Integrating Community Insights to Build Responsive Primary Health Care Systems

Introduction

While progress has been made toward achieving universal health coverage (UHC), the pace of progress is too slow. Increasing socioeconomic inequalities and the backslide in health progress due to global emergencies have demonstrated how fragile and inequitable health systems can be. Today, many local governments are missing the systems that capture routine data revealing the needs and preferences of their most under-reached populations, making it challenging to design fit-for-purpose primary health care (PHC) systems.

Addressing this challenge demands a significant shift in how health care is designed and delivered, particularly for the most under-reached communities in Africa.

Renewed focus is required on health system building blocks, such as effective leadership enabled by robust information systems and a well-trained workforce that can improve access to health information, medicines and treatments when and where they are needed. How do we get there?

This report provides an overview of an assessment undertaken by VillageReach to explore opportunities for the routine integration of under-reached community insights into primary health care design and delivery. It is presented in four sections:

1. Key terms and themes
2. What we’ve learned
3. The Community Insights to Action Framework
4. What comes next?

The findings and recommendations in this report will act as a guide for VillageReach as we work with governments and others to transform PHC delivery. They are equally relevant to other health care actors seeking to enable local autonomy in the design and delivery of PHC that meets the needs of under-reached communities.
Building responsive PHC systems

A PHC system is responsive when it meets the needs and preferences of the population it serves by delivering equitable, people-centered and coordinated care while responding to the evolving needs, preferences and health challenges of different communities.

PHC systems that provide equitable access to promotive, preventive, and curative health care are essential to achieving UHC – yet 615 million people in Africa may not receive access to the health care services they need. If we want to reimagine health systems to reach these people, governments and their partners must focus on:

- Routine incorporation of community insights into health system design
- Local autonomy in decision making
- Equitable access to health care

To meet the needs and preferences of under-reached populations, PHC delivery must routinely integrate insights and data from under-reached communities. Without this, health systems run the risk of widening the inequities in access to care and in health outcomes.

Feedback mechanisms

Feedback mechanisms in PHC refer to systems and processes used to gather insights from current and potential patients, health workers and other stakeholders to enhance access to quality health care services. They are designed to identify areas for improvement and inform changes in the health care system, based on the needs and preferences of the communities they serve.

Some of the common mechanisms used in PHC to gather insights from under-reached communities include:

- Community surveys conducted through door-to-door visits, online platforms or community events
- Health worker feedback gathered through regular meetings, performance assessments or suggestion boxes
- Patient feedback gathered through in-person interviews, satisfaction surveys or feedback forms at health care facilities
- Participatory approaches such as human-centered design and community-based participatory research
- Monitoring and evaluation of health care services that provide insight into the strengths and weaknesses of a health care service
- Health information systems that provide real-time data on health outcomes and health care utilization

To reduce inequity and improve access, quality, and coverage of essential PHC services, VillageReach is increasing its organizational focus on supporting health systems to routinely leverage community insights and data to drive change in how health products and services are delivered at scale. In drafting this report, we hope to inspire other health care actors to take action alongside us.
These mechanisms are often implemented as standalone projects intended to understand and solve for a specific challenge, as opposed to a system used to routinely meet the evolving needs and preferences of the most under-reached. Few models exist that gather and use feedback to influence the health system as a whole or at multiple levels. Most current feedback mechanisms focus on the individual level, the health facility level or the national level. This piecemeal, rather than systematic approach, leads to an incomplete understanding of the evolving challenges and needs of under-reached communities and, therefore, inadequate action to respond to their needs, eroding trust over time. This also makes it hard to achieve UHC.

Moving from community insight to action

Because both system transformation and communication are key to improving health care for everyone, we must move from simply gathering community insight to taking concrete action based on such insight.

This is key to building a foundation of trust in the PHC system. Communities who have negative experiences with a health care system lose trust in that system, avoiding further interactions even when they are in need, leading to worsening health outcomes. Further, if services are not conveniently located or affordable, people avoid accessing health care due to catastrophic health expenditures.

The barriers to trust in PHC systems include: misdiagnosis, poor care, inadequate communication about their care, lack of consistent access and availability of services or products, poor service experience or disrespect, a need for cultural understanding and competence and historical trauma related to medical abuse and experimentation.

Many countries have a starting point to make this people-centered shift. Strong partnerships with governments will be necessary to take bold actions to create an integrated system for routinely gathering and acting on data insights from under-reached communities. These communities' voices need to be heard and acted on.

People-Centered Health Systems

A shift toward people-centered PHC is necessary to overcome persistent barriers to quality care — making health products and services more accessible by ensuring that community needs and preferences are central in the design of PHC solutions.
Approach

VillageReach collaborated with ThinkPlace, a global strategy and design consulting firm based in Kenya, to develop a framework for integrating routine feedback mechanisms from under-reached communities into PHC systems. The Community Insights to Action Framework summarized in this report will guide our efforts to routinely collect insights from under-reached communities and use those insights to improve PHC systems, with government, through direct implementation and via advocacy.

Gathering feedback from traditionally under-reached communities is an enabler in designing and implementing transformative programs that improve PHC delivery to reach everyone.

To answer the question ‘What will it take to build responsive PHC systems?’ with ThinkPlace we conducted a desktop review, internal consultations and heard from experts in health and related fields. The Community Insights to Action Framework is anchored in these findings.

This report provides an overview of the project objectives, key findings from these consultations and proposed recommendations that have a relevance beyond VillageReach.

External assessments

Convenings attended by 158 individuals in Kenya, Democratic Republic of Congo (DRC), Malawi, Mozambique and globally were conducted by ThinkPlace with representatives from under-reached communities, governments, private sector, technology and data firms, funding partners, researchers, innovators, gamification experts and Community Based Organizations (CBOs).

Key thematic objectives for in-country sessions

In-country co-creation sessions focused on the following themes:

- Identification and definition of current and future characteristics of under-reached communities, considering geographic, financial and gender-related barriers.
- Understanding the country-specific landscape for responsive PHC, existing efforts to engage under-reached communities at scale and opportunities to design novel approaches to shift PHC systems towards responsiveness.

Key thematic objectives for global sessions

Global consultation sessions focused on the following themes:

- Identifying existing and novel efforts to engage under-reached communities at scale while evaluating successes and challenges of current responsive PHC systems/efforts.
- Understanding the critical components necessary for designing responsive PHC systems for the future, specifically focusing on the needs of under-reached communities.
Findings

When seeking healthcare, most people's needs and preferences are shaped by the following considerations:

- Can I get the medicines I need?
- Can I get the information I need?
- Are the services I need available?
- Are services convenient to access?
- Do I have a choice of services?
- Can I afford good quality services?

The responsiveness of PHC hinges on being able to cater to the considerations above. However, in the case of under-reached communities, understanding their specific constraints and addressing these considerations can often be challenging.

Under-reached communities

Under-reached communities are people with lower health outcomes who have typically not been served by multiple systems due to challenges with access to culturally appropriate, gender responsive, conveniently located, respectful, safe, affordable and relevant care.

Under-reached communities are not monolithic. Groups that are systematically excluded in one geography or setting may have access to PHC in another. Additionally, the characteristics of under-reached communities can change over time - as populations grow, demographics change and the health needs of communities evolve.

Under-reached communities include people who are marginalized due to their race, ethnicity, socioeconomic status, gender or other aspects of their identity. The concept of intersectionality recognizes that these identities do not exist in isolation, but rather interact and overlap, leading to complex forms of disadvantage.

We found the key determinants of under-reached status to be: lack of access to basic health services, socio-economic disadvantage, low health literacy, marginalization and social exclusion, low utilization of health services and poor health outcomes.

The most commonly identified under-reached communities are: ethnic minorities, indigenous persons, people living in extreme poverty, individuals with stigmatized diseases, refugees and internally displaced people, remote populations and people living with disabilities. Often, the feedback and insights collected has been limited to rural communities, whereas feedback from diverse groups of under-reached communities, including urban poor populations, those with religious and cultural beliefs against health practices and men facing social and cultural barriers, is essential for holistic responsiveness of PHC systems.

SPOTLIGHT

The Cameroon Baptist Convention Health Services (CBCHS) is a faith-based organization that provides PHC services to under-reached communities. CBCHS has increased access to care and built trust in the health care system through community engagement and culturally-sensitive care.

KEY TAKEAWAYS

- **Community involvement**: CBCHS engages community members in designing and implementing health services.
- **Culturally Sensitive Care**: CBCHS considers local beliefs and practices into the design and delivery of health services. Increasing acceptance and trust.
- **Partnership with Local Organizations**: Partnership helps to increase the reach and impact of health services.
- **Use of Community Health Workers (CHW)**: The use of CHWs helps to increase access to care and to build trust as they come from the communities they serve.
- **Integration of Traditional and Modern Medicine**: CBCHS integrates traditional and modern medicine to provide a comprehensive and culturally-sensitive approach to health care.

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https://cbchealthservices.org/portfolio-category/success-stories/
Challenges engaging with and gathering insights on the needs and preferences of under-reached communities include lack of disaggregated data on under-reached communities’ outcomes and access behaviours, and a lack of access to technology to engage in digital feedback mechanisms that are being increasingly used, such as social media, health hotlines and short messaging services (SMS).

**Gaps and opportunities**

Feedback mechanisms are essential for routinizing the involvement of under-reached communities in health care decision-making and building responsive PHC systems. However, obtaining insights from under-reached communities can be difficult, and existing structures for routinely capturing PHC feedback are few and far between. Often under-reached communities are not reached by these systems to be able to engage in a meaningful way. In addition, while governments are interested in building responsive PHC systems, sustainable funding can be a challenge.

Despite the significant amount of feedback collected from communities over the years, it has largely yet to be acted upon within health systems. This is primarily due to a need for incentives to encourage action at all levels of the health system, from health centers to policymakers.

In addition, community structures that have been established to engage with under-reached communities often face challenges, such as a lack of tools for data collection and analysis and insufficient funding to regularly gather insights and communicate them to health systems for action.

As a result of these challenges, under-reached communities have developed research fatigue. This has reduced trust between these communities and actors within the health system.

**We have an opportunity to develop more effective feedback mechanisms capable of routinely gathering and acting upon community insights at scale. Providing adequate funding and support to community structures working to engage with communities will be crucial.**

By doing so, we can build more responsive PHC systems that are truly centered on the needs of under-reached communities.

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**SPOTLIGHT**

**Malawi’s Health Sector Strategic Plan III (2020-2030)** highlights the Ministry of Health commitment to achieving UHC targets by 2030 through self-reliance and inclusivity, and by improving health outcomes, financial risk protection and client satisfaction.

**KEY OPPORTUNITIES**

- **Existing building blocks of a feedback loop system**: Malawi has implemented a routinized national client satisfaction survey, however challenges with sustaining and institutionalizing client satisfaction tracking include: lack of harmonization, surveys with routine data, incomplete reporting, community engagement, data use and accountability.

- **Telehealth platforms can be leveraged to understand needs and preferences**: Chipatala cha pa Foni is an established health hotline in Malawi that can be leveraged to gather feedback from users as well as gain insights on barriers to demand and access through approaches like **social listening**.

- **Well positioned community health program**: Malawi has implemented initiatives to strengthen its PHC systems such as the deployment of Health Surveillance Assistants to support health promotion and disease prevention in communities.

**LEARN MORE**

https://www.health.gov.mw/download/hssp-iii/
What will it take?

Our review revealed a number of success factors that are critical to designing feedback loop mechanisms in support of responsive PHC systems. These success factors are:

- **Adopting a multi-sectoral approach to gathering insights relating to under-reached communities.** This means collaborating with other sectors, such as agriculture and finance, to leverage existing, innovative and unconventional ways of gathering insights that meet under-reached communities where they are at.

- **Diversifying data sources by incorporating existing PHC data from health facilities.** While also leveraging direct sources of feedback from under-reached communities. This will help prevent research fatigue within communities and provide a more comprehensive picture of the population’s preferences and needs.

- **Focusing data collection on data that supports efforts to make the PHC system equitable and responsive.** This includes data on experiences, quality of care, accessibility and availability of PHC services, affordability of PHC services and health outcomes. Further, capturing disaggregated data broken down by population segments can also help gain a more nuanced understanding of the unique constellation of needs and preferences of various types of under-reached communities.

- **Using data analysis to produce actionable outputs.** This means simplifying the insights gleaned from analysis and sharing them with decision-makers in a way that drives change in processes, practice and policy.

- **Closing the loop between PHC systems and participants from communities.** This means acting on the feedback and communicating back to communities. This is essential for building trust, creating a sense of ownership and fostering partnerships between under-reached communities and the health system.

- **Ensuring the presence of an effective enabling environment,** such as health financing, policies and political buy-in. This is essential for building a sustainable, responsive PHC system that builds local autonomy to act on their unique community needs and preferences to improve PHC quality and outcomes.

Underlying these success factors is a mechanism for routinely and systematically incorporating community feedback in PHC systems. The **Community Insights to Action Framework** provides such a framework to identify the needs of communities, act upon those needs, communicate changes back to communities and deliver iterative improvements.

**THE COMMUNITY INSIGHTS TO ACTION FRAMEWORK**

**Overview**

We designed the **Community Insights to Action Framework** with ThinkPlace to prompt consideration of how health system actors can routinely consider under-reached community challenges, needs and preferences in order to center them in the design, delivery and evaluation of PHC systems.

The **Community Insights to Action Framework** can be used to design systems that routinely monitor and improve the quality of care communities are receiving and react to their evolving PHC needs as a result of climate change and outbreaks, and drive data-driven PHC decisions that improve the allocation of the scarce resources available.
In short, the **Community Insights to Action Framework** is a valuable tool that can help health system actors to put the needs of under-reached population at the center of health care delivery.

This Framework proposes a cyclical process, designed to be iterative, with each turn of the wheel shifting the PHC system to ever more responsiveness.

The five key components of the **Community Insights to Action Framework** are:

1. **Under-reached communities**: Communities that have ordinarily been left out of the health system and are not able to receive quality PHC services and products. They are at the center of this framework and their needs, environment, health literacy and characteristics form the basis of how the feedback system is designed.

2. **The feedback loop**: A step-by-step approach for engaging with and capturing insights on under-reached communities needs and preferences from diverse data sources, analyzing their insights, taking action on it, and closing the loop by communicating action points back to the under-reached communities.

3. **Health system actors**: Outlines the structure of the PHC system, including the existing channels of information flow from communities to the highest levels of the health system, and strategic decision points within the system.

4. **Health outcomes**: A focus on the goals expected from adopting a responsive PHC system, such as reducing inequity in access, quality, and coverage of essential PHC services.

5. **Enabling environment**: Critical factors that must exist for the feedback loops to lead to a responsive PHC system.

### The feedback loop

Sitting at the heart of the **Community Insights to Action Framework** is the feedback loop itself, which provides a step-by-step (or petal-by-petal) approach for integrating routine community insights into PHC design and delivery.

### SPOTLIGHT

VillageReach’s **Let’s Talk About Vaccines Project** aims to improve coverage of routine immunizations in Mozambique and Malawi by working with health workers and caregivers (usually mothers) to understand the barriers caregivers face in fully vaccinating their children and to identify, implement and evaluate solutions to reduce routine immunization dropout. Through this project, we co-created a pilot solution with the caregivers and health workers to address specific challenges faced in Mozambique. The co-created pilot solution is scaling to all health facilities in Zambézia province and will incorporate continuous caregiver feedback as a core component of the solution scale up.

### HOW WE ARE APPLYING THE COMMUNITY INSIGHTS TO ACTION FRAMEWORK:

- **Under-Reached Communities**: We will conduct quarterly surveys with caregivers in highly rural areas and are developing a strategy to engage with caregivers not accessing PHC services.

- **Feedback Loop**: We are working with the MoH to identify key questions and indicators to routinely monitor and to incorporate the survey into routine monitoring systems.

- **Health System Actors**: Together with health workers and health authorities we are designing a system to ensure insights from the engagements with caregivers and health workers feed into routine platforms for data review, decision making and resource allocation.

- **Enabling Environment**: By using a participatory approach to design the system created buy-in among health authorities to build on this work and develop a continuous caregiver feedback system.

[LEARN MORE](https://www.villagereach.org/project/lets-talk-about-vaccines-global/)
Co-define actionable PHC needs & preferences metrics:
Incorporate a systematic feedback element into the current data collection platforms of ministries of health and health care decision-makers, ensuring these data metrics are developed using a bottom-up approach, co-defined with relevant communities and URCs.

Aggregate insights via diverse & routine channels:
Leverage existing data from peer-to-peer groups representing URCs, existing media health programs, established government data collection platforms and technologies used in communities and key health workers (e.g. CHWs), and employ novel digital and in-person data collection methods.

Prioritize & incentivize action:
Strengthen and invest in data analysis and visualization methods to enable prompt and effective action within health systems, prioritizing actionable data points, harmonized as appropriate through existing PHC structures. Capacity building may be required among those collecting and analyzing data.

Activate PHC systems improvements:
Drive ownership and trust by working closely with affected communities and decision makers at different levels to co-create novel strategies, tools and practices to engage communities and drive change within the health system. Together with communities and government, monitor and continuously improve PHC improvements through traditional and participatory monitoring and evaluation approaches. Publish and disseminate key learnings and advocate for change.

Close the loop:
Feedback loops are a two-way communication/co-creation process, and closing the loop is essential to effectively communicate change back to communities. This step is crucial in building trust, creating a sense of ownership and fostering partnerships between communities and the health system. Where possible, use the same medium to reach back that was used to gather feedback.

Health Outcomes
Reduced inequity in access, quality and coverage of essential PHC services
Critical Principles of the Community Insights to Action Framework

The Community Insights to Action Framework advances broader responsive PHC systems, and is built upon several success factors: inter-sectoral collaboration, adaptable and interoperable, evidence-informed, action-orientated, sustainable and reliable, built of complementary data sources and ethical, trustworthy and transparent.

**Intersectoral collaboration:** PHC feedback systems should collaborate with other sectors, such as education, social services and local governance, to leverage alternative touch points with under-reached communities and to understand their needs from a holistic viewpoint. Furthermore, feedback systems should also work with other sectors to drive changes that address health and wellbeing for under-reached communities. This will ensure that all aspects of a person’s health are considered, and that interventions are coordinated across sectors.

**Adaptability & interoperability:** Feedback systems should be adaptable to changing environments and interoperable with other national health information systems. This will ensure that feedback can be collected and shared efficiently, and that it can be used to inform decision-making at all levels of the health system.

**Complementarity:** Feedback systems should be integrated seamlessly into existing processes and protocols to avoid user fatigue and promote honest feedback. This means that feedback systems should be designed to be easy to use and understand, and that they should not add an extra layer of bureaucracy to the health care system.

**Informed by behavioral science:** We need an understanding of behavioral levers and incentives that must be shaped in order to enable changes in PHC policy, practice and resource allocation in response to insights gleaned through feedback loop systems.

**Action-oriented:** A feedback loop system must be proactive in responding to the actual needs of under-reached communities. This means that they should be able to identify and address problems quickly and effectively.

**Sustainability & reliability (closing the loop):** Responsive PHC systems should be financially, environmentally and socially sustainable. This means that they should be able to operate effectively over the long term, without causing harm to the environment or the communities they serve.

**Uphold human rights and ethics:** A Community Insights to Action system should uphold the principles of human rights, ethics and social justice in the design, implementation and evaluation of health services. This means that it should build trust by respecting the rights and dignity of individuals and communities at all times, this includes respectful and ethical data collection and use.

By routinely considering community challenges, needs and preferences, health care actors can ensure that PHC systems are designed and delivered to meet the needs of all people, including those previously under-reached.
What can we do to move from theory to action? Incorporating the perspectives and preferences of those previously under-reached by the health system is both critical and challenging. However, to extend the reach of quality health care for everyone, we must hear from and design solutions with under-reached communities who experience the lowest health outcomes. Building strong and responsive PHC systems will require multi-sector collaboration and long-term commitment.

Recommendations

There are a number of recommendations with general applicability for health care actors seeking to incorporate community insight into program design. These are:

- **Developing interoperable data systems** will enable organizations to champion the adoption of the Community Insights to Action Framework. Organizations should adapt or build upon existing country systems to ensure that each of these systems is guided by and feeding into the Community Insights to Action Framework.

- **Emphasize the importance of investing in data analytics capabilities**, while insights derived from diverse sources are essential, the ability to triangulate and analyze data from different sources is key for incentivizing action within health systems. Furthermore, data systems for capturing direct and indirect sources of insight should consider whether they are truly capturing the needs of under-reached communities, from a reach and literacy perspective.

- **Incentivize action** by incorporating community insights gathering as a part of performance management for those that are tasked with making decisions to improve the health system. This should be complemented by giving more autonomy to service providers at service delivery points to make changes that improve health care delivery. Furthermore, promote monitoring and evaluation of these efforts through traditional and participatory approaches to understand the impact on the responsiveness of the PHC system and impacts on PHC care access and outcomes.

- **Diversify data sources** to design PHC programs that specifically target the specific and diverse needs and preferences of under-reached communities. It is essential to diversify data sources to ensure active participation of these communities in co-defining their actionable PHC needs and preferences, while also mitigating the research fatigue that can arise from constantly gathering direct feedback from them.

- **Build coalitions** with the aim of working with governments to develop policies that advocate for responsive PHC systems, as well as create an enabling environment for responsive PHC systems to thrive.
A model for change

To reduce inequity and improve access, quality, affordability and coverage of essential PHC services, VillageReach is increasing its organizational focus on the routine collection and use of community insights and data to drive change in how health products and services are delivered at scale.

Over the next three years we will:

- **Test**: Test innovations and mechanisms for integrating insights into the design of responsive PHC by operationalizing specific “petals” of the Community Insights to Action Framework into existing solutions and measure the impact on PHC system responsiveness and improvements in equitable PHC access and outcomes.

- **Pilot**: Work with catalytic partners and governments to design and pilot models of responsive PHC that comprehensively operationalize the complete Community Insights to Action Framework.

- **Mobilize**: Share learnings and mobilize coalitions to advocate for a shared responsive PHC agenda, contributing to a policy shift towards sustainable, equitable and responsive PHC.

Many countries have a starting point for routinely building community insights and data into the design and delivery of solutions. The need is there. The desire is there. In most instances, a number of the necessary building blocks are in place.

Now, we must seek fruitful partnerships with governments to take the bold action necessary to create integrated systems for routinely gathering and acting on data insights from under-reached communities, transforming health care for everyone.

Call-to-action

1. **Co-design programs and policies** that deliver services that are responsive to community insights and needs.

2. **Empower communities** with information. Act on feedback and “close the loop” with communities, especially those at the last mile, to build institutional trust and better services.

3. **Empower health system actors** to leverage the Community Insights to Action Framework as a mechanism to improve equitably PHC access and service delivery.

To learn more about our work on Community Insights to Action email: emily.lawrence@villagereach.org