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
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

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
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 fragmentated 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
Hypothesis

• [ICTs tools + visualised data + peer-to-peer exchange] could be used to increase mobilization of DMO for better performing local health systems
Key points of the program theory

• Smart participatory data collection

• Data visualization

• A national discussion forum empowers local actors in taking action

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
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...)

District.team

Mobilisation 2.0 des équipes cadres de district

DÉPARTEMENT

Mobilisation 2.0 des équipes cadres de district

DÉPARTEMENT
Online district capacity assessment

• Assessment of district capacity on a specific health issue

• A checklist validated by the project team

• Development of an online data collection form (Google form)
  ● Flexible content, adaptable to emergent and bottom-up needs

Online district capacity assessment

• Four rounds of district assessment carried out

  – 3 transversal topics in Benin and Guinea: District capacity, human resources, and outbreak response
  – Results-based financing in Benin
  – Maternal health (obstetrical fistulae in Guinea)

• Participation of district health management team > 80%
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/

... to more elaborated
**Participation**

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

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
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

Thank you