Village Registers: a promising tool for capturing health-related information

Introduction

In Tanzania, the existing Health Management Information System, better known by its Kiswahili acronym MTUHA, was conceived in 1991. The intention was to cover all levels in the health sector and meet the diverse data needs of different departments and programmes (MoH, 1993).

Decentralization of health services in 1994 handed over the responsibility for managing Primary Health Care Services (dispensaries, health centres and District hospitals) to Local Government Authorities or Councils. The aim was to increase efficiency and accountability (Kimaro, Shegawa and Magunn, 2008).

The planning and provision of Primary Health Care Services is handled by Councils, with technical guidance from Council Health Management Teams (CHMT). Supervision and monitoring of PHC in the health facilities is done by CHMTs, who finally report to the Councils. Annual Comprehensive Council Health Plans (CCHPs) are prepared by these technical teams, based on national policies and guidelines, local disease burden and district needs.

Moreover, the CHMTs prepare routine reports on diseases - based on data collected at dispensaries, health centres and hospitals - which are then submitted to the Regional Health Management Team (RHMT) for compilation into reports for presentation to the Ministry of Health and Social Welfare.

On the other hand, village health workers at the community level are responsible for the collection and aggregation of data on children nutritional status, immunization status, maternal and child deaths and their causes, diseases and outbreak of diseases, household food availability, environment and sanitation, which are in turn forwarded to the facilities for reporting.

Councils are supposed to use the HMIS data for preparing their Comprehensive Council Health Plans. However, in practice the information collected is often forwarded without in-depth analysis at the lower levels.

The facility-based statistics are supplemented by additional information sources, including the government-instituted Village Registers as well as periodic survey data (such as the Demographic and Health Survey).

In this paper we examine the potential of Village Registers to supplement other information sources to provide a routine basis for recording events that occur in the community. The observations and discussion are based upon field-work carried out in Kigoma Urban, Kilombero, Rufiji and Ulanga councils as part of IHI’s Empower Project.

Gap identified

The main shortfall of MTUHA at the community level today is the exclusion of information of people who do not access health services at facilities. According to the
An information system that can combine the Village Register data and health facility data will provide complete information needed with about 90% accuracy.

—District Medical Officer, Rufiji

It is worth noting that community data collected using the Village Registers were neither used by facilities nor

are the Village Registers linked to the formal Health Management Information System.

Since the health information generated by Village Registers is not fully utilized at the health facility, VEO are not motivated to collate properly. As a result, even the few variables (indicators) for health are not captured well because the VEO do not see the value of doing so.

**Strengthening the current HMIS**

Given the gaps in community-based health data due to the absence of community-based information systems, it is evident that relevant, correct and timely information is not available to community decision makers during planning.

Designing and implementing a Maternal, Newborn and Child Health (MNCH) Community-Based Information System (CBIS) at this time when there is increasing likelihood of not attaining MDGs 4 and 5 in the country, will be a timely contribution towards the attainment of these noble goals.

An Information System (IS) that includes all women of child-bearing age, newborns and children under five years of age is essential to reflect the true status of this group in the population as well as to monitor the effectiveness of existing interventions.

The EMPOWER project which aims at assisting districts and the nation as a whole in accelerating the attainment of MDG 4 and 5 is piloting a set of interventions which are being implemented in four districts of Tanzania—Kigoma Urban, Kilombero, Rufiji and Ulanga. It is expected that this pilot implementation will guide the design and implementation strategy of a responsive MNCH Community-Based Information System (CBIS) which will provide a link with the health facility based HMIS.

This Community-Based Information System aims at utilizing existing information structures, including the
Village Registers, to improve the process of health information collection, processing and ultimately increase utilization of the information across all levels of the health system.

Current short-comings in community-based information

So far, the Village Registers assessment conducted by the EMPOWER project revealed several challenges that need to be addressed if an improved CBIS is to be put in place. These challenges included:

- Poor understanding of data collection by the involved collectors which reflects lack of training on the data collection process
- Lack of stationery and transport for the collectors,
- Absence of motivation among data collectors because work is done on a voluntary basis
- Lack of supervision and monitoring of the Village Registers
- Lack of support from the district level. There are presently no arrangements to replace the registers when they are full
- Lack of simple and easy-to-use tools to collect data and facilities to store the collected data
- Lack of understanding of how to use information from the Village Register by some community leaders
- Some information in the Register lack details
- VEO and community leaders who are responsible for the registers have many other commitments

hence making information gathering a burden.

Prospects for Strengthening CBIS

Under the Primary Health Services Development Program (PHSDP), commonly known by its Kiswahili acronym of MMAM, each village is going to have a health facility with two Health Extension Workers (HEWs) to link the facility to the community it serves.

HEWs are to replace the cadre of volunteers formerly known as Village Health Workers (VHW). They will be monitored and supported from the health facility through the in-charge of dispensaries or Health Centres.

Unlike the former Village Health Workers who were volunteers, Health Extension Workers will be included in the payroll. The objective is to strengthen the linkage between communities and the health care system.

In addition to what Village Health Workers used to do, HEWs are expected to conduct home visits as part of extended home based care as well as collection of community health data. In the context of RCH services, HEWs are also expected to implement the package of community IMCI with the neonatal component added.

Although the government desires to entrust the HEWs with a responsibility of health data collection at the community level, tools for the task as well as the system itself are yet to be defined. The proposed project intends to pilot and demonstrate this initiative by designing and operationalising the appropriate tools for a CBIS that is linked to the facility based health information system.

Additionally, the project will test the feasibility of using mobile phones and personal digital assistants (PDA) for the collection and transmission of community-based information. The research will provide valuable insight on the feasibility, validity, effectiveness and utility of a CBIS in the Tanzania setting. This will help to provide a
learning platform for the government when it takes the initiative to scale.

**The tool to come**

Using inputs from the situational analysis and contribution from other stakeholders, a simple system will be designed building on the existing systems (Village Register and health facilities level reporting) to improve data collection, processing and use at the community level. Specifically, a streamlined system for Maternal Neonatal and Child Health data collection, analysis and use will be developed based on a simple automated form that provides reports (simple graphs and tables) at the “touch of a button.” The system will be robust and flexible enough for adaptation.

With this system in use, work practice may be greatly improved in the following areas:

- Imparting new knowledge to community level personnel,
- Ensuring empowerment and efficiency in data processing and interpretation,
- Providing a strategy to encourage the use of information at the community level for planning.

The system will be used by village authorities, health facility and district level health managers. The national HMIS will also incorporate the community data into its system. With functional CBIS, the national HMIS will provide data of additional accuracy, updated and disaggregated MNCH information. Preliminary findings from the research already point to a number of obstacles that will need to be tackled. In interviews, district officials, community leaders and community members suggest:

- The use of motivating factors for participation and system,
- Provision of transport and data storage facilities,
- Training data collectors especially community leaders,
- That Village Registers should be modified to capture more health variables,
- Community mobilization and sensitization on the importance of information,
- Educating leaders on the use of collected information

Results from the pilot will be shared as they become available so that the national design and rollout of CBIS may be informed by experience, evidence and lessons learned.

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The *pdf version can be downloaded from our website: www.ihi.or.tz

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