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USAID'S **REINFORCE BASIC HEALTH SERVICES** PROJECT



Community Leaders Discover **THE POWER OF DATA**

How often do you analyze and really look at data before making a big decision? In Timor-Leste, community leaders and health providers now are doing this, together, on a quarterly basis and it's beginning to make a difference in how they make decisions about improving health services in their communities.

Mrs. Modesta da Silva is a village chief who had participated in these quarterly community planning meetings previously, but had not paid much attention when data was being discussed. "Before, when I attended microplanning, I just focused on the action planning session. I did not pay much attention to the data the health officer was trying to show," she said. It turns out that Mrs. Modesta da Silva had never been taught how to read a graph, which was part of the reason why she did not pay much attention to the data portion of the microplanning meetings.

USAID's Reinforce, a health project implemented by JSI Research & Training Institute, Inc. (JSI), developed an orientation for microplanning participants, including Mrs. Modesta da Silva, on how to read and interpret data and make data-driven decisions.

"Now, it is clear for me," said Mrs. Modesta da Silva. "Before I make a plan to mobilize the community, I have to know the health information of my village and what needs to improve."

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—VILLAGE CHIEF

In partnership with the Ministry of Health (MOH), USAID’s Reinforce is working in Timor-Leste’s Covalima Municipality to develop solutions to ensure that critical health services reach every person in every community. Helping to improve the microplanning process in communities like Mrs. Modesta da Silva’s is one important way the project is doing this.

The microplanning methodology was originally developed by UNICEF and WHO to improve immunization coverage. Microplanning brings together health providers and health users (e.g., community leaders representing community members) on a quarterly basis to analyze, discuss, and use local health data to make decisions that improve health services and the health status of the community.

JSI used microplanning in Timor-Leste in 2012 to increase the number of children nationally who received three doses of the diphtheria, pertussis, and tetanus (DPT3) and measles vaccines. Through USAID’s Reinforce, JSI re-introduced and revitalized microplanning in Covalima in 2015, the same year the project began working in the municipality. Both JSI and the microplanning teams noticed that several factors were hindering the effectiveness of the microplanning process. Therefore, to better meet community needs, JSI undertook a revision of microplanning as part of the revitalization efforts.

Why Was Microplanning Revised?

It wasn’t just the lack of reading and interpreting data, as was the case with Mrs. Modesta da Silva. Some participants also needed more training in how to analyze and use the data to make decisions for planning. The USAID’s Reinforce team knew they needed to better understand these barriers and so they looked into what was and what was not working for microplanning participants.

The team found that the preparation process for the quarterly meetings was too long and too dependent on external support. Participants, especially community leaders, said they did not find the data tables or charts easy to understand; there was too much information to absorb. Follow-up discussions after the quarterly meetings



were often one-way: from community health centers to community leaders and not vice versa. Further, the action plans changed little from month to month, indicating that microplanning teams were not responding to variations in the quarterly data.

USAID’s Reinforce used this information to revise the microplanning process. The updated process not only leveraged what was working, for example bringing community leaders and health workers to use local-level data, but also introduced a root cause analysis process and a simplified process to enable participants to more wholly own it.

How Was Microplanning Revised?

First, the USAID’s Reinforce team streamlined the amount of data participants analyze at each meeting. Microplanning now focuses on indicators in three areas of particular interest to health facilities and communities: immunization, maternal health, and nutrition.

Next, the team created interactive dashboards for each set of indicators. Previously, data was presented in tables and static charts. However, microplanning participants often had trouble understanding and interpreting the data in this format. The new dashboards are more visually appealing and allow users to explore the data in greater detail, e.g., by time, location, and other elements (see Figures 2, 3 and 4).

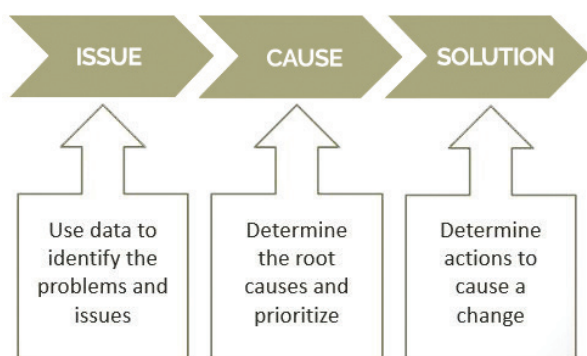
Then the team updated the action planning process and accompanying action plan template. Under the new process, participants first review the previous quarter's activities using current data, which helps them understand whether the activities they implemented made a difference. This also helps participants determine if the activities are complete, need to be continued, or need to be postponed.

Next, participants apply root cause analysis using the current quarter's data to prioritize new actions to be listed on the template. The root cause analysis process involves three steps:

1. Use data to identify the issues
2. Determine the root causes of the problem
3. Determine priority actions to change and create a solution

Previously, solutions clearly weren't working. Root cause analysis seeks to identify the origin of a problem and helps microplanning participants, like Mrs. Modesta da Silva, look deeper to figure out what is causing the problem so that they can agree on workable solutions. It pushes participants to think more about the possible causes behind persistent, recurring problems and develop specific actions to address those causes. For many participants, this was a new way of thinking about and using their data.

FIGURE 1. ROOT CAUSE ANALYSIS PROCESS



Finally, the USAID's Reinforce team developed an orientation to provide participants with the skills they need to conduct microplanning. The orientation covers: (1) understanding data and data-driven decision making (i.e., understanding the distinction between data and information, how data-informed decision-making happens, and what kinds of decisions can be made); (2) interpreting data (i.e., how to interpret different kinds of bar graphs); and (3) root cause analysis (i.e., what root cause analysis means and the three-step process mentioned above).

Through these revisions, the data is a continuous point of reference throughout the entire planning process. Activities require proof in the data to be continued or initiated.

FIGURE 2. IMMUNIZATION

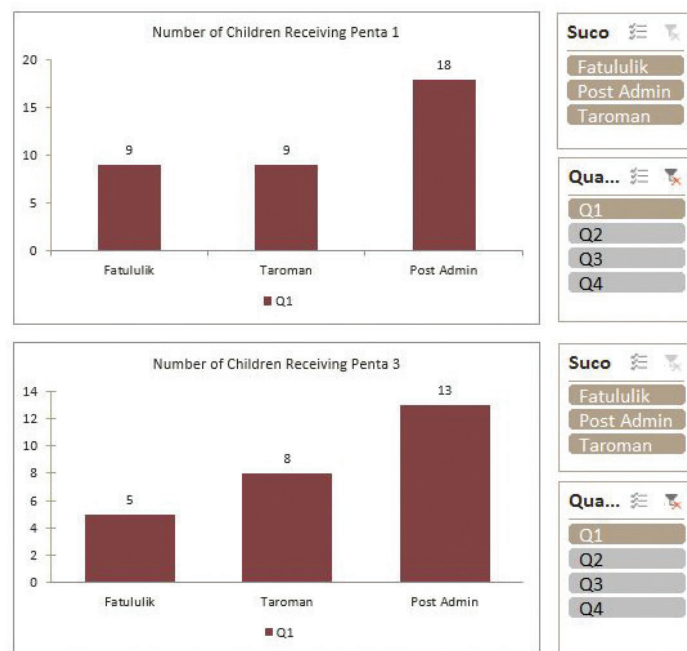


FIGURE 3. % OF <5 CHILDREN WEIGHED

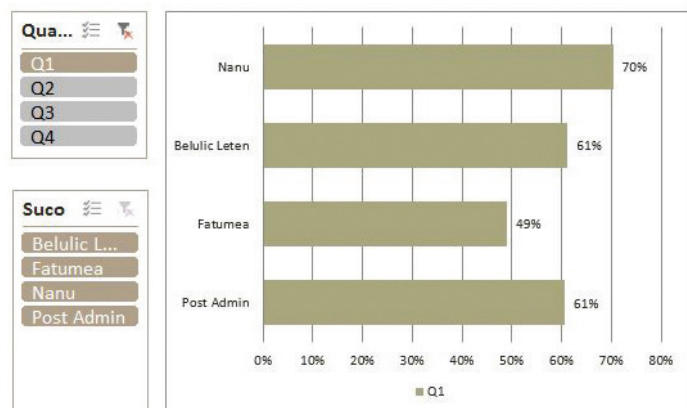
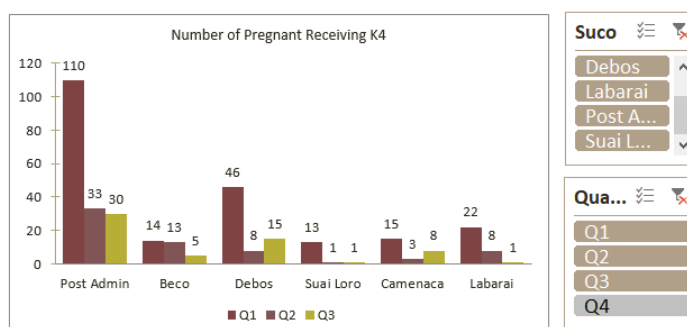


FIGURE 4. NUMBER OF PREGNANT WOMEN RECEIVING K4



A Data Awakening

At the request of the Ministry of Health, USAID's Reinforce conducted a pilot of the microplanning process in two of Covalima's seven administrative posts to determine if any further changes to the process are needed. The pilot included the orientation followed by a full microplanning meeting. Given the success of the pilot, the revised microplanning process has now been rolled out to all seven administrative posts.

The first orientation and microplanning meetings were held in Covalima's Tilomar administrative post in May 2018. Mrs. Modesta da Silva, the village chief, participated in the pilot. In addition to better understanding the causes of the health challenges in her village, she said that understanding the data also helps the microplanning team prioritize which activities need to be implemented first and where.

Similarly, the Tilomar community health center manager felt more engaged in the new microplanning process. He even asked for more indicators to be added to the process because the new dashboard makes it so much easier to monitor service progress on a quarterly basis. "The new microplanning tool is a good [way] to capture our information. I think it is really good how this tool can capture our data and automatically generate our data into graphs," he said.

Microplanning focuses on indicators in three areas of particular interest to health facilities and communities in Covalima: immunization, maternal health, and nutrition.

Moving Forward

Revitalizing the microplanning process in Covalima provided lessons for motivating health workers and community members to want to use data to improve the health of their communities:

- **Good data is not enough.** How data is presented is just as important as having good data. Presenting data in a way that is easy to interpret can make the difference between good data being used or not being used at all.
- **Interpreting data is a learned skill.** Just because data is presented in a "digestible" format does not mean it will be understood. Data interpretation is a learned skill and attention must be given to helping people acquire the skills needed to analyze and understand data.
- **Too much data is not always a good thing.** Many community leaders are not accustomed to reading and using data. Further, anyone inundated with too much data cannot easily distinguish between what is "nice to know" and what is "need to know." Tailoring the amount of data helps users focus on key questions and specific areas for improvement.
- **Microplanning must build in data use.** Having good data does not mean the data will be used. Creating a microplanning process with built-in steps that require data to be analyzed before identifying problems and generating solutions helps ensure data is used as an integrated part of the decision-making process.
- **Microplanning must be flexible.** The tool recognizes that each geographical area is unique and may need to collect and use different data. The dashboards are easily customizable to include different kinds of data.
- **Microplanning must be owned by the government.** To sustain microplanning, USAID's Reinforce developed a transition plan to build the capacity of Ministry of Health staff and community leaders to fully manage microplanning moving forward.