
NTD DATA FOR ACTION GUIDE

June 2016

ABOUT ENVISION

This guide was developed by RTI International as part of the ENVISION project.

ENVISION is an eight-year project, funded by the U.S. Agency for International Development (USAID), aimed at providing assistance to national neglected tropical disease (NTD) control programs for the control and elimination of seven targeted NTDs: lymphatic filariasis, onchocerciasis, schistosomiasis, three soil-transmitted helminths (roundworm, hookworm, and whipworm), and trachoma. ENVISION is designed contribute to the global goal of reducing the burden of these targeted NTDs so that they are no longer a public health problem.

ENVISION is implemented by RTI International under cooperative agreement No. AID-OAA-A-11-00048 in partnership with CBM International, The Carter Center, Helen Keller International, Fred Hollows Foundation, IMA World Health, Light for the World, Sightsavers, and World Vision. The period of performance for ENVISION is September 30, 2011 through September 30, 2019. To learn more go to www.NTDenvision.org



USAID
FROM THE AMERICAN PEOPLE



OVERVIEW OF THE GUIDE

PURPOSE OF THIS GUIDE

Aim is to shift from data review to data use. “How are we addressing low coverage?” Bring all conversations about coverage and recommendations for program improvements together for clear, actionable planning.

TARGET AUDIENCE

- National, Regional and District level managers responsible for planning and reviewing annual workplans.
- M&E officers who will be responsible for much of the data gathering, analysis and synthesis required

WHO USES THE GUIDE

Internal or External Facilitators – e.g. M&E staff – working closely with the national program manager(s). Should be presented by MoH program manager to other NTD program staff and stakeholders.

WHEN TO YOU USE THE GUIDE

Used in the preparation phase for work planning, and a summary of findings is presented at the start of the work planning meeting.

HOW THE GUIDE WORKS

This guides the process of gathering and synthesizing relevant information. There are FOUR steps:

1. **Gather** all relevant information
2. **Synthesize** relevant information
3. **Present** the critical information into a slide presentation with accompanying handout
4. **Facilitate Change:** the process of turning recommendations into planned & budgeted activities.
5. **Validate:** Follow up to ascertain activities were implemented as planned and intended outcomes achieved. Include in “gather” stage next year.

This process is summarized in **Figure 1** (next page) and then explained in more detail.

STAGE IN TOOL DEVELOPMENT

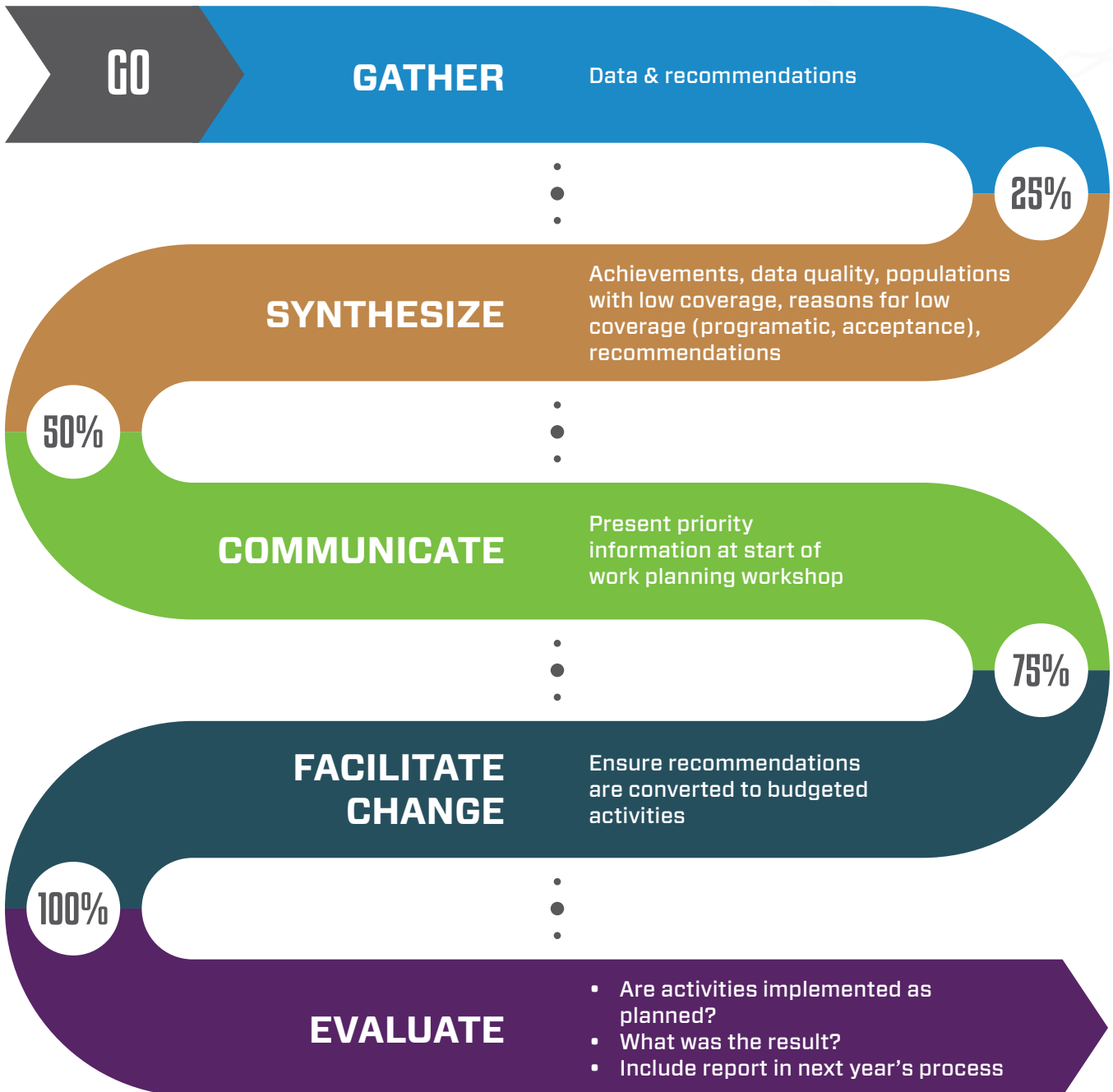
This is currently in pilot phase. The following steps are:

1. Implement in selected countries (based on having biggest coverage issues) during FY17 work planning – led initially by ENVISION staff
2. Modify based on feedback
3. Disseminate more widely and build capacity of MoH staff to lead the use of it.

DATA FOR ACTION PLANNING

A FIVE STEP PROCESS

START ●
:
:



STEP BY STEP GUIDE

STEP ONE: GATHER ALL RELEVANT INFORMATION

Timing: 1-2 months before work planning meeting

Gather data, reports and recommendations that have been generated during the year.

Note: these can all be saved in the integrated database for easy future reference.

GATHER DATA

Since the last MDA a lot of data will probably have been collected, analyzed and compiled in a report by the program, including:

- MDA results – by districts and sub district, disease, gender, and age
- Survey results e.g. Data Quality Assessments (DQA), coverage surveys, Knowledge attitude and practices (KAP) surveys
- Impact survey results including trachoma impact surveys, Transmission assessment surveys for LF (TAS), and sentinel sites.
- Denominator data: if the validity of denominators are often questioned by the program, collect information on denominators from different sources e.g. national census bureau, other public health programs, community registers.
- Other

GATHER MEETING REPORTS AND MINUTES

A number of meetings will also have taken place where these results will have been discussed, findings interpreted and recommendations made, including:

- Post MDA review meetings
- Steering group meetings
- Previous work planning session
- Other

STEP BY STEP GUIDE

STEP TWO: SYNTHESIZE RELEVANT INFORMATION

Timing: 1-2 months before work planning meeting

Analyze all the information that you now have in front of you to answer the following questions:

1. WHAT IS THE CURRENT COUNTRY STATUS?

- Progress towards completing mapping, MDA scale up, stopping MDA, and validation of elimination
- MDA coverage, by disease over time
- Number of districts with below target coverage

2. IS YOUR MDA COVERAGE DATA VALID?

We know that poor reporting will result in incorrect number of persons treated and lack of strong denominator estimates will impact on our calculated coverage. However, we are not striving for perfection in numbers – we need numbers that are good enough to guide the program.

- Do you have coverage survey results? How similar or different are these to the report?
 - If similar then the program should feel confident about using the routine coverage estimates – encourage stakeholders to use the existing data and ACT on it.
 - If very different further information is needed...
- Do you have DQA survey results? If the problem is with the numerator then the DQA data will assess the nature of the problem and provide recommendations for improving the system
- Do you think the problem is with the denominator? Note this reason, while sometimes valid, is often overused and worth understanding better.
 - Compare denominator data from different sources side by side – are they similar or very different?

PREPARE PRESENTATION

Summarize overview in 2-3 slides, highlighting progress and the number of districts where performance is still low – the focus for next year planning.

PREPARE PRESENTATION

Summarize quality of data in 1-2 slides.

- If it is good enough encourage everyone to ACT on the data
- If there are serious problems with the data explain whether this affects all coverage estimates or only some (e.g. we are confident in our LF and OV estimates but not in our SCH estimates)
 - Encourage use of the good enough estimates
 - Plan for activities to strengthen data where current estimates are not useful for planning (keep these activities to a minimum – there are always opportunity costs). Tools that can be used: comparison of dominators, coverage surveys, DQAs.
- Do you already have recommendations to improve data – remind the group to plan for these.

STEP BY STEP GUIDE

STEP TWO: SYNTHESIZE RELEVANT INFORMATION

- What does this look like at district level- is it very different in only a few districts?
- What does this look like for SAC?
- Is the problem disease specific e.g having accurate estimates when only selected communities within the district are targeted for treatment.

Note that when the directly observed treatment policy is not enforced there are likely to be large discrepancies between reported and actual coverage rates and some validation of routinely reported rates is encouraged.

3. WHAT ARE THE CAUSES OF LOW COVERAGE?

While the causes of low coverage may be many we want to analyze the information that we have to find the spot we can intervene to improve coverage.

Information causes of low coverage should be available from a number of sources including: post MDA review meeting reports, will be known by many of the team members, and if conducted from KAP surveys.

- Did coverage increase or decrease this year?
- What groups are not meeting the coverage targets?
- Explore by region, district, sub district, age, sex, urban vs rural, occupation
- What were the causes?
- Was MDA implemented following best practice? (Review MDA good practices guide)
- If specific districts were targeted for low coverage last MDA, prepare a table like the one below with outcomes and lessons learnt.

District (region) Targeted for Low Coverage Last Year	Coverage (by disease) 2 Years Ago	Strategy Applied to Improve Coverage	Coverage (by disease) Last Year	Lessons Learnt (e.g. strategy was successful or strategy did not work because...)

STEP BY STEP GUIDE

STEP THREE: COMMUNICATE

Timing: During work planning meeting

Based on your analysis above prepare a 30-45 minute presentation to be presented at the start of the work planning meeting. Be very selective in the information that you share – the purpose is to focus the group on the actionable information. Reminding them of recommendations made during the year that will need to be prioritized and included in the work plan.

A slide deck with examples of slides that can be shown is available with this document.

TABLE: STRATEGY TO ADDRESS AREAS OF LOW COVERAGE

District (Region) with Repeated Low Coverage	Coverage Rate	Cause of Low Coverage	Proposed Solution
All districts where SCH MDA was implemented	Average 50% SCH	Lack of clarity on SCH target population	Clarify SCH at risk group
District 6 (Region B)	60% Trachoma 45% LF 55% SCH	While late drugs made MDAs harder to implement, the impact in this district was greater due to weak capacity in this region	Increased supportive supervision in this region. The MDA will be held in this region first and the national team will mobilize to support. Coverage will be assessed during the MDA and mop ups supported as necessary.
District 4 (Region X)	LF 60%	Good across a lot of the districts but challenges with mobile population	Talk with community leaders and design a social mobilization plan tailored to this group.

PREPARE PRESENTATION

- Summarize in 1-2 slides lessons learnt from last year efforts to improve coverage
- Summarize in 2-3 slides known reasons for low coverage.
- Prepare a table to share as part of the presentation like table below – of all districts that have had poor coverage for the last two rounds of MDA and those with low coverage where it was the first round. Note the coverage rate by disease, the causes of low coverage and any recommendations that have already been made to improve coverage.
- Check: do the causes of low coverage align with recommendations made to improve? If not flag these and have follow up discussions to align and propose in work planning meeting.

STEP BY STEP GUIDE

STEP FOUR: FACILITATE CHANGE

Timing: During work planning meeting and as annual plan is being written up

This is the process of turning recommendations into planned & budgeted activities. After presenting the facilitator's role is to remind the group at relevant points during the work planning meeting of required actions, ensuring that the annual work plan build on the lessons learnt from the previous year.

STEP BY STEP GUIDE

STEP FIVE: VALIDATE

Timing: After work planning meeting

Follow up to ascertain activities were implemented as planned and intended outcomes achieved. Include in “gather” stage next year.