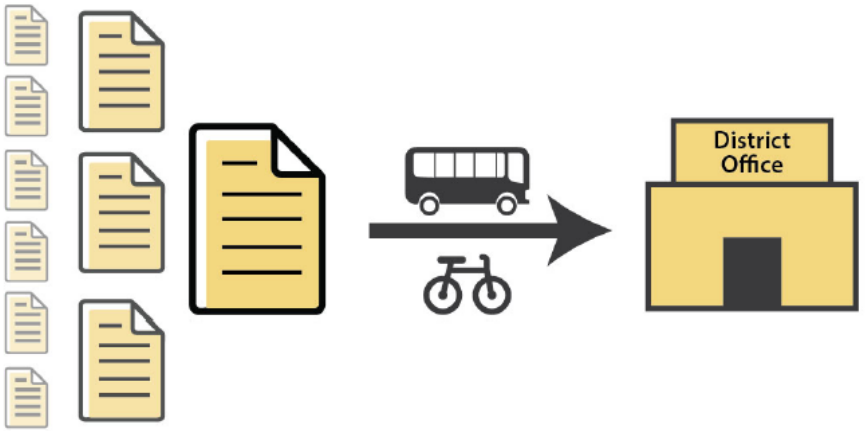
Use of mobile reporting to reduce delays in data transmission



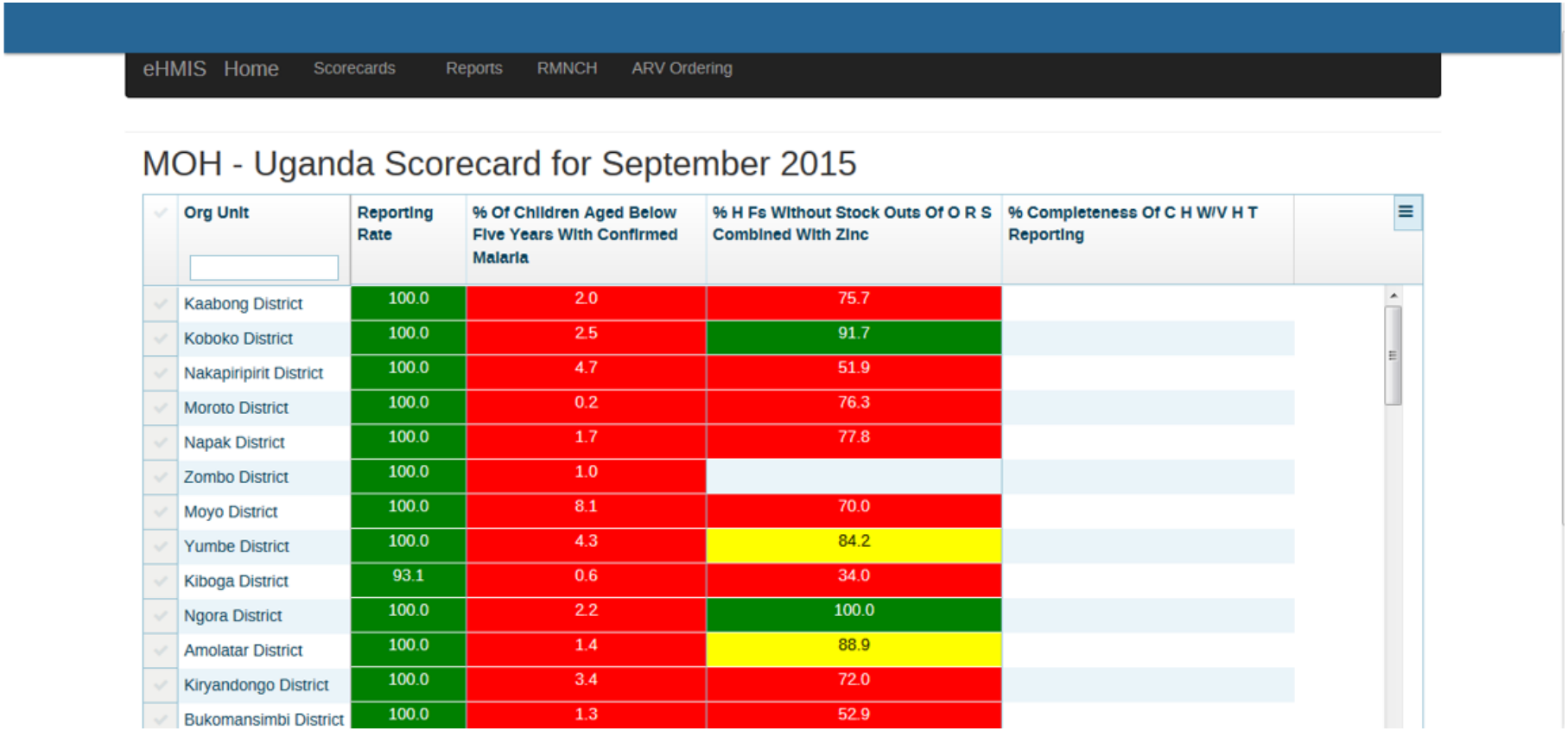
Physically transporting paper-based forms from health facilities to district offices cost an average rural district $34,000 to $42,000 per year.

45 days

Near real-time data visibility

Source: Akros, Zambia

Building scorecards for management into the HMIS



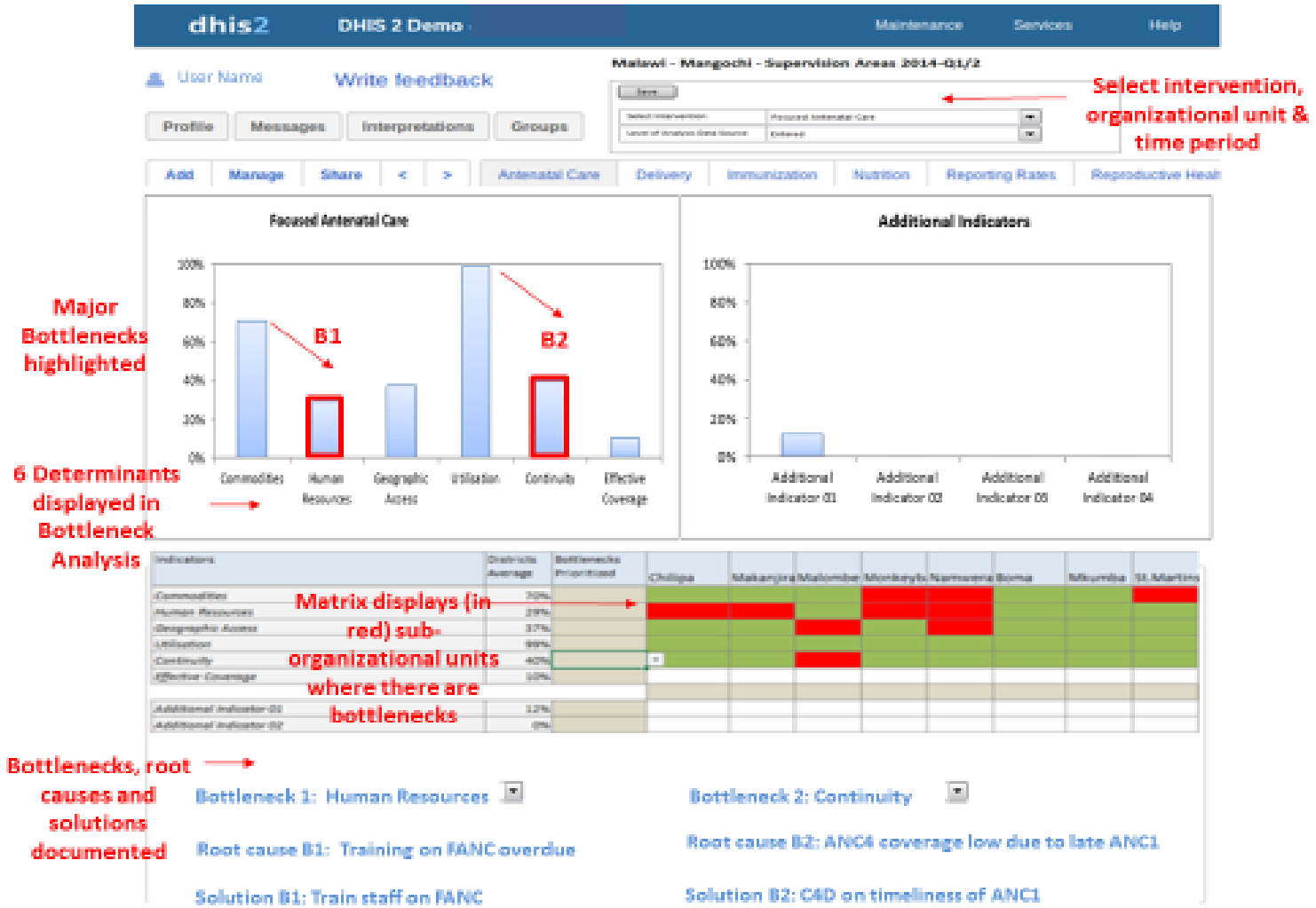
MOH - Uganda Scorecard for September 2015

Org Unit	Reporting Rate	% Of Children Aged Below Five Years With Confirmed Malaria	% H Fs Without Stock Outs Of O R S Combined With Zinc	% Completeness Of C H W/V H T Reporting
Kaabong District	100.0	2.0	75.7	
Koboko District	100.0	2.5	91.7	
Nakapiripirit District	100.0	4.7	51.9	
Moroto District	100.0	0.2	76.3	
Napak District	100.0	1.7	77.8	
Zombo District	100.0	1.0		
Moyo District	100.0	8.1	70.0	
Yumbe District	100.0	4.3	84.2	
Kiboga District	93.1	0.6	34.0	
Ngora District	100.0	2.2	100.0	
Amolatar District	100.0	1.4	88.9	
Kiryandongo District	100.0	3.4	72.0	
Bukomansimbi District	100.0	1.3	52.9	

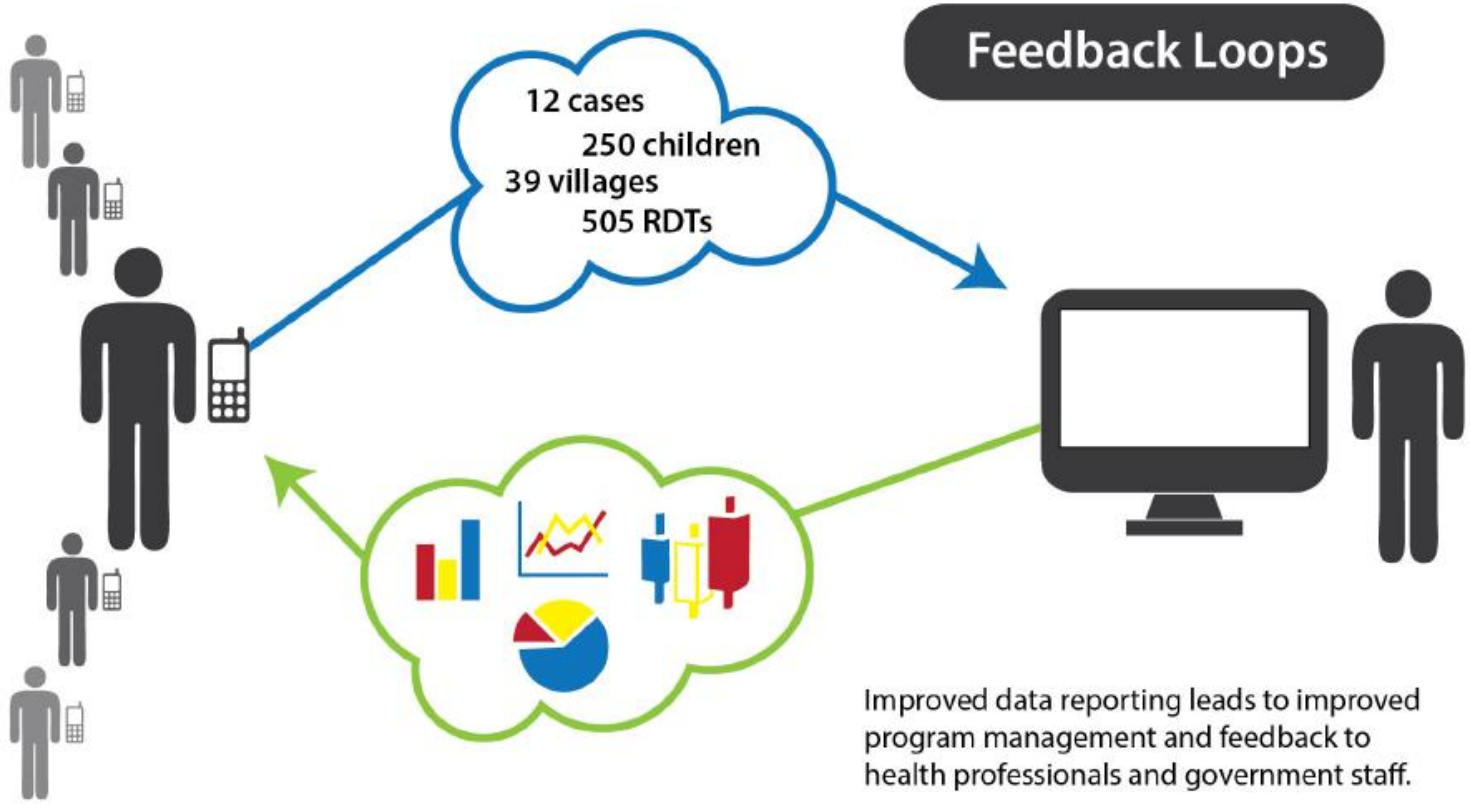
Social accountability: Supporting a more radical engagement with the public

Community reports fed into National and District Dashboards for review, response and tracking

Developing dashboards that make sense to users and help them do their jobs



Feedback loops



Source: Akros, Zambia

Tracking management response

Or health facility

Management Response Tracker

District	Not due	Due soon	Overdue	Open	Closed	% closed	% Overdue	Avg. Response Time
Buikwe	153	106	15	121	2	2%	12%	62 days
Bukomans.	20	33	4	37	1	2%	12%	34 days
Butambala	21	22	6	28	5	18%	21%	20 days
Buvuma	146	111	17	128	10	13%	13%	7 days
Gomba	104	92	13	105	5	5%	12%	5 days
Kalangala	19	25	1	26	5	19%	4%	5 days

Use of LQAS for periodic data quality assessments

J Community Health (2015) 40:625–632
DOI 10.1007/s10900-014-9977-9

ORIGINAL PAPER

Data for Program Management: An Accuracy Assessment of Data Collected in Household Registers by Community Health Workers in Southern Kayonza, Rwanda

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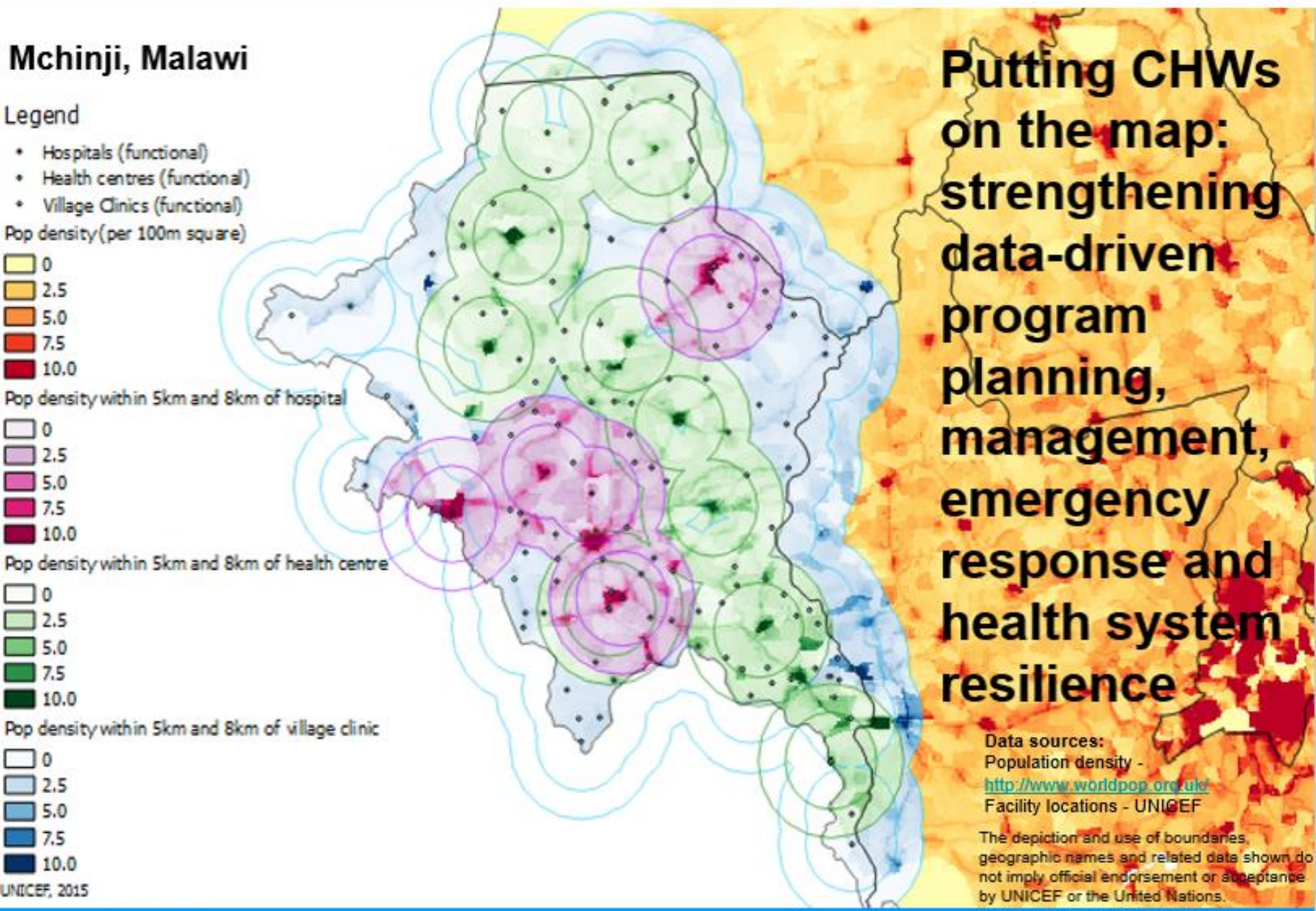

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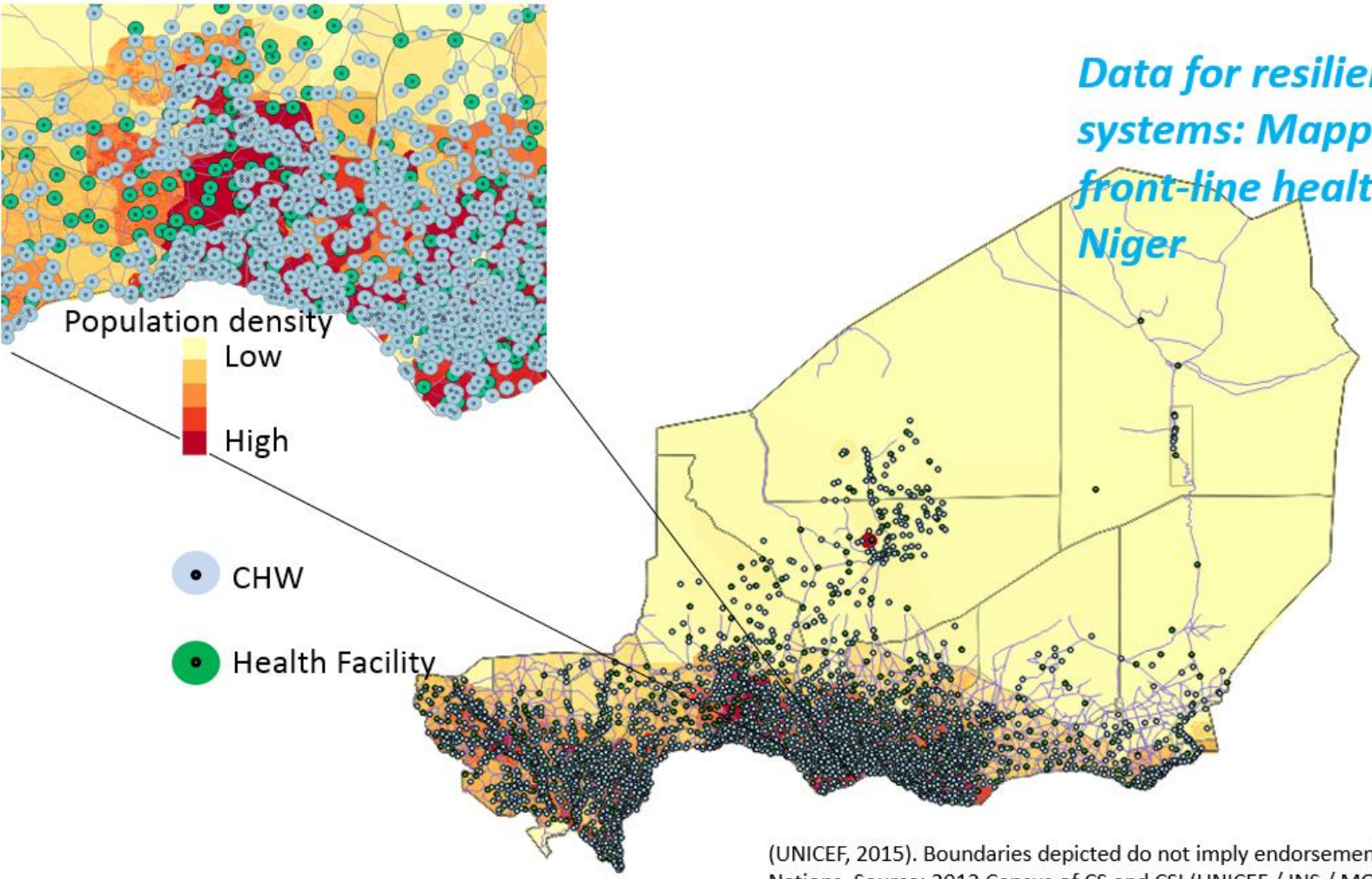
Data for resilient health systems: Mapping CHWs and front-line health facilities in Niger



(UNICEF, 2015). Boundaries depicted do not imply endorsement by UNICEF or the United Nations. Source: 2013 Census of CS and CSI (UNICEF / INS / MOH); worldpop.org NER14adjv1

Best / promising practices

- Integrate with and build on existing national HMIS
  - Mobilize high level political support within MOH and among partners
  - Prepare for the “windows of opportunity” (e.g. HMIS reform / revision
  - Get a seat at the HMIS TWG
  - Support coordinated support to CHIS and HMIS
  - Avoid parallel systems, including donor-specific or vertical program registers, and fragmented mHealth solutions

Best / promising practices

- Focus on the needs of end-users and design to meet those needs
- Support standards-based interoperability of HMIS sub-systems
- Reduce indicators to the minimum necessary (e.g. the 12)
- Disaggregate facility and CHW data
- Develop dashboards that respond to users needs
- Promote rapid feedback to end-users at all levels, but particularly CHWs and supervisors

Best / promising practices

- Build on existing management practices / structures (e.g. monthly / quarterly review meetings) to promote virtuous cycles of data use and data quality

- Share data beyond the usual suspects in the health sector (e.g. share with civil society, news media) to promote transparency and accountability

For Group Work

Answer the following questions:

1. What are the challenges for M&E within your GF grant?

2. What is your plan for addressing these challenges?

- In your group discuss your GF Scaling up iCCM M&E Plan and opportunities to leverage the M&E funds to strengthen monitoring of iCCM in your country. Give particular attention the following areas:
  - Where are you in the HMIS review / revision cycle? Is there an opportunity during the life of the GF grant to influence HMIS review / revision

  - What activities will you support to strengthen routine HMIS for iCCM (e.g. integrate iCCM data with HMIS; develop indicator and quality standards; disaggregate facility and CHW data; develop dashboards; integrate data from national georeferenced master CHW list; build capacity on use of HMIS; support data use / quality workshops)?

For Group Work

- What activities – complementary to strengthening routine HMIS -- will you undertake (e.g. mapping CHWs and developing a national master CHW list; KAP / coverage surveys)

- What implementation research will you undertake?

Thank you!

Questions?

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