# District.Team : an action-research for another mobilization of health district management teams

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## The CoP Health Service Delivery

Since 2009, working with…

- More than 1400 experts
- From 78 countries
- Diversity : health staff, Universities, NGOs, governments, civil societies, …

…on health district issues

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## Our motivations

- Sub-Saharan African health systems remain weak
- High avoidable morbidity and mortality
- Many recurrent outbreaks: measles, yellow fever, cholera, Ebola, …
- Results of 2 CoP HSD conferences are guiding our actions

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## Dakar regional conference on Health district (2013)

- Since Harare (1987): many changes in Africa
- Local health systems performance: still low
- The **health district** : remains a valid strategy, but needs for a **renewed vision** to improve primary health care
  - Health district: to be a **learning system**
  - **12 priorities** for better performing health districts in Africa were proposed
    - **ICT - The power of ICT to enhance governance and accountability, equity, effectiveness and efficiency of local health systems**

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# Cotonou workshop on Health Information Systems (2015)

**Inputs**

- HIS: designed for the purpose of the central level
- Decentralized level rarely involved in the design of HIS: what? Why?
- Multiple and fragmented tools

**Processes**

- Central level: a data pulling system, Little feedback
- Decision-making not valued (**focus on promptness and completeness of data**)
- Non-health actors disconnected (**lack of collective intelligence**)

**Outcomes**

- Poor data quality
- Little use of information for decision-making

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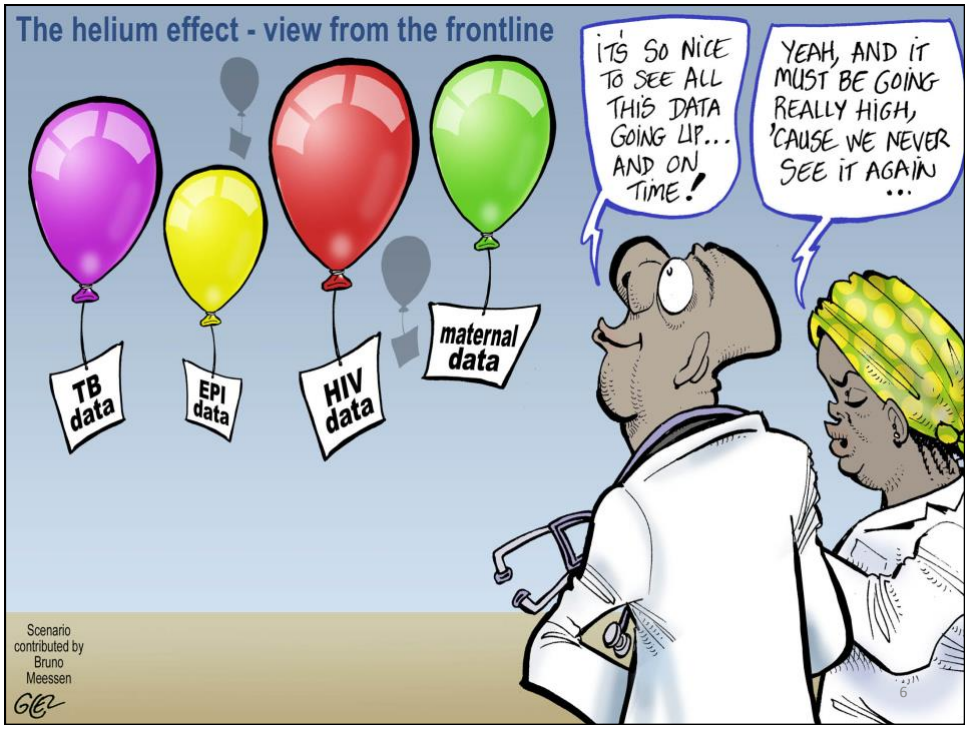


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## Hypothesis

- **[ICTs tools + visualised data + peer-to-peer exchange]** could be used to increase mobilization of DMO for better performing local health systems

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## Key points of the program theory

- Smart participatory data collection
- Data visualization
- A national discussion forum empowers local actors in taking action

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## Key points of the program theory

- Mobilizing different categories of actors and competencies leads to the improved health system performance
- A flexible, context-relevant data collection, analysis and visualization system improves the motivation of DHMTs to use data for action
- A benchmarking of performance would improve priority setting and decision-making

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# Implementation

- 2 countries: Benin and Guinea
- 3 research centres in Benin, Belgium and Guinea
- 1 startup (technology)
- Support: UNICEF WCARO
- Focus on disease outbreaks but on other health priorities (maternal and child health, health financing…)

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# District.team


## Online district capacity assessment

- Assessment of district capacity on a specific health issue
- A checklist validated by the project team
- Devlopment of an online data collection form (Google form)
- Flexible content, adaptable to emergent and bottom-up needs

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## Online district capacity assessment

- Four rounds of district assessment carried out
  - 3 transversal topics in Benin and Guinea: District capacity, human ressources, and outbreak response
  - Results-based financing in Benin
  - Maternal health (obstetrical fistulae in Guinea)
- Participation of district health management team > 80%

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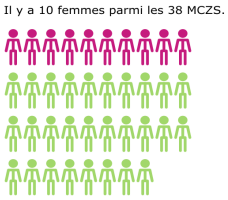
# Timely online data visualization

Guinée - Sexe des Médecins Coordonnateurs




http://guinee.district.team/

From simple visualizations…

Bénin - Sexe des Médecins Coordonnateurs


http://benin.district.team/

.com (P. Massat)

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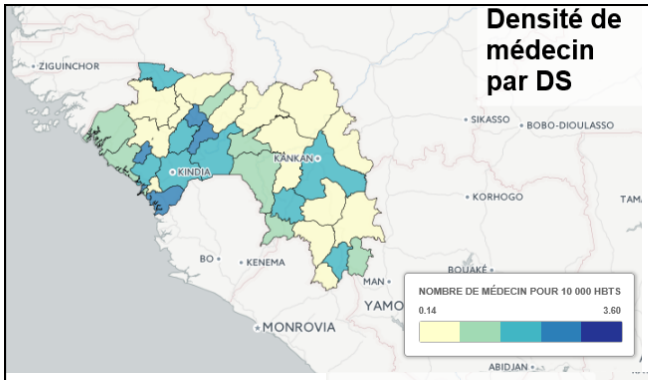
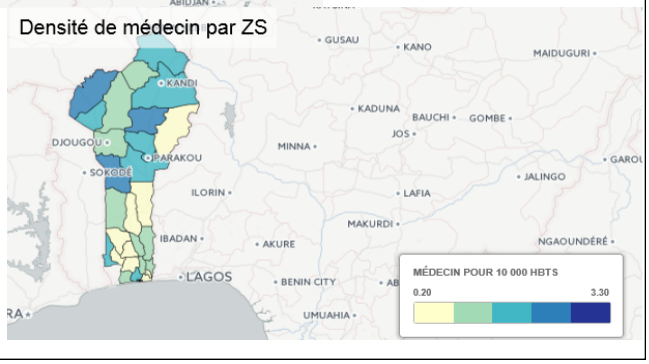
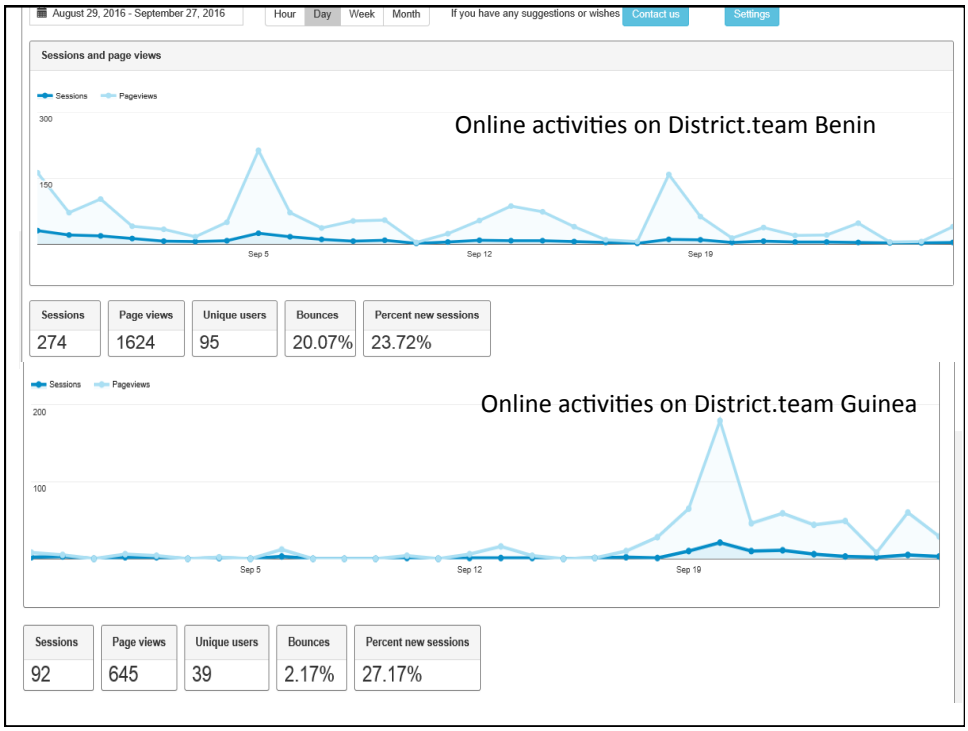



Guinea

… to more elaborated




Benin




# Participation

| Some key indicators | Benin | Guinea (Conakry) |
|---|---|---|
| Online data collection | Round 1: 29/34 (85%)<br>Round 2: 29/34<br>Round 3: RBF<br>Round 4: Ongoing | 34/38 (95%)<br>36/38 (90%)<br>Round 3: Maternal health, ongoing |
| | ROUND 2 | |
| Delay in data collection | 24 days | 35 days |
| Visits on the forum | 12/34 (35%) | 18 (45%) |
| Pages viewed | 502 | 50 |
| New visitors | 24 | 22 |
| Number of sessions | 71 | 5 |
| Number of Commentaries | 3 on the online forum, 34 on the publications<br>Round 3: 19 | 0 on the forum, 3 sur les publications<br>Round 3: 12 |

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# Key lessons

- Some potential to mobilize district health management teams using online tools
- Bureaucratic barriers still exist
- There are logistic issues such as internet, electricity in sub-Saharan African health districts
- Need for improving voicing from district medical officers: fear to react online, normative discourse

Benin +?

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# A Facebook page: Saga Santé


http://www.facebook.com/sagasante/

- Inform & sensitize, kill rumors
- Collect beneficiary views
- Build community leadership

- More than 13000 like
- Posts on public health issues
- Some posts: > 100000 views

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## Perspectives

- In a few months, to aggregate the pieces of the puzzle
  - Sharing health district data with a more larger public: local authorities, regional and central levels staff, funding agencies
  - Identifying population perception on specific health issues to help for adapting the response
- District.team
  - Can be used to generate rapid collective learning on any health issue
  - Applicable even in remote areas
  - Is a benchmarking strategy for collective health system improvement
  - Can be implemented in all district-based health system

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# Thank you

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