Dear Data Use Net members,

We've had a very rich discussion so far – thank you so much to those who took the time to submit a post. As a reminder for other readers, while we ask for your name and organization, you are also welcome to submit your thoughts/ideas anonymously. This is the last day of the discussion forum, and we very much want to have as much participation as possible on this final day, so here's day 5's question…

Day 5 Discussion Question

Based on the discussion forum this week, what do you think you'll do differently to encourage data use at the CBO level? What are some concrete steps you as an individual can take? What are steps that you might recommend to others such as CBO leadership, donors, governmental partners, and international NGOs?

Day 4 Discussion Summary

Below is a summary of the discussion posts along with our comments and insights from the discussion readings. For the individual posts, scroll down past the summary. As a reminder, the Day 4 discussion question was,

What experiences do you have in linking CBO data systems (e.g., CBIS) with national systems? To what extent do CBOs and the Federal or Sub-national level agencies ensure all data sources are considered when making programmatic decisions? Please provide specific examples.

Mary from Kenya wrote in to tell about the workshop she attended in Kenya, organized by the Association of Health NGOs in Kenya (HENNET) in 2009. During that workshop, there were discussions about setting up a health portal where health information could be shared within and between organizations working within the health sector in Kenya. Do any Data Use Net members have an update on the outcome of this workshop? Perhaps Steven or Okiya can comment on this?

Tariq's post provided some great insight on several aspects of linking community based systems to clinic based systems and linking civil society systems to government systems. He raises the following challenges:

- linking data from CBOs working on non-clinical multi-sectoral HIV/AIDS response into the national system.
- while data from other CBOs can be transmitted to the national level, one issue they have encountered is who at the community level will be responsible for ensuring all CBOs are reporting in a timely and complete manner.
- reporting of CBOs is complicated when they are supported by large international NGOs. In these cases, the CBO typically reports to the funding organization and it is not captured in the national information system.

We agree that linking CBO information to the government system is complicated by international NGOs that report to (HIV) donors only or provide a copy of the donor report to the MOH (National AIDS Programme.) It is incumbent upon donors to require and develop systems that ensure international NGOS (and their subcontracted local CBOs) are required to share relevant information with partners at

every level – health facilities, other CBOs, district and national level. These reports should follow national guidelines including indicators, reporting cycles, and information systems where possible.

Some countries are experimenting with district level health committees to facilitate coordination among all entities providing health services in a district. The goal of these committees is to link public, private, international and community level agencies to ensure a coordinated approach to health service delivery. The committees also serve as a vehicle for the local community to take part in the decision making around the provision of health services in their communities. The can demand that data be reported through the committee so that they can hold the purveyors of health services accountability to serving the needs of the community. The committees are usually chaired by the district mayor or equivalent. This model could prove useful for addressing many of the data use challenges facing CBOs. Has anyone had an experience with district health committees or working with international NGOs that have shared information with CBOs that has led to data use?

One of the readings [by MEASURE Evaluation] posted for this discussion, Strengthening Health Service Delivery by Community-Based Organizations: The Role of Data, presents six different case studies on challenges CBOs encounter with data use. One of the challenges some of the organizations noted is that CBO data may be shared with the MOH (going up the chain), but not with other CBOs in the community. The sharing of data collected by CBOs within a geographic area is an important strategy for providing relevant information for CBOs. When the information comes down the chain (from the MOH to the CBO), some of the case study organizations indicated that national RHIS data are not readily available – this access to health information sources, that at times the CBOs help populate, is a barrier. Has anyone facilitated a workshop with CBOs on presenting some of the RHIS data? How about providing an opportunity to share data among CBOs in a given geographic region?

Tariq provides a poignant example of how an integrated system that aggregates data at the community level can also present challenges to using data at the CBO level,

> *However, with this change [FMOH decided to tag 5-6 Health Posts and the Health Center in the neighborhood as one Primary Health Care Unit], there is a decision to aggregate the reports from the 5-6 Health Posts (HP) and the mother Health Center (HC) together and send one single report to the districts. This is done to reduce the amount of data elements transmitted to the Regional & Federal levels, however, blurring the picture of what's happening at the community level. We are negotiating with the government to find out options to maintain the link between regional and community levels thereby allowing disaggregated HP/HC reports from the Health Center to reach the district office where electronic data entry can take place; once that can happen, data is available to all administrative levels.*

When data are reported and aggregated up, we also need to think about when it comes back down the system, there is a need to disaggregate the data so it is relevant and useful to the end user. Does anyone else have examples for how data are disaggregated at the CBO level and how that has led to using information for policy or programmatic decisions?

Another way to think about what Tariq said is that this decision to create a centralized, electronic system may have been an attempt to reduce reporting burden at every level, but perhaps there was not adequate consideration of local information needs and community-based involvement in developing the system, the system may actually have created a new problem. We know that many CBOs collect data to report it to funders and allocate for additional funding, but this is not an ideal system. The ideal system collects information that can help answer important questions for its users.

In the reading by Sussman et al., Beyond Accountability: Harnessing the Power of M&E to Improve OVC Programming, the authors present the work of the Firelight Foundation that emphasized building local organizations' ability and confidence to monitor and evaluate their own work, rather than reporting data for the Foundation. This Foundation specifically guides the organizations they fund to collect information that answers the following questions:

- What are we trying to achieve?
- Where do we want to get to?
- How are we going to get there?
- What do we expect to happen along the way?
- How do we know we are on the right road?

Finally, a newly posted article [available at http://goo.gl/zJysj] by Tolentino and colleagues [Linking Primary Care Information Systems and Public Health Vertical Programs in the Philippines: An Open-source Experience] describes the development and implementation of a Community Based Health Information Tracking System (CHITS) Project in the Philippines. While the example is not specific to CBOs but rather to community health centers, there are some excellent points and lessons learned about the development of the system that are applicable to CBOs. The focus is not explicitly on use of data, but instead designing a system relevant to the end-users. One of their key lessons learned was,

> *By paying close attention to health center culture and immersing ourselves in the end-user's social context, we captured an accurate model of their organizational and personal realities, and were able to gain insight into their needs and requirements. We then applied these insights, together with the health center information and data model…these insights were also applied to the design of a certificate management course*

Finally, one of activities they undertook was to carry out integration of data collection of the different vertical health programs. They reviewed all of the forms and logbooks for various programs and mapped out intersecting and unique data elements for each program. This activity speaks to an earlier post by Tariq yesterday about the volumes of data available to CBOs. It seems a process such as this helps CBOs sift through the various data collection instruments and prioritize those most relevant and eliminating duplication.

Thanks for the interesting discussions I have read from other members.
I am **Mary an Independent Consultant in Nairobi, Kenya.**

I actually participated in a workshop that was aimed at sharing information on the setting up of health portal where health information can be shared within and between organisations working within the health sector in Kenya. This was at a meeting organised by the association of health NGOs in Kenya (HENNET) some time back in 2009. The fact that such a meeting was taking place showed that there is need for information sharing; and indeed in Kenya, the Sector Wide Approaches (SWAP) in the social sector all aim at ensuring all stakeholder work together through the health program priority settting; identification of interventions and sharing of results and outcomes.

Although am not quite sure how the post workshop processes went; this would be an ideal starting point for increasing demand for data use. If the organisations working within the sector (HENNET has membership from CBOs, FBOs and NGOs) actually have a central meeting point or data bank if you may; then all information relating to a theme or topic is dumped in there, and members are also encouraged to share experiences through the same forum; then we may at least see an increase in demand for data. It may be for purposes of sharing 'best practices' or simply for benchmarking with peers in the sector.

Such initiatives if encouraged, will go a long way in building the culture of using information for decision making.

Tariq Azim
USAID HMIS Scale-up Project (JSI / MEASURE Evaluation) Ethiopia

The need to link CBIS with national system is well appreciated.
However, there can be some policy decisions or data management issues that can affect that linkage. For example, here is Ethiopia the FMOH is scaling up HMIS which captures data from each Health Posts. Accordingly, the project designed an electronic application (eHMIS) that allows individual Health Post data to be entered electronically and preserved in the eHMIS. This was helpful in identifying individual Health Post level performance against expectations or district average and over time. Very recently FMOH decided to tag 5-6 Health Posts and the Health Center in the neighborhood as one Primary Health Care Unit.
This is seen as a very good and rational move so that the Health Center becomes the mother institution for the health posts. However, with this change, there is a decision to aggregate the reports from the 5-6 Health Posts (HP) and the mother Health Center (HC) together and send one single report to the districts. This is done to reduce the amount of data elements transmitted to the Regional & Federal levels, however, blurring the picture of what's happening at the community level. We are negotiating with the government to find out options to maintain the link between regional and community levels thereby allowing disaggregated HP/HC reports from the Health Center to reach the district office where electronic data entry can take place; once that can happen, data is available to all administrative levels.

Another challenging experience we have is in linking CBOs working on non-clinical multi-sectoral HIV/AIDS response into national system.
Design-wise the information system supports data transmission to the national level through various administrative tiers. However, one simple management barrier is who at the community level will coordinate with all the CBOs to ensure timely and complete reporting.
Various options are being tried out like making the village (kebele) HIV/AIDS Committee or the Health Extension Worker (HEW) responsible for that but without any definitive choice available. The situation is complicated by the fact that there are many CBOs who are supported by larger/International NGOs; these CBOs tend to report to their funding organizations and thus are not linked with the mainstream national information system.