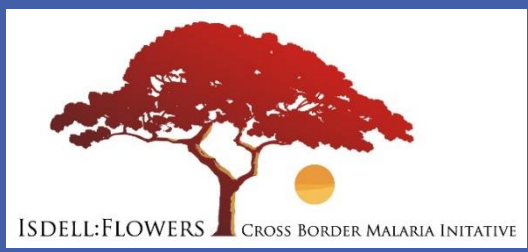


# Data for Action: How standardized, community-based data collection and action planning can inform program prioritization and advocacy efforts

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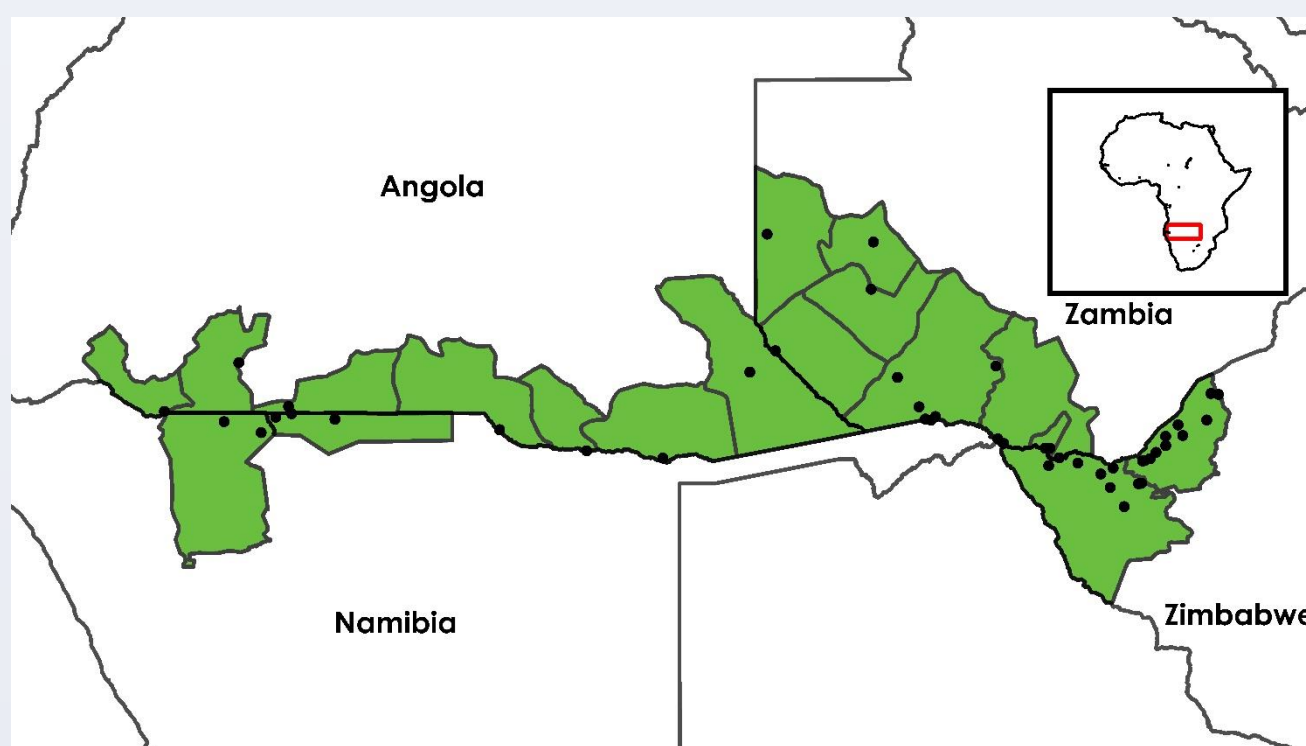
Isdell:Flowers Cross Border Malaria Initiative of the J.C. Flowers Foundation

J.C. FLOWERS FOUNDATION



## BACKGROUND

The Isdell:Flowers Cross Border Malaria Initiative (IFCBMI) of the J.C. Flowers Foundation facilitates community action against malaria within target areas of operation along the shared borders of Zambia, Zimbabwe, Angola, and Namibia by mobilizing approximately 1,700 community malaria volunteers and by equipping influential community leaders, such as clergy, headmen, and teachers, to become malaria advocates within their communities. IFCBMI works in partnership with the Anglican Dioceses of Lusaka, Matabeleland, Angola, and Namibia and other faith-based and nongovernmental organizations, in collaboration with Ministries of Health.



IFCBMI volunteers play a key role in malaria elimination within their communities by carrying out various activities, depending on community need, including:

1. Encouraging correct and consistent use of ITNs, the acceptance of IRS, and the importance of proper treatment seeking behavior through door-to-door educational visits.
2. Strengthening government-led ITN distributions by registering households ahead of campaigns, distributing the ITNs, assisting with hang-up, and conducting follow-up visits.
3. Providing and supporting malaria education in schools and churches with the goal of encouraging desired preventive behaviors among students and congregants, and through them, to their family and neighbors.
4. Community based testing and treating for malaria (where national policy allows).

In March and April 2019, IFCBMI developed a two-pronged monitoring and action planning process to generate standardized baseline data across the four countries and facilitate community-informed programmatic decision-making. This approach includes the collection of household-level monitoring data and subsequent data analysis by relevant stakeholders at the community, district, and provincial level.

## OBJECTIVE

The major objective of the monitoring and action planning process is to facilitate community leadership in developing locally contextualized, strategic action plans that are based on documented realities and real time data, with the goal of accelerating malaria elimination.

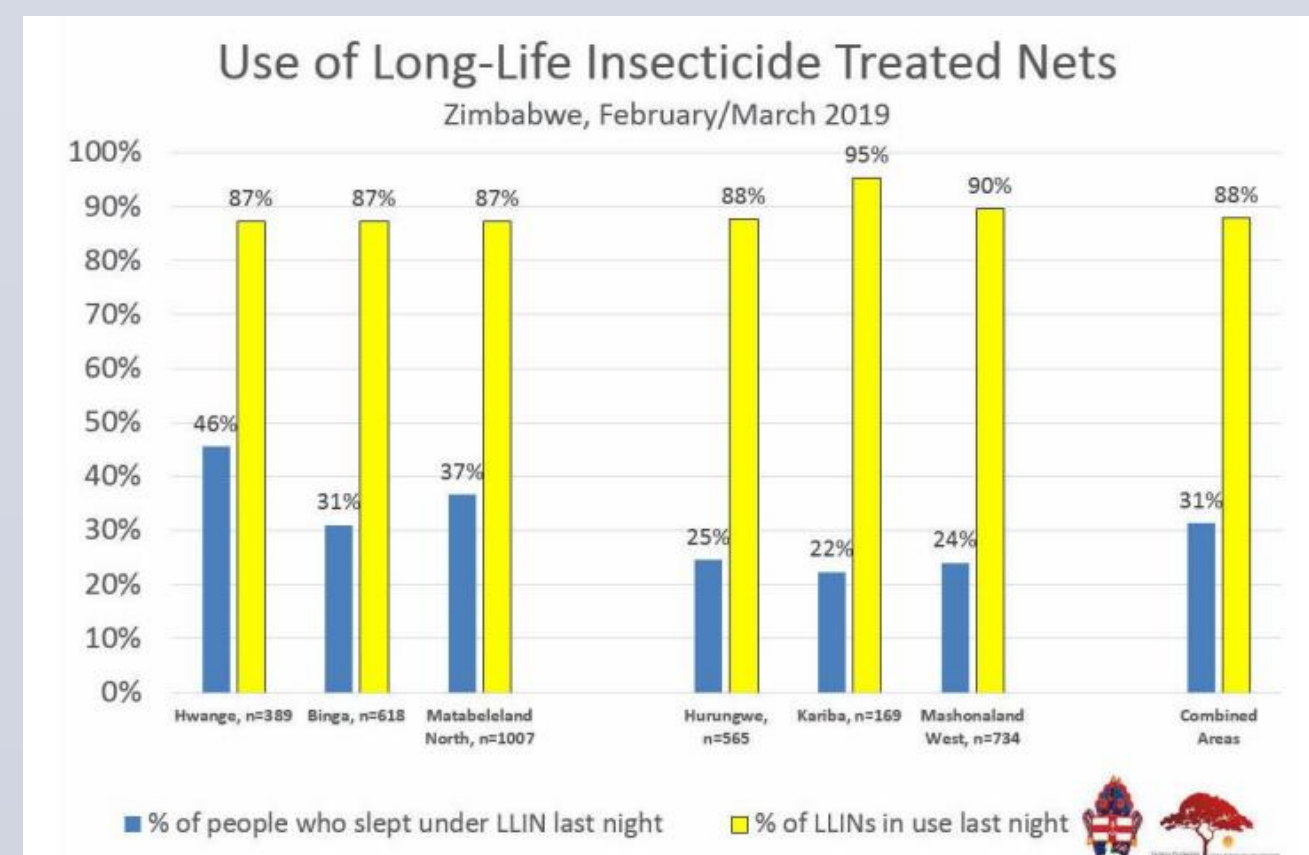
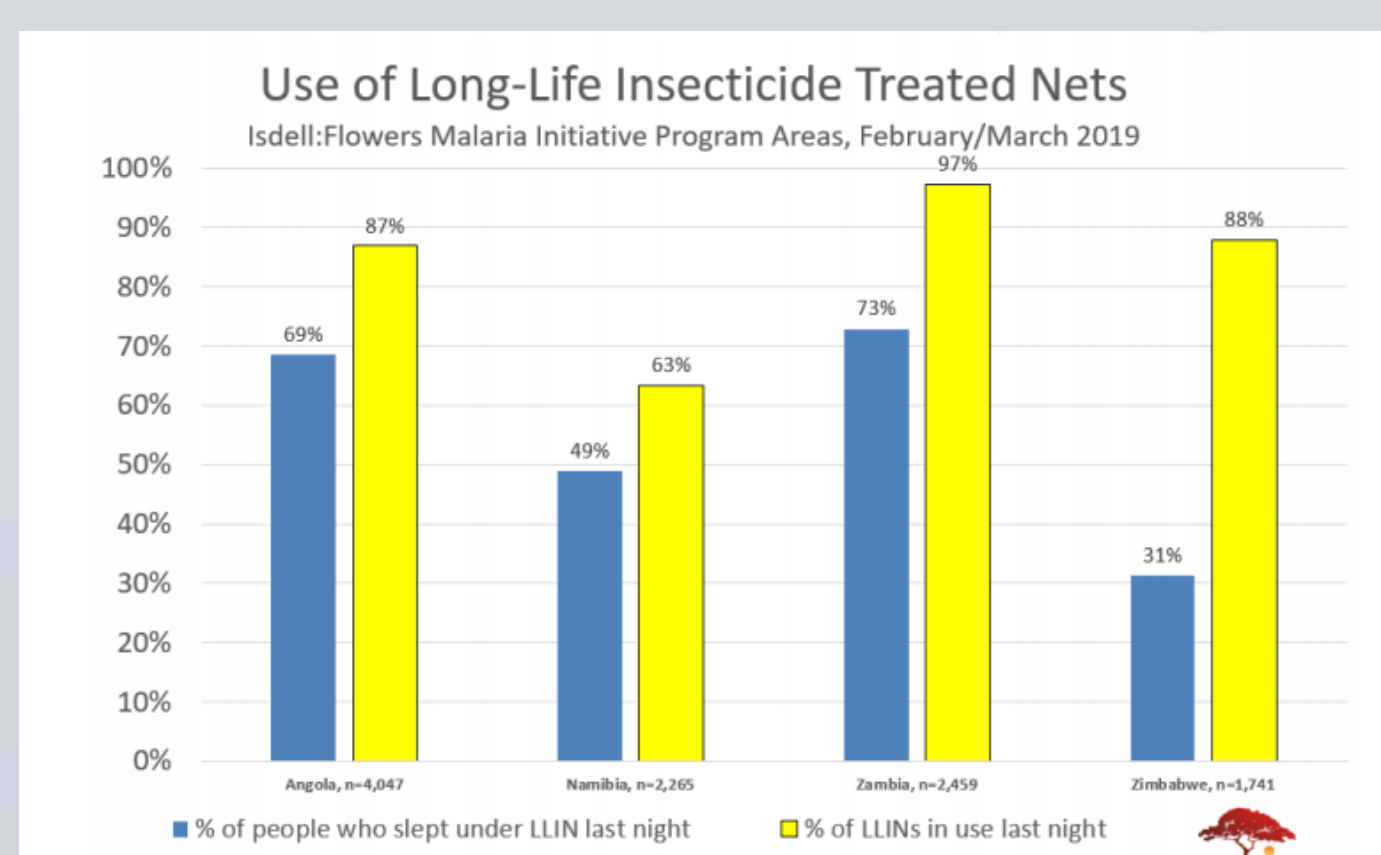
## METHODOLOGY

IFCBMI developed a survey to measure malaria knowledge, attitudes, and practice among women within program areas. The survey was administered through tablets using Kobo Toolbox, an open source software for field data collection that allows for offline collection. Self-reported data from approximately 10,000 randomly selected households were captured by field staff in February and March of 2019 after receiving training.

The following methodology was used to facilitate community-based data analysis and action planning:

1. After analysis, data were visualized and presented to Isdell:Flowers field staff, who shared the data with community volunteers, community leaders, and Ministry of Health officials at local and national levels. At the country level, data was visualized and disaggregated by province, district, and program site in order to facilitate in-country comparisons. Data was also visualized at the country level, so comparisons could be made across countries.

Examples of how data were visualized at both the national and subnational levels to support decision making



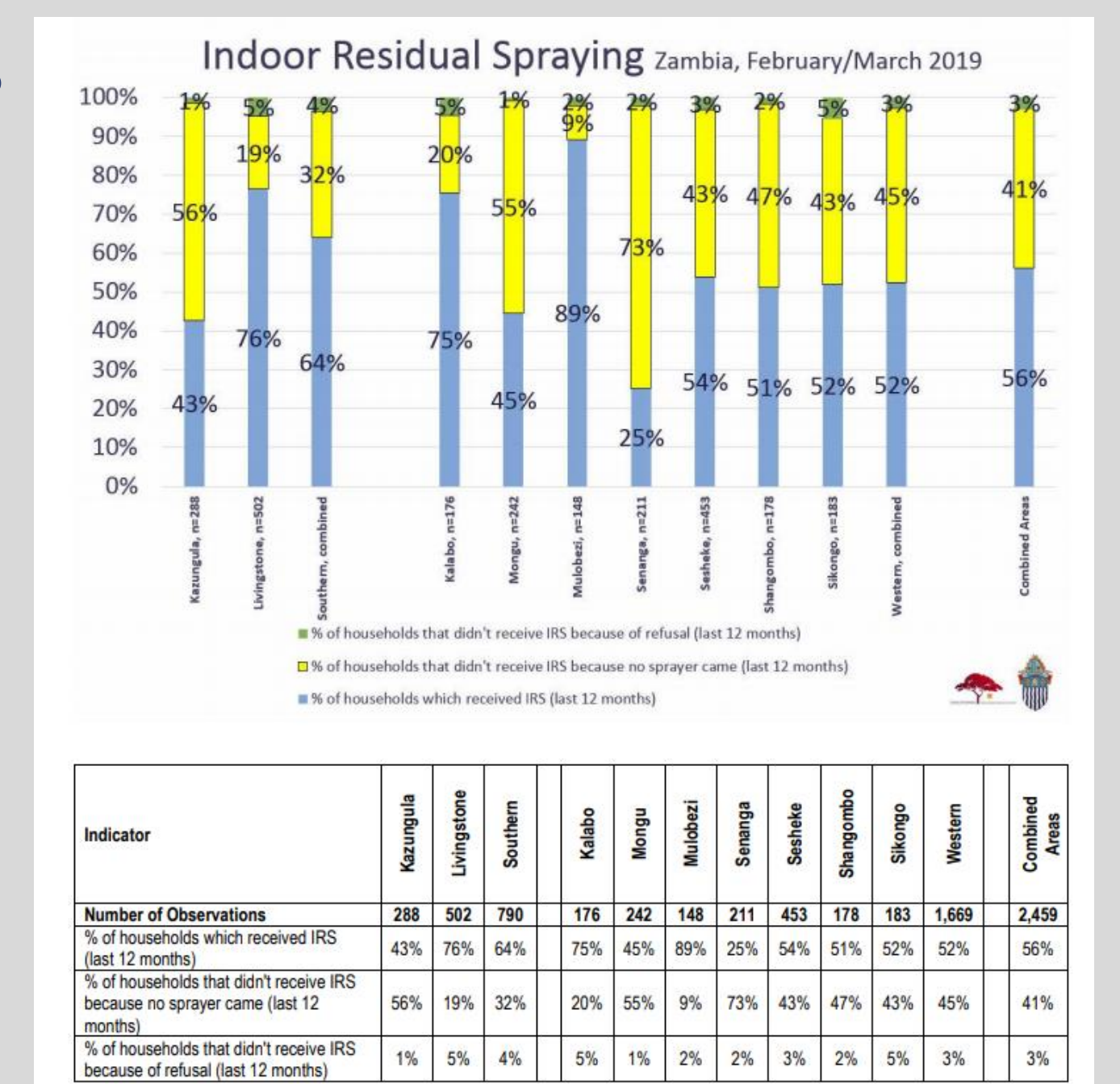
2. A discussion guide created to accompany the data facilitated deeper, community-based analysis
3. Detailed action plans are in the process of being created at community, district, and provincial levels, based on dialogue about the data.

## METHODOLOGY, CON'T

An example of visualized data with guided discussion questions

### Questions for Comparative Analysis:

- In general, do we think things are going well in terms of IRS, or are we concerned?
- In what area were the most houses sprayed?
  - Why might that be?
- Is there some place where the number of households that report no sprayer came is high?
- Is that because there was a policy to only cover some houses, or is that because of negligence?
- Is there some place where the number of households that refused spraying is high?
  - Why might that be?



### Questions to Facilitate Action:

- Should we take action? And if so:
  - What can we do ourselves to improve this situation, and who will do what?
  - What advocacy can we do so that others work to improve this situation, and how will we do this advocacy?

## PRELIMINARY RESULTS

Local data analysis and action planning is ongoing throughout Angola, Namibia, Zambia and Zimbabwe. Community malaria volunteers, health facility staff, other interested stakeholders such as chiefs, and local Ministry of Health staff are gathering to analyze data and begin taking action.

Location	Problems Identified	Actions being Taken
Senanga, Zambia	1. 89% of surveyed pregnant women reportedly took 3+ doses of IPTp. 100% of pregnant women should take all three doses	<ul style="list-style-type: none"> <li>• Malaria volunteers conduct health talks emphasizing IPTp during ANC visits.</li> <li>• Programme manager conducts advocacy regarding stock outs by briefing District Health Officer.</li> <li>• Community malaria volunteers conduct community sensitization with male motivators to encourage more frequent ANC attendance among pregnant women.</li> </ul>
Dete, Zimbabwe (Hwange District)	<ol style="list-style-type: none"> <li>1. KAP data from Hwange district showed lower than average IRS acceptance among households</li> <li>2. Less than 50% of respondents reportedly slept under a net the previous night</li> </ol>	<ul style="list-style-type: none"> <li>• The Environmental Health Technician and the Isdell:Flowers field officer and programme manager mobilize an IRS malaria Task Force Team to guide and support sprayers during IRS campaign.</li> <li>• With support from the local councilor, the community will decide on appropriate consequences for those who refuse spraying.</li> <li>• Encourage households with extra LLINs to redistribute to those without.</li> <li>• Advocate for Policy Review on LLINs distribution in Hwange.</li> </ul>
Katete, Zimbabwe (Hwange District)	1. KAP data showed that IRS acceptance was lower than average compared to other sites	<ul style="list-style-type: none"> <li>• A meeting was convened between village heads, malaria volunteers, and local ministry of health staff, where it was shared that an area with low IRS acceptance corresponded with the location of a malaria outbreak.</li> <li>• Village heads are selecting Malaria Task Force candidates, and then they will be trained by Environmental Health Officer and Isdell:Flowers Field Officer.</li> </ul>

Data analysis and action planning meetings take place in Senanga and Dete.



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