

Conceptual Framework for Community-Based HIV Program Data Demand and Use

There is increased emphasis on the use of information for decision making at the community level. Information is collected at the community level for programmatic monitoring; measuring performance against targets; determining coverage; facilitating casework management; and informing adjustments in resource allocation, staffing, and service delivery. The determinants of data use include the technical aspects of data processes and tools; the behavior of individuals who produce or use data; and the system or organizational contexts that support data collection, availability, and use.

Community workers often cite the difficulty of managing the burden of data collection and data use in addition to providing HIV and related services that meet quality standards. Feedback mechanisms are often incomplete and piecemeal, resulting in minimized performance management and reduced incentive to use data to inform community-based HIV services. Decisions are often made without evidence at this level, because of insufficient capacity to interpret data, unmet information needs, poor infrastructure that prevents access, poor data quality, time and motivational constraints, and a system-wide failure to foster understanding of the utility of the data among the workers who collect them.

Subnational-level staff should use data to assess community worker performance and plan supportive supervision, mentorship, and coaching, but they lack time, technical capacity, or incentive to use the data they collect. To ensure data use for decision making, these local-level change agents need more opportunities to discuss these data. To adequately monitor the epidemic, programs must

focus on building local staff capacity to use databases and information products and interpret results.

Efforts to strengthen health systems should undergo the following modifications: data collection procedures should be reduced, indicators should be harmonized, annual reviews of the maintenance of the health information system should be conducted, databases and data systems should be integrated and harmonized, and data management processes and systems should be designed and maintained based on community agent needs and feedback.

The conceptual framework below outlines a strategy for instilling a culture of data demand and use into community-based HIV programs globally, in line with user needs. This framework for data demand and use demonstrates the clear linkages between the use of data, the quality of data, part of the data validation process, and information needs—consistent with national health and social service system targets and goals for controlling the HIV epidemic. When community-based decision makers have positive experiences accessing needed information and interpreting results, and increased ownership and involvement through the systems design and maintenance process, they will be more committed to using data to make decisions, which will improve accountability. They will plan and implement activities and allocate resources for community-based HIV programs, based on sound evidence. This can lead to improved health system performance and health outcomes, such as reduced HIV incidence.

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