Use of Community Health Data for Shared Accountability

The dissemination and use of data generated by a routine health information system (RHIS) have traditionally been limited to the health system. The community is not typically viewed as part of the health system and is not seen as a consumer or user of health data. As a result, the community is disengaged and does not play an active role in improving its own health status, the health system, and the data the system generates; and the health system is not held accountable to the community it serves. Because the community is considered to be outside the health system, interventions to promote community involvement are seen as externally driven, and do not succeed in establishing community leadership and ownership. Ownership requires taking responsibility and with that comes accountability: i.e., committing to decisions and/or actions and holding oneself answerable for those actions and their consequences (Brinkerhoff, 2003). In the case of health, both the health system and the community have important roles to play and, therefore, both have shared accountability for ensuring or contributing to the improvement and/or maintenance of the health of the community. As such, the emphasis of shared accountability has the following targets:

1. Accountability for information sharing
2. Performance accountability (Corrigan, 2015)

Two-way sharing and use of health data for decisions and actions are the vital ingredients for joint accountability for health at the community level. A framework of shared accountability is proposed (pictured above) for (1) making good-quality health data available and accessible; and (2) committing to and taking actions to improve the quality of health services and the achievement of performance goals.

Purpose

MEASURE Evaluation, funded by the United States Agency for International Development (USAID), developed guidance for use by country ministries of health (MOHs), local government, nongovernmental organizations (NGOs), civil society, and community leaders to foster community engagement and shared accountability for monitoring and responding to significant health events and concerns (e.g., pregnancies,

Conceptual framework for a health system's shared accountability for data use at the community level
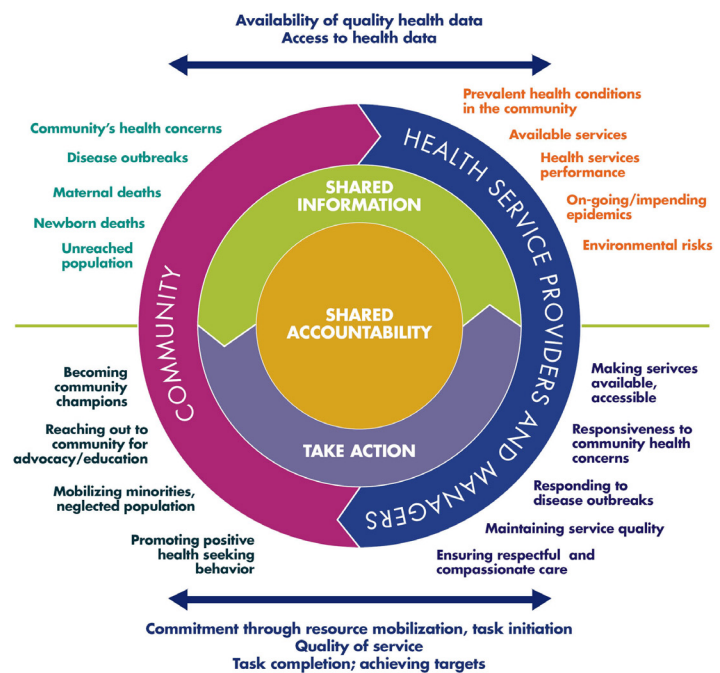
maternal and neonatal deaths, and epidemics). It is available here: https://www.measureevaluation.org/our-work/data-demand-and-use/useofcommunityhealthdata. That document takes a community-centric approach, whereby the community determines its own higher-priority health concerns and actions, in line with the principles of achieving the United Nations Sustainable Development Goals for health (United Nations, 2015). It draws from a variety of experiences and examples of community-level data collection, presentation, and use for taking action.

The document offers a matrix (see the table on the next page) to display the degree of shared accountability. It also offers a scorecard for shared community–health system accountability for data use and actions, which can be used to help monitor the level of engagement of the health system (including the private health sector) and the community in sharing information and taking relevant actions (see Table 2 in the document).

Matrix for qualitative monitoring of a community forum for shared accountability for health data

Green = desired performance Yellow = acceptable performance Pink = unfavorable situation		**Health System**	
		Shared Information	Took Actions
Community	Shared Information	Both the health system and the community shared information	The community provided information; the health system acted on it (health system's engagement).
	Took Actions	The health system shared information; the community acted on it (community engagement in taking action).	No information was shared, but both the health system and the community acted on their own.

Community meeting at a health post. Photo: Binyam Chakilu Tilahun of University of Gondar, Ethiopia

To establish a culture of shared accountability, the use of an existing forum at the community level that has wide membership from the community and the health system is proposed. Through mutual understanding and consensus, the mandate of the existing community-level forum is expanded to take on the role of "shared accountability for health at the community level." The basic principles driving the process of shared accountability are that the community takes the leadership role; the community and the health system mutually decide on the health priorities and voluntarily assign themselves responsibilities for addressing those priorities; and the community and the health system practice transparency and open sharing of data while ensuring privacy and security.

There are many cases of communities and the health system coming together to respond to specific challenges. They serve as examples to build on the culture of shared accountability through information sharing and commitments. Some of the cases relating to specific health needs are:

• **Disease epidemics:** The Ebola crisis in Liberia showed how sharing responsibilities and working in collaboration with the community helped frame and implement guidelines on safe yet dignified burials of Ebola victims, which became government policy at the end of 2014.

• **Community-based maternal death surveillance** in Ghana and Malawi are examples of how communities and health facility staff worked together to investigate and respond to maternal deaths occurring in communities and at health facilities.

• **Community-based tuberculosis/directly observed treatment, short course** in Mozambique and Uganda uses community volunteers chosen by the TB patients themselves to supervise the daily intake of medicines. The health system provides support (supply of medicine, follow-up, and adherence support).

To promote a culture of shared accountability through the shared use of health data, support from the MOH, local government, NGOs, and civil society is required, as is building capacity for data use by community members and health system staff.