

e-Health Intersect in Community-Based Information Systems *Presenter: Stephen Settimi, Senior Advisor, USAID Bureau of Global Health* Communities are the front line of development. It is the place where sustainable growth can happen. It is where people first meet with the “people issues,” including health. It is where data are drawn. It is where the evidence suggests that HIV/AIDS and other health matters intersect with other areas of interest for other sectors. A community has the following attributes among others: ever-changing demography; varied in social, economic, and political structures, as well as ethnic, religious, and political affiliations; extended geographic boundaries that can reach from rural to urban as a diaspora; and changing priorities sensitive to internal and external factors. Each community has different sets of attributes and these attributes change over time. It is important to understand community priorities. As an example, the Peace Corps does a good job at this when they engage a community in participatory analysis for community action. The United Nations Development Programme has assisted communities to undertake similar self-assessments producing community council action plans, as in Lesotho. If community needs are well-articulated, a better understanding of the development issues is easier for CBOs to understand, and outreach workers and volunteers are then better informed on how to engage with the community. Community data and information is important for that understanding. One can imagine how more accurately development might reflect the need and voice of the community if this process were repeated among multiple communities. Communities sensing responsiveness to their own development needs are more readily inclined to buy-in to program activities and become actively engaged in their own development. The principle challenge from the health sector is to identify the health intersects in communities where health is not always ranked at the top of a community’s needs and to capture data that illustrate how health intersects with other domains. Education, jobs, water, and nutrition may all out rank interest in health or HIV/AIDS. In such cases, it is incumbent on health development partners to find the health interest link with other interest areas and make a case to the community why health, even if it is no more than prevention measures, is worth the community’s consideration. If, for example, a community ranks a new school and education as most important, then looking at how health can be part of the curricula or training of educators or peer counselors may be the intersect that provides the rationale for health interventions in that community. In a worse case, a community totally void of a health-aspect interest may indicate a need for social messaging, behavior change communication, and advocacy of health. **Consultation Proceedings 31** For PEPFAR resource expenditures in non-health or allied sectors, a case must be made on how program funds positively impact HIV/AIDS outcomes if they are to be expended in ways that also support other sectors in addition to health, such as education, economic growth, transportation, sanitation, or nutrition. More specifically, for community health information systems, how can PEPFAR funds be used in ways to support a broader data and information platform open to a variety of development activities, all of which require data and information, and which, at the same time, positively impact on HIV/AIDS program areas? The “business as usual” model as we know it plops down some health-centric data and M&E solutions into a community as an extension of a high-level vertical silo system. This approach is not sustainable. A single sector approach to community-information systems, whether health, education, or agriculture, is unrealistic; it is myopic to what factors impact development. Loss of funding in one cycle or constant staff and worker turn over make for an impossible situation in communities that are highly fragmented and fragile. This is

analogous to a three-legged stool: As soon as one leg of support is withdrawn, the stool falls over. We need to look more at three- or four-legged stools, one leg for each development sector, if we want long-term scalable development, a multiple-sector approach. In that way, single-sector program fluctuations would not dismantle the entirety of the effort; there would be a protection of assets. How much more sustainable and what efficiencies could we gain if a centralized community resource center might be installed that serves the back-end support services of data collection, aggregation, information sharing, and dissemination of multiple development interventions in addition to health? How would development partners align and behave differently in communities where data gathering and use at the community level suggest a more holistic approach to development, one that meets community needs, one in which sharing of common knowledge is common practice? Why would a community not buy into development activities reflective of their own personally expressed interests? As a cross-sector program support model, a community data and information resource center or hub can support a health worker as well as an agriculture worker, education/tutor, or other outreach worker. Data brought to a community center could be shared and discussed within a community forum. Those same data, now enriched with community understanding and knowledge, can be enveloped in a package of community needs that may be multi-sector. The “envelope” disassembled could readily be funneled upstream to respective data centers of the various development partners at the district or next level up. Suppose, in this scenario, community-based organizations and volunteers serve as intermediaries between community leaders and development partners as the interface to the more formal development programs, including health, as extensions of the community voice as their advocates? Sufficiently resourced community centers that can serve as hubs to the collection and understanding of data gathered in the community will contribute to the knowledge base at the community level and provide sufficient and detailed data for development partners needing to report on program indicators. A multi-sector approach to community-based information systems is an element of USAID country ownership strategies: an approved PEPFAR-funded activity, supported by USAID’s Office of HIV/AIDS and Bureau of Global Health, consistent with the Paris Declaration and Accra Agenda for Action.