

Historias de la Comunidad Para los ODS - Community Stories for SDGs

Uso De Dados Geospaciais Qualitativos Em 3D Para Tomada De Decisão Na Saúde Materno-infantil Por Meio De Financiamento Baseado Em Desempenho Nos Camarões

Using 3D Qualitative Geospatial Data for Decision Making in for Maternal and Child Health Through Performance Based Financing in Cameroon

In Cameroon a community participation program funded by the World Bank is supporting communities to improve performance of local health facilities within the performance-based financing program. We report how on how qualitative evidence informed decision making process



Talking to community members about their health priorities

Objectives: To incorporate community members voice and geolocation at a given time to in decision making at district health level to improve health systems performance in 4 districts in Cameroon.

METHODS

Our project was conducted in 64 villages in 4 health districts in Cameroon (Ndop, Kumbo East, Fundong and Nkambe). Community members in these villages organized quarterly community meetings where they prioritized health needs.

Use of Qualitative Evidence:

- Through Primary KIs and Community Meetings:** Organized with DHS, using Community Health Workers for interviews, and Community Based Organisations for community meetings
- Through synthesized evidence:** Including quantitative and qualitative evidence from freely available data sources including Cochrane Library, Cochrane EPOC, Campbell, African Evidence Network, and Joanna Briggs Collaborations.

Decision Making Process:

- Data Use:** Data is analysed, classified by basic services, geotagged and deployed on Google Maps (password protected) – using Magpi and MaxQDA Software
- Integrating Basic services:** Related basic services are identified and the departments contacted for integration, synergy, and cross-sectoral improvement

Nos Camarões, um programa de participação da comunidade financiado pelo Banco Mundial está apoiando as comunidades a melhorar o desempenho das unidades de saúde locais dentro do programa de financiamento baseado em desempenho. Relatamos como o processo de tomada de decisão com informações qualitativas



Aligning community priorities with hospital business plan

Objetivos: Incorporar a voz e a geolocalização dos membros da comunidade em um determinado momento na tomada de decisões no nível de saúde distrital para melhorar o desempenho dos sistemas de saúde em 4 distritos nos Camarões.

MÉTODOS

Nosso projeto foi conduzido em 64 aldeias em 4 distritos sanitários dos Camarões (Ndop, Kumbo East, Fundong e Nkambe). Os membros da comunidade nessas aldeias organizaram reuniões trimestrais da comunidade onde priorizaram as necessidades de saúde.

Uso de evidência qualitativa:

- Através de KIs primários e reuniões da comunidade:** Organizado com o DHS, usando agentes comunitários de saúde para entrevistas e organizações comunitárias para reuniões comunitárias
- Através de evidências sintetizadas:** Incluindo evidências quantitativas e qualitativas de fontes de dados disponíveis gratuitamente, incluindo Cochrane Library, Cochrane EPOC, Campbell, African Evidence Network e Joanna Briggs Collaborations.

Processo de tomada de decisão:

- Uso de dados:** os dados são analisados, classificados por serviços básicos, identificados geograficamente e implantados no Google Maps (protegido por senha) - usando os softwares Magpi e MaxQDA
- Integrando serviços básicos:** serviços básicos relacionados são identificados e os departamentos são contatados para integração, sinergia e aprimoramento intersetorial

I think also the community meetings helped give us ideas from the community on how we could improve our quality of care. I think when community members see that we are talking with them and trying to provide the things that they want, they are more ready to come to the hospital and that helps with our performance.

Code: Facilitator/Support Weight Score: 30
INT-COC-MELI-2017-21-21 (30) GPS: 6°17'12.5"N 10°16'06.5"E

When community members did not understand, I spent more time talking to them ehh especially educating them that it is a new program which will bring health directly to the community and bring money directly to the hospital.

Code: CopingStrategies Weight Score: 10
INT-CHW-Meli-2017-19-19 (10) GPS: 6°17'12.5"N 10°16'06.5"E

The PBF bonuses were very helpful, when staff started receiving bonuses everyone was happy and wanted to work harder.

Code: Facilitator/Support Weight Score: 20
INT-COC-BINKA-2017-19-19 (20) GPS: 6°34'04.0"N 10°46'40.1"E

I think it is only working harder hein, you continue doing it and it becomes normal. But like for the investments that were not paid for, it was complicated, we had a difficult time explaining to management when we understood that we had invested in a big project and did not get enough compensation

Code: CopingStrategies Weight Score: 10
INT-CHW-MBANGME-2017-17-17 (10) GPS: 6°19'35.5"N 10°46'13.7"E

About those workers, some people said they bring workers in line with the way in which patients do come. So, they can't say that they should bring workers when they don't see patients in the hospital. It will be as if they are disturbing doctors to come. That they were going to see the number of patients, how patients do come to the hospital before they can ask for workers.

Code: Barriers/HumanResources Weight Score: 10
INT-CM-BINKA-2017-28-28 (10) GPS: 6°34'04.0"N 10°46'40.1"E

First of all, when we have the interface meetings, the community members come here and open their minds to tell us everything that they face here that they are not happy with and we try to correct them.

Code: Barriers/HumanResources Weight Score: 60
INT-CHW-MBANGME-2017-5-5 (60) GPS: 6°02'19.9"N 10°35'08.1"E

I think the delay in paying bonuses is a problem. Then things are not clear with PBF sometimes and this is risky when you invest in something and PBF doesn't pay ... and then there is a lot of paperwork, reports documentation (laughing) ... I think it is a problem and I think I must say it (laughing)

Code: Barriers/PBF Bonuses Weight Score: 50
INT-COC-MELI-2017-15-15 (50) GPS: 6°17'12.5"N 10°16'06.5"E

I can remember, before the coming of PBF, we had a lot of difficulties with regards to consultations, they were low; deliveries were low; vaccination of children from 0-11 months was also low. But since the coming of PBF all of these have ameliorated for example vaccination now, I vaccinate at least 150 to 200 children per trimester now, which was not the case before

Code: Barriers/PBF Bonuses Weight Score: 60
INT-COC-MBANGME-2017-5-5 (60) GPS: 6°02'19.9"N 10°35'08.1"E



What is 3D Q-Data?

It is about voice, space, and time



Mishu Okwen
Voice

Mishu Okwen
Time

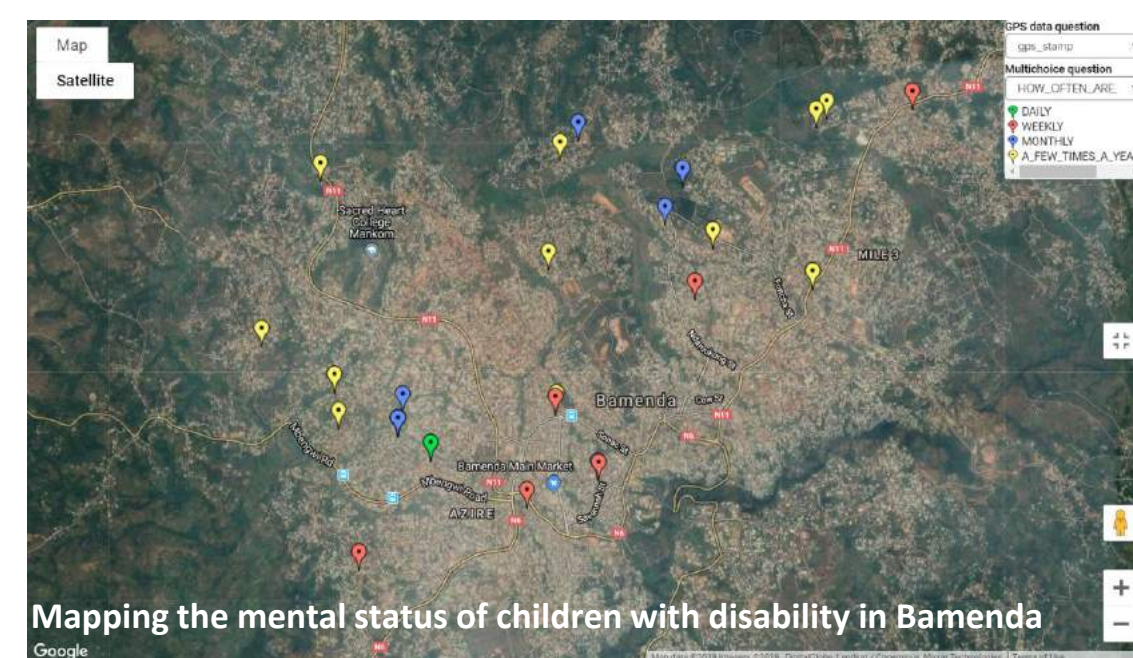
Mishu Okwen
Space

RESULTS

Health facilities reported uptake of an average of 3 new health technologies per year (Range: 1-8); 1.8 new staff (Range: 0-5); 38% reduction in bills (Range: 0-60) based on recommendations modelled from qualitative data. Other results included provision of free healthcare to poor and vulnerable populations.

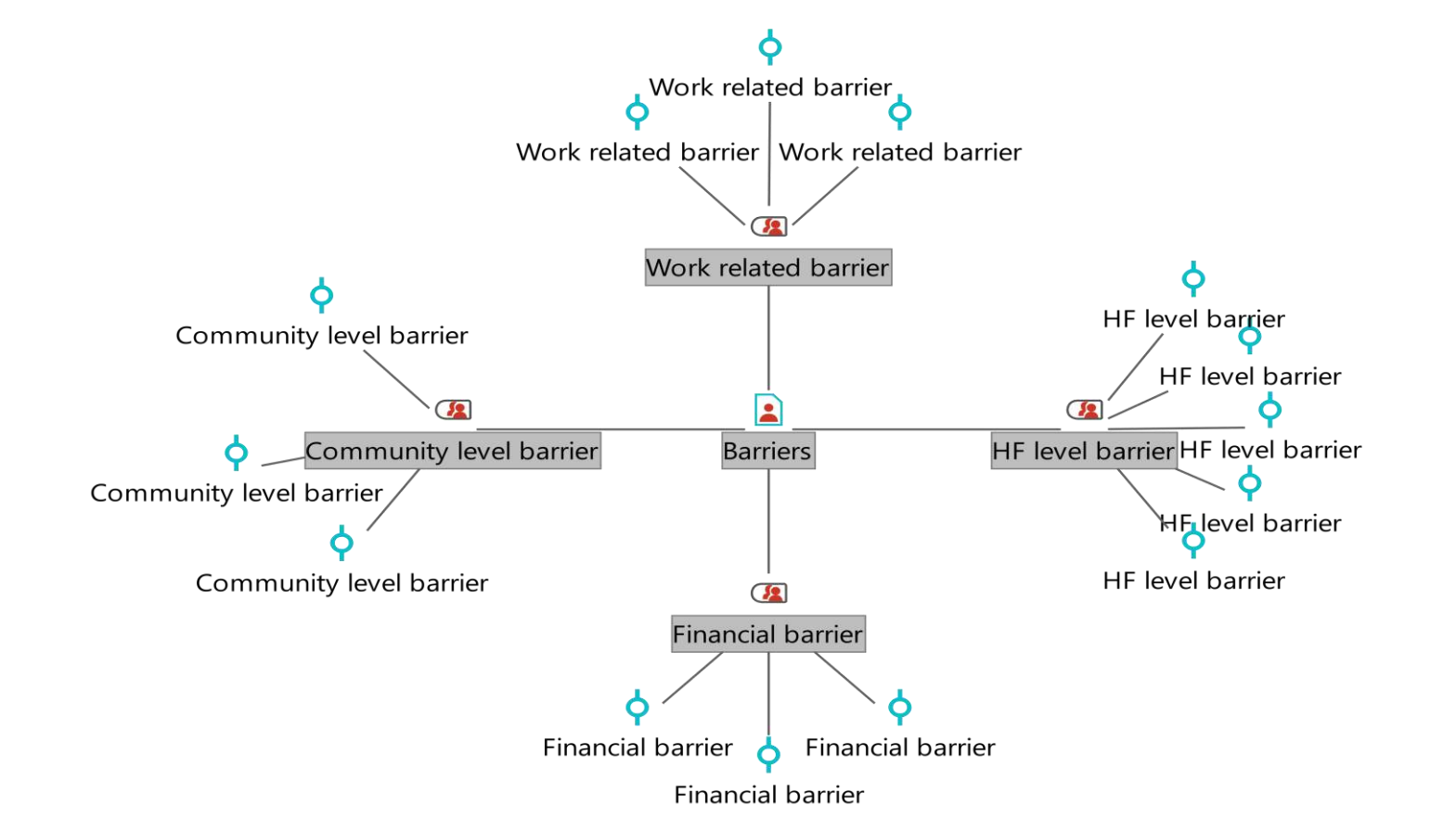
RESULTADOS

As unidades de saúde relataram captação de uma média de 3 novas tecnologias de saúde por ano (variação: 1-8); 1,8 novos funcionários (intervalo: 0-5); Redução de 38% nas contas (intervalo: 0-60) com base em recomendações modeladas a partir de dados qualitativos. Outros resultados incluíram o fornecimento de assistência médica gratuita a populações pobres e vulneráveis.



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Code-Subcodes-Segments Model: Barriers to Healthcare



O uso de dados qualitativos 3D assistidos por computador em níveis descentralizados é possível e pode:

- melhorar significativamente a precisão na tomada de decisões, reduzir o custo dos cuidados,
- melhorar a qualidade do atendimento e, portanto, nos aproximar dos ODS relacionados aos serviços básicos,
- Integre serviços básicos e use evidências meta-agregadas no Sistema eBASE para criar ondulações entre os ODS

O uso de dados qualitativos tridimensionais (Q-Data 3D) no sistema eBASE é uma abordagem inovadora que utiliza vários softwares, metanálises e dados agregados para impactar os ODS por meio da tomada de decisões em nível distrital para serviços básicos, incluindo **saúde**, **educação**, **WaSH**, **Energia** e **meio ambiente**. Desenvolvida por profissionais nos Camarões, a abordagem está atualmente buscando especialistas em TI, meta-análise e meta-agregação para aprimorar ainda mais e testar o conceito.

Use of computer assisted 3D qualitative data at decentralised levels is possible and can:

- greatly improve precision in decision making, reduce cost of care,
- improve quality of care and therefore steering us closer to basic services related SDGs,
- Integrate basic services and use meta-aggregated evidence within the eBASE System to create rippling across SDGs

Using 3-Dimensional Qualitative Data (3D Q-Data) within the eBASE System is an innovative approach using several software, meta-analysis, and meta-aggregated data to impact SDGs through district level decision making for basic services including **health**, **education**, **WaSH**, **Energy**, and **Environment**.

Developed by practitioners in Cameroon, the approach is currently seeking IT experts, meta-analysis and meta-aggregation experts to further tweak and test the concept

