

Building the Capacity of Health Zone Management Teams

Data Management Training in Kasai Province



The Rotary Healthy Communities Challenge (RHCC) is a three-year, multi-country project aimed at reducing severe disease and death from malaria, pneumonia, and diarrhea in children under five through the deployment of integrated community case management (iCCM). iCCM is a globally recognized strategy to equip community health workers with the knowledge, tools, and commodities to provide appropriate care for malaria, pneumonia, and diarrhea—the three biggest killers of children under the age of five. The Government of the Democratic Republic of the Congo (DRC) is committed to implementing iCCM as a strategy to expand access to lifesaving care, especially for hard-to-reach communities.

The flow of timely, accurate, and quality iCCM data is critical to understanding the local disease burden and measuring progress in reducing that burden. In their support to the Ministry of Health, the RHCC partnership—World Vision, The Rotary Foundation, and PATH—is committed to strengthening the use of data for decision-making for optimal health service delivery in the Kasai Province.

Within the RHCC partnership, PATH provides technical assistance focused on monitoring and evaluation, including capacity building for DRC health personnel to improve data management and use. In July 2026, PATH and World Vision facilitated a data management training of iCCM data from collection to use-cases for health management zone teams (HZMTs) in Kasai Province. Prior to the workshop, the management of iCCM data faced three main challenges: (1) the presence of inconsistent and outlier data; (2) poor proficiency in the use of digital tools (IASO, DHIS2); and (3) limited capacity to analyze community-level data. These constraints reduced the ability of the HZMTs to ensure effective quality control and to use the data in the management of community interventions.

Data Management Training

Under the leadership of the DRC Ministry of Health, 61 individuals participated in the data management training: 48 members of the HZMTs, 2 provincial executives, and 11 World Vision staff. The training applied a participatory approach—attendees used real data to practice data organization,

Participants were equipped with a standardized quality control methodology using a certification sheet and an Excel analysis tool to automate data processing, verify report completeness, and quickly identify anomalies to produce quality feedback. These tools significantly reduce data cleaning and analysis time—a process that has been historically manual and time-intensive.

— Dr Eugène Kuamba, Chief Medical Officer, Banga Lubaka Health Zone

ID de formulaire	Origine	Origine ID	Reference externe	parent1	parent2	parent3	parent4	no. 12 diambres, males de 5 ans, femelle	no. 12 diambres, 5 ans et plus, femelle	Diambres Femelles, 5 ans	Diambres Femelles, 5 ans +
6366337 Shomubulu SSC		2075726	OnT7Cm32	Shomubulu Village	Tshibemba	Kanzola	Kasai				
6305050 Seba SSC		2075734	d3H8W6W9a	Seba Village	Tshibemba	Kanzola	Kasai				
6427473 Seba SSC		2075734	d3H8W6W9a	Seba Village	Tshibemba	Kanzola	Kasai				
6527960 Seba SSC		2075734	d3H8W6W9a	Seba Village	Tshibemba	Kanzola	Kasai				
6527964 Shomubulu SSC		2075735	OnT7Cm32	Shomubulu Village	Tshibemba	Kanzola	Kasai				
6074346 Kanyenge SSC		2075002	KE0dU7D4w	Kanyenge Village	Malongo	Tshikapa	Kasai				
6314700 Munda SSC		4164666		Munda Village	Kamemba/Angei	Kanzola	Kasai				
6075095 Bano SSC		2075081	UKtE8yaywV	Bano Village	Malongo	Tshikapa	Kasai				
6076120 Tshapemba SSC		4112477		Tshapemba Village	Malongo	Tshikapa	Kasai				
6075120 Tshemba SSC		2075735	Zmz13T3C	Tshemba Village	Malongo	Tshikapa	Kasai				
6075170 Shamingo SSC		2051006	uq1Q132C	Shamingo Village	Malongo	Tshikapa	Kasai				
6075314 Munya Maya SSC		2075004	uJp0t06t	Munya Maya Village	Malongo	Tshikapa	Kasai				
6075371 Ngunda SSC		2075001	1K213333	Ngunda Village	Malongo	Tshikapa	Kasai				
6075409 Kamunda SSC		4112476		Kamunda Village	Malongo	Tshikapa	Kasai				
6075557 Kabongo Kanyika SSC		4764997		Kabongo Village	Mpamba	Kamemba	Kasai				
6076039 Kapa SSC		2075735	FOH3G13C	Kapa Village	Kanzola	Kasai					
6076068 Kamatumba SSC						Kamemba	Kasai				
6076088 Kamukumba SSC											
6076091 Shungu SSC											
6076094 Mushatungwa 2 SSC											
6076095 Mushatungwa 1 SSC											
6076770 Tshimunde 1 SSC											
6076775 Tshimunde 2 SSC											
6076780 Shomubulu 59											
Province											
Zone de Sante				Aire de Sante				Village			
SSC				SSC				SSC			
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The training used hands-on learning to analyze real iCCM datasets from community care sites, using the provided Excel-based analysis tool and data platforms, IASO and DHIS2. At the end of the exercise, groups presented and discussed their findings in plenary report-back sessions, highlighting data quality issues, interpreting key indicators, and proposing corrective actions. This practical approach helped participants build confidence in applying data analysis skills to routine program management.



Participants analyze data in groups with oversight from facilitators. Photo: World Vision

What helped me the most was learning to use IASO for data analysis. Today, I know how to access the platform, review submissions from community care sites, check reporting completeness, download data, and conduct analyses...The certification form introduced during the training will help compare information recorded in registers with what is reported in monthly summaries, making it easier to identify and correct inconsistencies.

— **Mr. Godefroid Ipengula, Primary Health Care Supervisor, Kalonda West Health Zone**

High-quality health data is important to accurately describe the local situation of disease burden and commodity supply. It serves as an important tool for decision-makers to appropriately respond to scenarios.

The process of data quality begins with records from the community level undergoing a review to ensure they were reported correctly. Mistakes are often made when transposing figures from one form to another. For example, there could have been an error in recording numbers from a community health worker register into data fields on a mobile phone app.

Examples of data reporting issues discovered during the RHCC-supported data management training include:

- *Diagnosis and treatment number disparity:* In one health zone, from a review of more than 700 malaria records, training participants identified a difference of 15 cases between the number of confirmed uncomplicated malaria cases and the number of cases reported as treated.
- *Reporting and stock differences:* Inconsistencies were also found between the number of malaria RDTs administered compared with the total reported as used, a difference of 33 tests.
- *Over-reporting:* In another health zone, some community care sites reported more than 100% of suspected malaria cases tested, with one site reporting 280% of uncomplicated malaria cases

treated. Participants also found implausible pneumonia treatment patterns. One health area reported 293% confirmed pneumonia cases among children with cough/cold symptoms.

These findings led the groups to recommend verification of source documents, correction of records in IASO and DHIS2, more frequent supportive supervision, and overall strengthening of routine data review before report submission.

Achievements

This initiative lays the foundations for continuous improvement of quality of community data and reinforces its use for evidence-based decision-making. Additional activities to support high-quality data include post-training support for HZMTs to implement the Excel tool for routine analysis, support of data analysis review at health zone office level, and continuous correction and cleaning of data. RHCC will also support the nurse-in-charge of referral facilities in report verification before uploading data to the data management platforms.

Overall, this training illustrates that by equipping actors at all levels with appropriate skills, a standardized methodology, and simple but effective tools, it is possible to sustainably improve the quality of the data produced by community health workers. More reliable data not only strengthens the credibility of the information systems but also provides managers with a solid foundation for monitoring the service delivery performance and guiding decision-making for training, supervision, and service delivery planning.

Beyond strengthening technical skills, the training significantly increased participants' confidence in the use of digital health information systems. Several HZMT members reported that they are now able to independently access DHIS2 and IASO, download and validate community-level data, identify inconsistencies, and provide structured feedback to health facility and community teams. Participants also committed to conducting supervision visits and monthly data review meetings to reinforce the application of newly acquired skills.

We now have the skills to identify inconsistencies, analyze reports, and support community care sites more effectively. When we return to our health zones, we will organize regular data review meetings with community care sites to identify inconsistencies and correct errors so that the information reported is more reliable.

— Christine Toumba, Primary Health Care Supervisor, Kitangwa Health Zone

Following this workshop, participating HZMTs have initiated monthly reviews of quality data. iCCM data are now analyzed in the monthly reviews held by the Provincial Health Division in Kasai Health Zones with the technical assistance of the RHCC project.

Through RHCC, PATH remains committed to supporting the DRC Ministry of Health in strengthening community health information systems and promoting a culture of data quality and data use. Ultimately, more reliable community data will enhance program performance monitoring, improve the delivery of child health services, and support national efforts to reduce preventable morbidity and mortality among children under five years of age in the DRC.

Additional Materials

1. [Présentation Mushenge](#)
2. [Présentation Nyanga](#)