Chapter 3. Setting Up a New Database

The DHIS 2 application comes with a set of tools for data collection, validation, reporting and analysis, but the contents of the database, e.g. what data to collect, where the data comes from, and on what format will depend on the context of use. This meta data need to be populated into the application before it can be used, and this can be done through the user interface and requires no programming. What is required is in-depth knowledge about the local HIS context as well as an understanding of the DHIS 2 design principles (see the chapter “Key conceptual design principles in DHIS 2”). We call this initial process for database design or customisation. This chapter provides an overview of the customisation process and briefly explains the steps involved, in order to give the implementer a feeling of what this process requires. Other chapters in this manual provide a lot more detail into some of the specific steps.

3.1. Strategies for getting started

The following section describes a list of tips for getting off with a good start when developing a new database.

1. Quickly populate a demo database, incl. examples of reports, charts, dashboard, GIS, data entry forms. Use real data, ideally nation-wide, but not necessarily facility-level data.
2. Put the demo database online. Server hosting with an external provider server can be a solution to speed up the process, even if temporary. This makes a great collaborative platform and dissemination tool to get buy-in from stakeholders.
3. The next phase is a more elaborate database design process. Parts of the demo can be reused if viable.
4. Make sure to have a local team with different skills and background: public health, data administrator, IT and project management.
5. Use the customisation and database design phase as a learning and training process to build local capacity through learning-by-doing.
6. The country national team should drive the database design process but be supported and guided by experienced implementers.

3.2. Controlled or open process?

As the DHIS 2 customisation process often is and should be a collaborative process, it is also important to have in mind which parts of the database that are more critical than others, e.g. to avoid an untrained user to corrupt the data. Typically it is a lot more critical to customise a database which already has data values, than working with meta data on an “empty” database. Although it might seem strange, much customisation takes place after the first data collection or import has started, e.g. when adding new validation rules, indicators or report layouts. The most critical mistake that can be made is to modify the meta data that directly describes the data values, and these as we have seen above, are the *data elements* and the *organisation units*. When modifying these definitions it is important to think about how the change will affect the meaning of the data values already in the system (collected using the old definitions). It is recommended to limit who can edit these core meta data through the user role management, to restrict the access to a core customisation team.

Other parts of the system that are not directly coupled to the data values are a lot less critical to play around with, and here, at least in the early phases, one should encourage the users to try out new things in order to create learning. This goes for groups, validation rules, indicator formulas, charts, and reports. All these can easily be deleted or modified later without affecting the underlying data values, and therefore are not critical elements in the customisation process.

Of course, later in the customisation process when going into a production phase, one should be even more careful in allowing access to edit the various meta data, as any change, also to the less critical meta data, might affect how data is aggregated together or presented in a report (although the underlying raw data is still safe and correct).

3.3. Steps for developing a database

The following section describes concrete steps for developing a database from scratch.

3.3.1. The organisational hierarchy

The organisational hierarchy defines the organisation using the DHIS 2, the health facilities, administrative areas and other geographical areas used in data collection and data analysis. This dimension to the data is defined as a hierarchy with one root unit (e.g. Ministry of Health) and any number of levels and nodes below. Each node in this hierarchy is called an organisational unit in DHIS 2. The design of this hierarchy will determine the geographical units of analysis available to the users as data is collected and aggregated in this structure. There can only be one organisational hierarchy at the same time so its structure needs careful consideration.

Additional hierarchies (e.g. parallel administrative boundaries to the health care sector) can be modelled using organisational groups and group sets, but the organisational hierarchy is the main vehicle for data aggregation on the geographical dimension. Typically national organisational hierarchies in public health have 4-6 levels, but any number of levels is supported. The hierarchy is built up of parent-child relations, e.g. a Country or MoH unit (the root) might have e.g. 8 child units (provinces), and each province again (at level 2) might have 10-15 districts as their children. Normally the health facilities will be located at the lowest level, but they can also be located at higher levels, e.g. national or provincial hospitals, so skewed organisational trees are supported (e.g. a leaf node can be positioned at level 2 while most other leaf nodes are at level 5).

3.3.2. Data Elements

The Data Element is perhaps the most important building block of a DHIS 2 database. It represents the *what* dimension, it explains what is being collected or analysed. In some contexts this is referred to an indicator, but in DHIS 2 we call this unit of collection and analysis a data element. The data element often represents a count of something, and its name describes what is being counted, e.g. "BCG doses given" or "Malaria cases". When data is collected, validated, analysed, reported or presented it is the data elements or expressions built upon data elements that describes the WHAT of the data. As such the data elements become important for all aspects of the system and they decide not only how data is collected, but more importantly how the data values are represented in the database, which again decides how data can be analysed and presented.

A best practice when designing data elements is to think of data elements as a unit of data analysis and not just as a field in the data collection form. Each data element lives on its own in the database, completely detached from the collection form, and reports and other outputs are based on data elements and expressions/formulas composed of data elements and not the data collection forms. So the data analysis needs should drive the process, and not the look an feel of the data collection forms.

3.3.3. Data sets and data entry forms

All data entry in DHIS 2 is organised through the use of data sets. A data set is a collection of data elements grouped together for data collection, and in the case of distributed installs they also define chunks of data for export and import between instances of DHIS 2 (e.g. from a district office local installation to a national server). Data sets are not linked directly to the data values, only through their data elements and frequencies, and as such a data set can be modified, deleted or added at any point in time without affecting the raw data already captured in the system, but such changes will of course affect how new data will be collected.

Once you have assigned a data set to an organisation unit that data set will be made available in Data Entry (under Services) for the organisation units you have assigned it to and for the valid periods according to the data set's period type. A default data entry form will then be shown, which is simply a list of the data elements belonging to the data set together with a column for inputting the values. If your data set contains data elements with categories such as age groups or gender, then additional columns will be automatically generated in the default form based on the categories. In addition to the default list-based data entry form there are two more alternatives, the section-based form and the custom form. Section forms allow for a bit more flexibility when it comes to using tabular forms and are quick and simple to design. Often your data entry form will need multiple tables with subheadings, and sometimes you need to disable (grey out) a few fields in the table (e.g. some categpories do not apply to all data elements), both of these functions are supported in section forms. When the form you want to design is too complicated for the default or section forms then your last option is to use a custom form. This takes more time, but gives you full flexibility in term of the design. In DHIS 2 there is a built in HTML editor (FcK Editor) for the form designer and you can either design the form in the UI or paste in your html directly (using the Source window in the editor.

3.3.4. Validation rules

Once you have set up the data entry part of the system and started to collect data then there is time to define data quality checks that help to improve the quality of the data being collected. You can add as many validation rules as you like and these are composed of left and right side expressions that again are composed of data elements, with an operator between the two sides. Typical rules are comparing subtotals to totals of something. E.g. if you have two data elements "HIV tests taken" and "HIV test result positive" then you know that in the same form (for the same period and organisational unit) the total number of tests must always be equal or higher than the number of positive tests. These rules should be absolute rules meaning that they are mathematically correct and not just assumptions or "most of the time correct". The rules can be run in data entry, after filling each form, or as a more batch like process on multiple forms at the same time, e.g. for all facilities for the previous reporting month. The results of the tests will list all violations and the detailed values for each side of the expression where the violation occurred to make it easy to go back to data entry and correct the values.

3.3.5. Indicators

Indicators represent perhaps the most powerful data analysis feature of the DHIS 2. While data elements represent the raw data (counts) being collected the indicators represent formulas providing coverage rates, incidence rates, ratios and other formula-based units of analysis. An indicator is made up of a factor (e.g. 1, 100, 100, 100 000), a numerator and a denominator, the two latter are both expressions based on one or more data elements. E.g. the indicator "BCG coverage <1 year" is defined a formula with a factor 100, a numerator ("BCG doses given to children under 1 year") and a denominator ("Target population under 1 year"). The indicator "DPT1 to DPT3 drop out rate" is a formula of 100 % x ("DPT1 doses given"- "DPT3 doses given") / ("DPT1 doses given").

Most report modules in DHIS 2 support both data elements and indicators and you can also combine these in custom reports, but the important difference and strength of indicators versus raw data (data element's data values) is the ability to compare data across different geographical areas (e.g. highly populated vs rural areas) as the target population can be used in the denominator.

Indicators can be added, modified and deleted at any point in time without interfering with the data values in the database.

3.3.6. Report tables and reports

Standard reports in DHIS 2 is a very flexible way of presenting the data that has been collected. Data can be aggregated by any organisational unit or orgunit level, by data element, by indicators, as well as over time (e.g. monthly, quarterly, yearly). The report tables are custom data sources for the standard reports and can be flexibly defined in the user interface and later accessed in external report designers such as iReport or BIRT. These report designs can then be set up as easily accessible one-click reports with parameters so that the users can run the same reports e.g. every month when new data is entered, and also be relevant to users at all levels as the organisational unit can be selected at the time of running the report.

3.3.7. GIS (Maps)

In the integrated GIS module you can easily display your data on maps, both on polygons (areas) and as points (health facilities), and either as data elements or indicators. By providing the coordinates of your organisational units to the system you can qucikly get up to speed with this module. See the GIS section for details on how to get started.

3.3.8. Charts and dashboard

On of the easiest way to display your indicator data is through charts. An easy to use chart dialogue will guide you through the creation of various types of charts with data on indicators, organisational units and periods of your choice. These charts can easily be added to one of the four chart sections on your dashboard and there be made easily available right after log in. Make sure to set the dashboard module as the start module in user settings.