

# Visualizing SBC: Collaborative Development of a Regional SBC Monitoring Dashboard

Anbesse Badane, Tenaw Mengist Zewdie, Chala Kenenisa Edae, Damtew Yadeta Gonfa, Endale Bacha Wako, Debele Ayele Bedada, Desta Kebede Desta, and Tolessa Kebebew Hordofa (FHI360)

## Developing a SBC Monitoring Dashboard with the Oromia Regional Health Bureau

### INTRO AND OBJECTIVE

In Ethiopia, the USAID Healthy Behaviors Activity worked with the Oromia Regional Health Bureau (RHB) to develop a user-friendly web-based monitoring dashboard for SBC programming, allowing clear, disaggregated data for monitoring, learning, and evidence-based decision-making and actions.

### METHODS

Providing technical assistance to the Oromia Regional Health Bureau (RHB) is a part of USAID Healthy Behaviors' purview. The RHB reached out with a vision: to use clear, disaggregated, and local data to improve SBC programming, previously the indicators were not part of the District Health Information System (DHIS2).

- Consultative meetings with senior regional and national experts and leaders to identify and review Key indicators.
- About 30 core performance indicators were identified.
- Digital SBC dashboard developed for each level.
- Rigorously reviewed and pretested.
- SBC dashboard officially launched in the region.
- SBC staff trained on data entry and use.
- Feedback collected and regular revisions made.

### RESULTS

The Oromia SBC Dashboard has been rolled out to 341 districts and 126 hospitals across 21 zones and 23 town administrations. This dashboard has allowed users for the data entry, disaggregation, virtualization, and monitoring of SBC interventions' data at region, zone, district, and health facility levels. Previously, this was only available offline at the regional level. Other impacts include:

- Higher-quality and more regular implementation of community and facility-level SBC activities
- Real-time data review and analysis of data with interactive visualization.
- Enhance decision-making with data-driven insights
- Tailor to launch any new community needs to meet gaps, for example, new baby fairs and small discussion groups for key audiences.

### CONCLUSIONS

Integration of technology as part of SBC monitoring, evaluation, and learning is only helpful to advance the needs of SBC implementers and communities. USAID Healthy Behaviors and Oromia RHB collaboration efforts to realize a pioneering SBC dashboard in Ethiopia exemplifies responsive, impactful digital innovation in support of SBC in the region and is scalable for national and other regions.

