Title: Data Strengthening Mechanism for Large scale Health Mela; Programme improvement Practice for Block Health Mela - Dashboard

1. Need/Rationale

Union Ministry of Health and Family Welfare (MoHFW) has adopted the strategy of organizing Health Melas to provide health education and early diagnosis besides providing health care services, free of cost. These Health Melas envisage to attract thousands of people desiring to avail quality health care services with essential medicines.

As per the Mandate of Ministry of Health and Family Welfare (MoHFW) MP Government organized 'Block-Level Health Melas' as part of the celebration of Azadi Ka Amrit Mahotsav, and it benefitted more than 5 Lakh people of the state. Block Level Health Mela organized in all the blocks of every district across the state. Essential drugs and diagnostic services provided free of cost at the health Mela.

Since the data of block health Mela comes from disparate locations and including digital and paper-based reporting, making it almost impossible to aggregate into meaningful trends in the shorter time intervals. Conversely, screening and patient registration data collected via pen and paper cannot be easily aggregated and evaluated across the patient population overall.

To overcome this problem, State in collaboration NISHTHA/Jhpiego has develop an innovative way of data collection and data visualization to compile and represent the datasets into a singular source dashboard for all the blocks of the state on the same day of health mela conducted with real time monitoring and decision making. The singular source data set and dashboard also helped to monitor the diseases wise trend in different blocks and further planning of different programmes related activity in the block.

2. Description of the model

Improved data collection and monitoring provided policy makers and service providers greatest insights into designing and implementing public health interventions. The dashboard designed to capture real time data collection and visualization so that necessary follow up steps can be taken in real time. The collected data base helped to programme managers and state officials for evidence based programme activity planning, which drives intelligent program improvements.

The developed dashboard enables users to view the data in nearly real-time, and allowing to share the data with multiple users at the same time. Simple Google form and kobo humanitarian toolbox used for data collection purposes. Because both the platforms are open source and user-friendly.

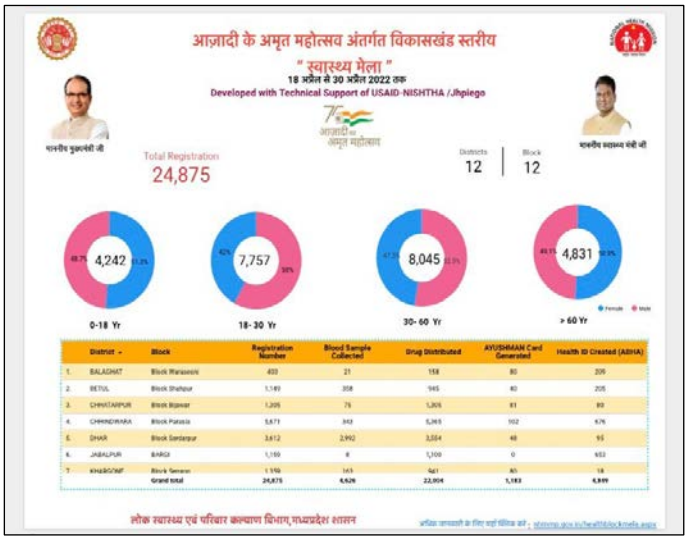
Steps in the process

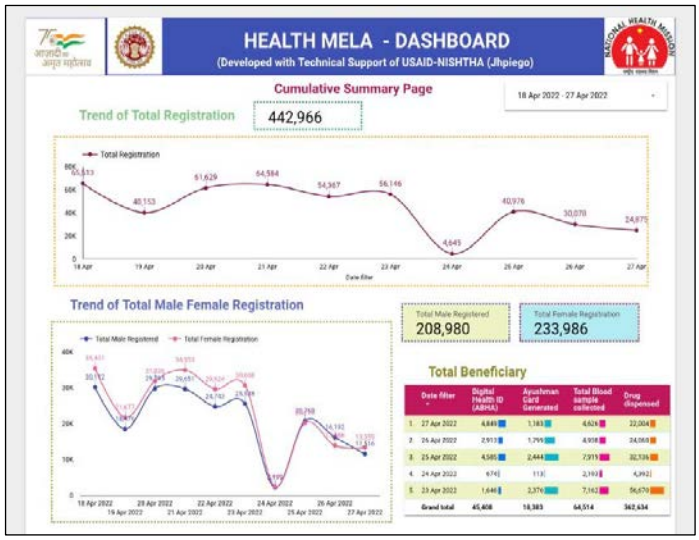
1. Identification the Key Indicators	To develop the data collection tool, identified the key indicators with the consultation of different state officials and identified what services will be provided in the block health Mela so that key information can be captured
2. Dashboard Development	Open source platform used for the data visualization purpose of real time data. Google forms and Kobo humanitarian tool box used for developing the data collection. all key indicators included in the questionnaire and designed the data collection tool

3. TRAINING of Districts M&E officer on data collection tool.	District M&E officer connected though virtual platform and oriented on data collection tool so that the good quality of data can be collected.
4. APPLY	Data collection link shared with all the blocks and they filled the data on hourly basis in Block Health Mela Day
5. EVALUATE	Dashboard link shared with key policy makers and state officials for monitoring and taking corrective actions accordingly. The collected data insights can be used for further improving and designing the programme activities in the block

The dashboard can be accessed through the following link:

https://datastudio.google.com/reporting/1ae86def-436c-4186-8205-34495a780adf





3. Human Resources (Existing and/or New)

Human resources required during development phase, for developing and integrating the data dashboard and data collection tool, and during data collection phase, for entering data into the tool. No dedicated human resource is required.

4. Capacity Building Strategies, if applicable

One-step capacity-building approach was adopted for implementing the model. By virtual capacity building of all the M&E officers on data collection tool of the block health Mela.

5. Evidence of Effectiveness

1. After successful deployment of the model in Block Health Mela, state adopted the same model in District health Mela.

2. The developed dashboard used by the key policy makers of the state including Hon. CM, Additional health secretary and MD NHM.

3. The collected screening and diseases data used for the further planning of programme activity in block.

6. Cost

The data collection tool and Dashboard were developed in the open source software in the google platform and with the technical support of USAID -NISHTHA Jhpiego so there is no cost involved in developing and using this model.

7. Potential for scaleup

1. Successful deployment of Dashboard in the Block Health Mela the model adopted for the district, Health Mela.
2. The data collected from the Block Health Mela and Districts health mela can be used for designing the program-related activities in the block.
3. The data dashboard and data capturing model can be replicated in other large-scale health events in the state. so, that the evidence-based program can be run.

8. Partners involved in the implementation

USAID NISHTHA Jhpiego with the state government consultation developed the data collection tool and data dashboard. NHM district's M&E officers implemented at the block level.