

POLICY BRIEF

Harnessing the Use of Data and Technology for Enhanced Community- Led Monitoring and Accountability Tracking

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Supported By



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Introduction

The current clarion call to place communities at the center of disease response and investments in community systems strengthening is part of a growing recognition that communities play a critical role in health outcomes. The COVID-19 pandemic has shown the importance of community engagement and community-led responses in preventing and controlling the spread of infectious diseases.

The global campaign, 'Communities Making a Difference,' launched in 2019 through UNAIDS is aimed at mobilising resources and support for community-led responses to health crises. It emphasises the need to invest in community systems strengthening, which involves building the capacity of communities to respond to health challenges. This includes developing community-based surveillance systems, enhancing community health worker programmes, and supporting community-led interventions. By empowering communities to take charge of their health, we can create more resilient and effective health systems that are better equipped to respond to emerging health threats.

Moreover, community-led responses are critical in addressing health inequities and ensuring that health services reach the most marginalised and vulnerable populations. By placing communities at the center of disease response, we can ensure that health interventions are tailored to the

specific needs of each community and are grounded in a deep understanding of local contexts and cultures.

In this regard, communities have a firm stance when it comes to Community-Led Monitoring (CLM) and Accountability Tracking (AT) with Governments and Civil Society Organisations (CSOs) bearing a role to train and equip communities with relevant skills. Covid-19 presented a shock and wake-up call to governments, CSOs, and development partners on the need to leverage data and technology to enhance CLM and AT. Many restrictions were imposed, and those responsible for providing accurate and up-to-date data were faced with a dilemma due to the lack of appropriate technologies and outdated data harvesting systems. This posed a significant challenge in obtaining the necessary information needed for urgent reaction and action.

In resource-limited settings such as Zimbabwe, where healthcare systems are weak, the contribution of communities in monitoring healthcare and holding healthcare providers and governments accountable for meeting their needs is critical. In such settings, healthcare services are often inadequate, and healthcare providers often lack the necessary resources, training, and support to deliver quality care. . Additionally, corruption and mismanagement can

result in resources being misused or diverted, further compromising the delivery of healthcare services¹.

In this context, community monitoring and accountability mechanisms can play a crucial role in improving the quality and accessibility of healthcare services. Communities can act as overseers, monitoring the provision of healthcare services and holding healthcare providers and governments accountable for meeting their needs. This can include tracking the availability of drugs, medical supplies, and equipment; assessing the quality of care provided; and reporting instances of corruption or mismanagement.

Moreover, community monitoring and accountability can contribute to building trust between healthcare providers and communities, which is essential for ensuring the effective delivery of healthcare services. When communities are empowered to monitor healthcare and hold healthcare providers and governments accountable, they are more likely to engage in healthcare-seeking behaviours and comply with treatment regimens.

While CLM has the potential to improve the quality and accessibility of healthcare services in Zimbabwe, its potential has not

been fully realised. Several factors contribute to this, including the country's lack of domestic health financing², over-reliance on donor funding, limited capacity, lack of adequate resources, and limited community participation among others.

What is Community-Led Monitoring and Accountability Tracking?

Community-Led Monitoring refers to independent accountability mechanisms that are designed, led, and implemented by local community-led organisations that work in close relation with the users or recipients of care and key and vulnerable populations³. In the Zimbabwean context, community-led organisations refer to Civil Society Organisations (CSOs), Community-Based Organisations (CBOs), peer educators, communities of people affected by diseases, Village Health Workers (VHW), and Community Cadres. Through CLM, recipients of healthcare and other local community members use systematic ways of capturing experiences and levels of satisfaction through structured data collection and analysis to produce evidence-based recommendations for improved Accessibility, Affordability, and Quality (AAQ), and the impact of health programmes and services.

1 BBC News Africa, 2020. Hopewell Chin'ono: Whistle-blowing Zimbabwean journalist arrested. Available at: <https://www.bbc.com/news/world-africa-53477423>

2 Mhazo, A.T., Maponga, C.C. The political economy of health financing reforms in Zimbabwe: a scoping review. *Int J Equity Health* 21, 42 (2022). <https://doi.org/10.1186/s12939-022-01646-z>

3 The Global Fund, 2022. Technical Brief: Community Systems Strengthening. https://www.theglobalfund.org/media/4790/core_communitysystems_technicalbrief_en.pdf

CLM builds evidence on what works well, what is not working, and what needs to be improved, with suggestions for targeted action to improve outcomes. Thus, through the CLM process, CBOs and key population groups increase their technical capacity to gather, analyse, secure, use, and own data. The collected data complement local and national monitoring and provide key information to fill critical gaps in the decision-making, policy formation, and implementation that lead to evidence-informed action to improve service delivery. More importantly, the information from CLM is often used as evidence to inform advocacy at multiple levels for health systems strengthening.

AT in health systems enables organisations to better monitor, manage, and evaluate the performance of providers, staff, and other healthcare personnel. It is an important element of patient care that can help ensure that care is being provided effectively and efficiently. The AT system also provides valuable data that can be used to identify areas of improvement and increase focus on certain areas.

What is Data and Technology?

Data and technology are the core components of the modern interconnected lives we live today. Data represents an aggregation of information that is collected and used to form structured insights⁴. Data can come in a variety of forms including numerical and textual information such as

age, gender, and address. It can also be in the form of images and videos, as well as audio recordings. This data is collected, cleaned, formatted, and then stored in a structured form known as a database. Once data is stored, it can be processed and analysed. This enables us to build insights and create notifications from this information.

Technology, on the other hand, is the practical application of scientific knowledge, especially in industry or commerce⁵. This definition highlights the key role that technology plays in modern society, where it is used to create new products, improve efficiency, and enhance communication and collaboration. Technology is a key driver of social change, shaping our lives and the way we interact with the world around us. From the earliest tools of human civilisation to the latest digital innovations, technology has played a central role in human progress and development⁶.

Data and technology can have an immense and pervasive impact on our lives. Mobile devices have allowed us to remain connected at an unprecedented scale. Data-driven insights can inform and shape our opinions, and in some cases, have encouraged people to access help if needed. Technology enabled us to communicate more effectively and has made information more accessible than ever before.

4 TechTarget, 2023. Definition Data. <https://www.techtarget.com/searchdatamanagement/definition/data>

5 Oxford University Press. (n.d.). Technology. In Oxford English Dictionary. Retrieved March 16, 2023, from <https://www.oed.com/view/Entry/200421>

6 Bimber, B. (2014). The politics of expertise in technological controversies. In D. D. Herring (Ed.), Handbook of research on literacy and digital technology integration in teacher education (pp. 223-240). IGI Global.

BACKUP Health Project Overview

The National Association of Non-Governmental Organisations (NANGO) in January 2022 commenced the implementation of a project aimed at “enhancing the CSOs coordination and capacity for health systems strengthening” under the BACKUP Health Project with support from GIZ. The BACKUP Health project is an initiative targeted at providing technical assistance to public and civil society partners in implementing and coordinating funds from global financing mechanisms, with the main focus being on the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM). The main objective of the BACKUP Health project is to increase the capacity of government and CSOs to use global financing effectively to strengthen its health systems. Under this project, NANGO identified amongst its members, CBOs who have been engaged as implementing partners using a community-based monitoring approach. A standard framework was developed with standardised tools of data collection which are analysed to identify advocacy priorities on the impact of GF support in Zimbabwe for health systems strengthening. The input from these implementing CBOs informed the contents of this brief alongside other research methodologies employed especially desk review and secondary data analysis. The key findings and monitoring observations gathered through this project

have largely informed and supported the position that the use of community systems and structures is key to elevating the effectiveness of emergency response in developing countries.

Rationale

Actors involved in CLM have emerged naturally, out of a legitimate need for systematic data collection and surveillance to monitor population health and health systems. Generally, without seeking to replace existing epidemiological and surveillance systems, observatories collate data from multiple sources to provide comprehensive overviews that support meaningful data interpretation and consequent national decision-making⁷.

Enhanced CLM stands to result in improved accuracy and timeliness of data. Digital technologies can help in collecting and analysing accurate and timely information about community needs, challenges, and progress. This is critical in ensuring that decisions and actions are based on the most current and reliable data available.

Strengthening community systems by leveraging data technologies can improve transparency and accountability in health systems in communities. Technology can be used to provide transparent and accountable processes by increasing the efficiency of health services,

7 Caiaffa W, Friche A, Dias M, Meireles A, Ignacio C, Prasad A, et al. Developing a conceptual framework of urban health observatories toward integrating research and evidence into urban policy for health and health equity. J Urban Health. 2013;91(1):1–16

improving data collection and analysis, and promoting greater citizen engagement and participation in the health sector, especially in the Zimbabwean context where there are concerns about corruption or mismanagement of resources. By using digital platforms to track and share data, community members can hold their leaders and service providers accountable for their actions.

Leveraging data technologies to enhance CLM and AT can meaningfully contribute to the continuous improvement of health systems in communities. Data and technology can help in tracking progress and identifying areas for improvement, which can guide decision-making and resource allocation. This enables community members and CBOs to continually monitor and evaluate their efforts and adjust their strategies accordingly.

Overall, harnessing the use of data and technology can significantly enhance community-led monitoring and accountability tracking, leading to more effective and efficient service delivery and improved outcomes for communities in Zimbabwe.

Purpose of this Policy Brief

This policy brief attempts to address the following:

1. Explain the significance of data and technology in enhancing CLM and Accountability Tracking.

2. Look at lessons learnt from the BACKUP Health Project and the Covid-19 pandemic and use it to proffer evidence-based recommendations.
3. Offer insights and key recommendations moving forward.

Methodology

This brief is based on information gathered through three methods. The first method included the use of information gathered by monitors from the CBOs. A total of 70 monitors seconded by the implementing partners have been engaged and trained on community-based monitoring. These monitors then administered at least 8 questionnaires and community scorecards to community members in their districts of operation each quarter. The questions were intended to assess different aspects of service provision about GFATM including assessing the significance of the role of community-led structures and CBOs in service provision and disaster response mechanisms. The monitors also participated in quarterly feedback meetings in each region where they provided feedback regarding their experiences. Information was also gathered from engagement meetings with Health Centre Committees (HCCs) who were engaged each quarter in each region to also supplement and corroborate the feedback from the monitors.

The second method of information gathering was based on lessons learnt from observations over time. These were lessons learnt from the response mechanisms employed both during and after Covid-19, as well as the overall emergency response strategies employed in Zimbabwe regularly. Finally, this policy brief employed the use of data captured from an extensive desk review of experiences on the BACKUP Health project and the literature on opportunities and significance of the data and technologies.

Summary of Major Findings

- **Lack of adequate resources:** Investing in digital technologies for CLM can be quite expensive, especially for small CBOs with limited budgets. The initial investment required to set up digital infrastructure can be a significant barrier for many CBOs given the current operating environment for CSOs in Zimbabwe. This includes funding, technical expertise, and equipment such as computers, smartphones, and internet connectivity.
- **Turnaround time:** Turnaround time is the duration between data collection and the availability of results or feedback. It is a crucial aspect of ensuring the timely identification of issues and implementing corrective actions. However, in the BACKUP Health project, monitors would only meet quarterly for feedback meetings. During these meetings, they would share issues identified during the previous quarter. Unfortunately, this approach meant that some of the issues reported may have already been resolved, such as drug stockouts, among others.
- **Administrative costs:** Employing outdated data collection methods resulted in unnecessary administrative costs, such as printing a large number of monitoring tools for use by monitors. Unfortunately, NANGO opted to develop paper-based monitoring tools for the BACKUP Health project, which resulted in increased printing costs for each monitor. This was particularly problematic given that the project had 75 monitors located throughout the country.
- **Confidentiality and privacy:** Ensuring data confidentiality and privacy during data collection is of utmost importance, particularly when dealing with sensitive issues such as HIV/AIDS that demand heightened privacy measures. Hence, the utilisation of paper-based monitoring tools for the BACKUP Health project posed significant risks of privacy invasion and data confidentiality compromise. This is because paper-based systems offer minimal security and privacy protection.
- **Data quality:** The utilisation of paper-based monitoring tools can result in inaccuracies in data collection, recording, and reporting. Human error or inconsistencies in data collection can lead to data loss or misinterpretation. Therefore, the use of paper-based monitoring tools for the BACKUP Health project may have resulted in costly mistakes and errors during data collection by monitors and input of the same data on Google Forms by the NANGO regional coordinators.

- **Limited digital literacy skills:** Effective data collection, analysis, and utilisation can be challenging for many stakeholders, including CBOs, community monitors, and members, who may have limited data literacy skills. This can lead to inconsistencies during data collection, as was experienced during the BACKUP Health project. Some monitors struggled to submit data using Google Forms and had to come up with excuses, resulting in discrepancies and variances that affected data analysis and the production of data visualisations.
- **Political will:** There is a lack of political will and support for CLM and accountability tracking, which hinders the effective implementation of these initiatives. This limited support results in a shortage of resources and assistance. Currently, the country and other actors rely heavily on donor funding, with minimal contributions of their own. Our domestic health financing has been insufficient over the years, with donors providing most of the resources needed within the health sector.

Key Recommendations for Effectively Harnessing Data and Technologies in Enhancing CLM and Accountability Tracking.

Efforts to leverage data and technology to improve CLM and accountability tracking for health must ensure equity at every stage of the process. Data and technology have the potential to revolutionise virtually every aspect of CLM and accountability tracking, yet a comprehensive, forward-thinking effort is needed to ensure that these digital initiatives are being utilised to bridge the gaps in health disparities, formulate, and implement policies that genuinely assist the service.

For the Government:

- **Increase Domestic Financing:** It is crucial to increase domestic health financing and encourage more involvement from local actors. This will not only reduce our dependence on donor funding but also ensure that our health sector is sustainable in the long run. Additionally, the government can allocate financial resources to support community-led monitoring and accountability tracking initiatives, such as providing funding for digital tools and platforms, training, and capacity-building.
- **Invest in digital infrastructure:** The government should invest in digital infrastructure, such as broadband internet connectivity and reliable power supply, to support the use of digital technologies in CLM and accountability tracking. The ability of organisations, communities, and peer monitors to effectively enhance CLM and accountability tracking in health systems depends on the degree to which everyone, everywhere has digital access.
- **Foster collaboration:** The government can foster collaboration among stakeholders, including CSOs, health facilities, and community members, to promote greater coordination and cooperation in monitoring and accountability-tracking efforts. Synergising and coordinating the efforts of health-related programmes at every level and with every stakeholder are needed to move away from an ad hoc approach to the use of a more systematic, strategic, and inclusive process.

- **Establish legal and regulatory frameworks:** The responsible and ethical use of digital technologies in monitoring and accountability tracking is crucial to safeguard privacy and data security. The government should fully operationalise the Cyber and Data Protection Act to ensure that it is effectively implemented. By doing so, we can ensure that digital technologies are used responsibly and ethically and that the privacy and data security of individuals is protected. This will not only benefit individuals but also organizations and the country as a whole.
- **Promote data sharing and transparency:** To enhance accountability and transparency, the government can facilitate data sharing by making health data readily available to community members and CBOs. This approach can promote transparency and accountability, as well as foster a culture of openness and collaboration. By providing access to health data, the government can empower individuals and organisations to make informed decisions and take action to improve health outcomes. This can lead to more effective and efficient healthcare delivery, as well as better health outcomes for all.

For development partners:

- **Provide financial resources:** Development partners can provide financial resources to support the initial development and implementation of digital tools and platforms, capacity building, training, and other initiatives aimed at enhancing health systems.
- **Build capacity:** Development partners can support the development of capacity-building initiatives aimed at building the capacity of community members and CBOs to effectively utilise digital technologies and platforms for monitoring and accountability tracking.
- **Evaluate and measure impact:** Development partners can evaluate and measure the impact of their investments in enhancing CLM and accountability tracking of health systems, which can help to identify best practices and areas for improvement.
- **Encourage innovation:** Development partners can encourage innovation by supporting the development and implementation of new and innovative digital tools and platforms that can help to enhance CLM and accountability tracking of health systems.

For CSOs/CBOs:

- **Build digital literacy skills:** CSOs should build the capacity of community members and CBOs to effectively utilise digital tools and platforms for monitoring and accountability tracking. This can include training on data collection, analysis, and visualisation, as well as on data protection and privacy.
- **Establish partnerships:** CSOs should establish partnerships with tech companies or organisations to leverage their resources and expertise in developing digital tools and platforms for monitoring and accountability tracking to limit reliance on donor funding.
- **Forge genuine partnerships with the private sector.** Many of the shortfalls of data and technologies within the community can be seen as market failures. Through these partnerships, the government and civil society can identify what they need – infrastructure, with the private sector stepping in to collaborate in formulating possible solutions.

- **Mobilise resources.** The potential of data and technologies to enhance CLM and accountability tracking will be fully realised only if sufficient, sustainable funding is mobilised to support data-related activities. In this regard, countries should fully leverage funding opportunities for data innovations and CLM through the GF, whose new strategy prioritises digital innovations and digital capacity-building for HIV, Tuberculosis, Malaria, and general health systems strengthening. Community monitors need to be provided with adequate resources that allow the transmission of near real-time data without delays. They need to be provided with smart gadgets and data for easy collection and submission of quality data.⁴
- **Develop and utilise existing digital tools:** CSOs should develop digital tools and platforms that can help to collect, analyse and share health data. For example, they can develop mobile applications or web-based platforms that allow community members to report health issues or feedback on health services. CSOs must adopt ODK and Kobo collect mobile data collection software in their CLM activities. Additionally, bulk SMS systems and free SSDs codes for recipients of services can be adopted which will allow effective communication between Monitors and Clients.
- **Data visualisation:** CSOs can be used to present complex data sets in an easy-to-understand format. This can help community members to better understand the data and use it to hold governments accountable. CSOs can develop infographics, maps, and charts that highlight key issues and trends. For example, a CSO could develop an infographic that shows the number of citizens who have been affected by corruption within the health sector in Zimbabwe.

Conclusion

CLM has not been fully effective in Zimbabwe and can impact the level of funding from global partners such as the Global Fund (GF) and PEPFAR. Additionally, community and CSOs that effectively monitor and track health systems are seen by potential funders as a measure of transparency and accountability in a country. CLM can improve by adopting and embracing the use of data and technology for the timely collection and submission of health data generated by different facilities to aid decision-making. The recommendations outlined in this analysis can help improve the community and CSOs involvement in monitoring and tracking health systems during the next funding cycle.



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