Kwale Community Health Programme Introducing DHIS-2 tracker in Monitoring and Measuring Impact

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Outline of Presentation

♦ Introduction

♦ Kenyan community health strategy

♦ Reporting from the community units

♦ The DHIS2 Tracker App

♦ Achievement so far

♦ Challenges

♦ Way forward

Kenya Community Health Strategy

- Focus on prevention and health promotion, and treatment of simple ailments in the community
  - Reduce disease burden in health facilities
  - Improve quality of life
- Community engagement in managing and monitoring of services in the villages

Kenya Community Health Strategy

- The strategy establishes Community Health Units (CHU) each serving 5,000 people

- Each CHU is linked to a health facility where reports are taken and commodities picked

- Well-trained Community Health Volunteers (CHVs) provide health promotion through CHU

- The CHVs are supervised by Community Health Assistants (CHA), employed by MOH, working in the health facility

# Data for decision-making

- Data collection by CHVs
  - Household surveys
  - Reports home visits
  - Reports interventions
- Data analysis by CHAs and County Health Management Teams
  - Priority setting for action
- Data now paper based, aggregated at County level in DHIS2 software system

Mobile Solution

♦ Growing interest in utilizing Smart Phones and Android Apps

♦ How can we utilize mobile phones for feedback and information dissemination to health managers on key health indicators, geographical comparisons and community health trends over time?

DHIS2 Tracker Implementations

♦ Extension of DHIS2

– Tracker is a new data model

♦ CHVs collect information and enter in mobile phone

♦ Collect data offline and sync data by wifi

♦ Synchronize data with DHIS2 server
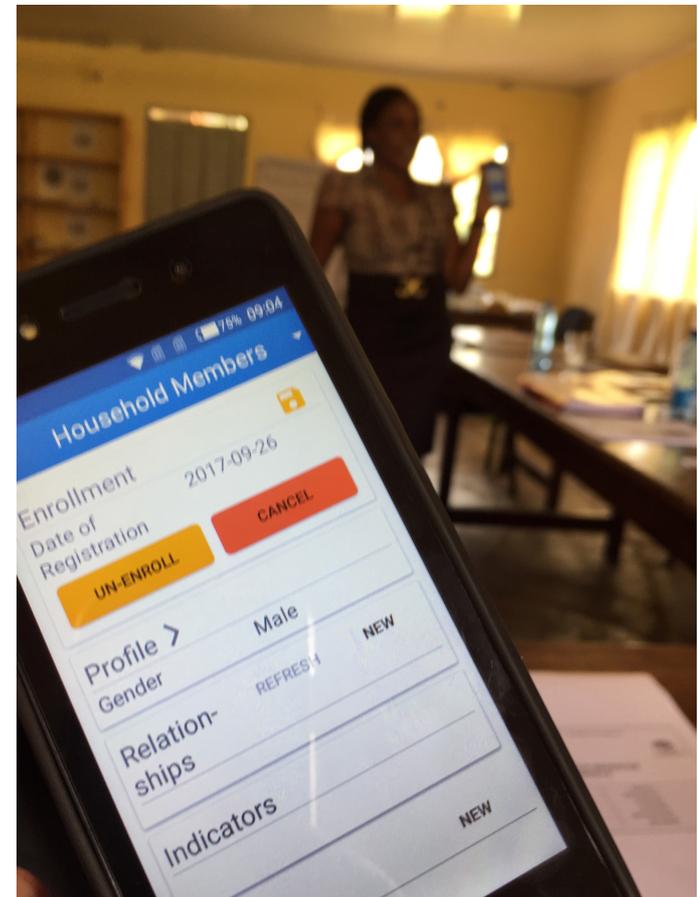
Kwale community Health Project

- ♦ Training of CHVs and CHUs done
- ♦ Bicycles and other kits, allowances provided
- ♦ Household registration performed

Enter text

Access to safe water

○ Yes ○ No

Household using treated water

○ Yes ○ No

Household has a functional latrine in use

○ Yes ○ No

Household with hand washing facilities

○ Yes ○ No

UP ⬆

Achievements

- ♦ 12 CHUs trained
  - 120 CHVs received phones
- ♦ More than 1,000 householders surveyed
- ♦ Data aggregation started

Challenges

♦ Limits on infrastructure

– like electricity, internet access, roads.

♦ Smart phones

– People used to simple phones, Limited technical knowledge, support far away

– Security risks of the phones

♦ Culture of using information for decisions

♦ Model for data collection

– Workload for volunteers

Way Forward

- ♦ Experiment data collection and data analysis

- ♦ Monitor the process of introduction of DHIS2-tracker carefully
  - – Lessons learned before expansion to other communities (reach 150,000 people in 2018)

- ♦ Link data from Tracker to facility data
  - – Analysis of disease trends, impact of prevention, health seeking behaviour

Conclusion

- Mobile technology has proven to be leapfrog development in Africa
  - Using mobile phone for payment as example

- DHIS2 software as open source software with contributions from over 50 countries has potential to deliver

- Culture of using data for decision could be major limitation in using it effectively

Thank You