COMMUNITY
ADVOCACY
DASHBOARD

VISUALIZING ADVOCACY IMPACT

A framework for managing, visualizing, analyzing data from community-led monitoring

Contents

ABBREVIATION LIST

CDC	Centers for Disease Control and Prevention
CSC	Community scorecard
CSO	Civil society organization
HIV	Human immunodeficiency virus
KP	Key populations
PEPFAR	President's Emergency Program for AIDS Relief

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Its contents are solely the responsibility of Cardno and Excella and do not necessarily represent the official views of CDC.

About the Framework

Purpose

Community-led monitoring generates rich quantitative and qualitative data as part of the process of developing community advocacy actions. Civil society organizations (CSOs) use community scorecards (CSCs) and other tools for data collection, and the data is often used for point in time analysis.

CSOs can enable data-driven advocacy by storing, managing, analyzing, and visualizing the data more routinely. The purpose of developing the Community Advocacy Dashboard and visualization framework is to make community advocacy actions and successes more visible and enable more rapid dissemination of learning within and among civil society organizations leading community-led monitoring efforts.

The benefits for civil society organizations (CSOs) who choose to adapt and use the dashboard for their own monitoring purposes include:

- Reduced reporting burden, with the dashboard providing summary views of CSC trends for individual communities and across health facilities
- Improved speed of analysis, with a structured format for capturing, managing, and visualizing data
- Rapid access to trend and comparison analysis to identify health facilities facing similar challenges who can learn from past advocacy successes

The CSC dashboard and this framework were informed primarily by learning from conducting, managing data, analyzing, and visualizing data from CSC activities in Uganda and Zimbabwe. More than a dozen community organizations' experiences informed the development of this framework and dashboard.

Audience

This guide is intended for use by CSOs and other organizations monitoring, evaluating, researching community engagement who have some baseline understanding of how data is collected, managed, and analyzed.

Program managers responsible for analyzing CSC data will benefit from understanding the analysis framework presented here.

Previous experience using Tableau workbooks is not required. If you have not used Tableau, we recommend reviewing some of the basic resources listed in the **Community Advocacy Dashboard User Guide.**

Terms for use

The Tableau packaged workbook and the information contained in this framework is intended for adaptation and use by any community organization conducting community-led monitoring activities.

Community-Led Monitoring

Key Takeaways:

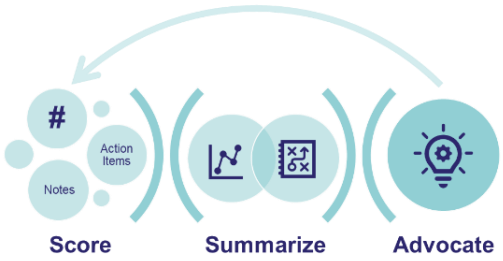
- Community-led monitoring is a data-driven advocacy approach that often includes a community scorecard.
- Community-led monitoring generates quantitative and qualitative data.
- Quantitative data includes the scores assigned to individual measures.
- Qualitative data includes the notes explaining the score, advocacy action item, and person or team responsible for the advocacy action item.
- Both kinds of data can be stored in one data repository that should act as a primary record of the community-led monitoring sessions.
- Consistent capture and management of data over time is critical to enabling visualization and analysis of trends and advocacy impacts.

What is Community-led Monitoring

Community-led monitoring functions as a data-driven advocacy approach. Local CSOs lead the routine review of health care services and generate an action plan based on gaps or issues they observe. The goal of community-led monitoring is to improve the quality of these services.

At its core, community-led monitoring includes three key steps:

1. **Scoring** predetermined indicators and creating action plans whose purpose is to introduce beneficial changes through the community engagement process.
2. **Summarize** findings, primarily in paper artifacts left with the community and later in narrative reports
3. **Advocate for change** at all levels of government, guided by the action plan and narrative report



After the initial community-led monitoring activity begins, CSOs are recommended to continue on a quarterly basis.

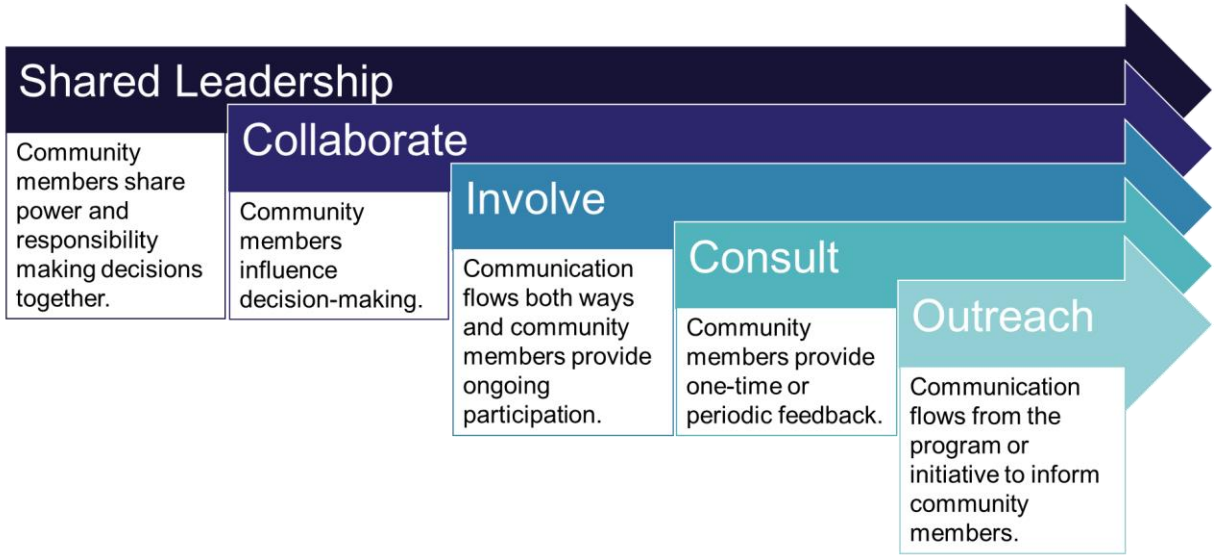
Each quarter, the community works through a dialogue process to generate a new set of scores. These scores can be used to measure progress from the previous scores in terms of advocacy actions, monitor trends over time, and hold duty-bearers accountable.

Detailed information and guidance on developing and implementing a community-led monitoring initiative using a scorecard is available in the Advancing Partners & Communities Community Scorecard Toolkit[1].

[1]Advancing Partners and Communities (2018). Community Scorecard Toolkit. https://www.advancingpartners.org/sites/default/files/sites/default/files/resources/tagged_apc_lci_community_scorecard_toolkit.pdf

Locally Led

The community-led monitoring process is flexible and adaptable to different contexts, challenges, and priorities. The vision for community-led monitoring is to be shepherded by shard leadership among community members, health workers, and duty bearers.[2]



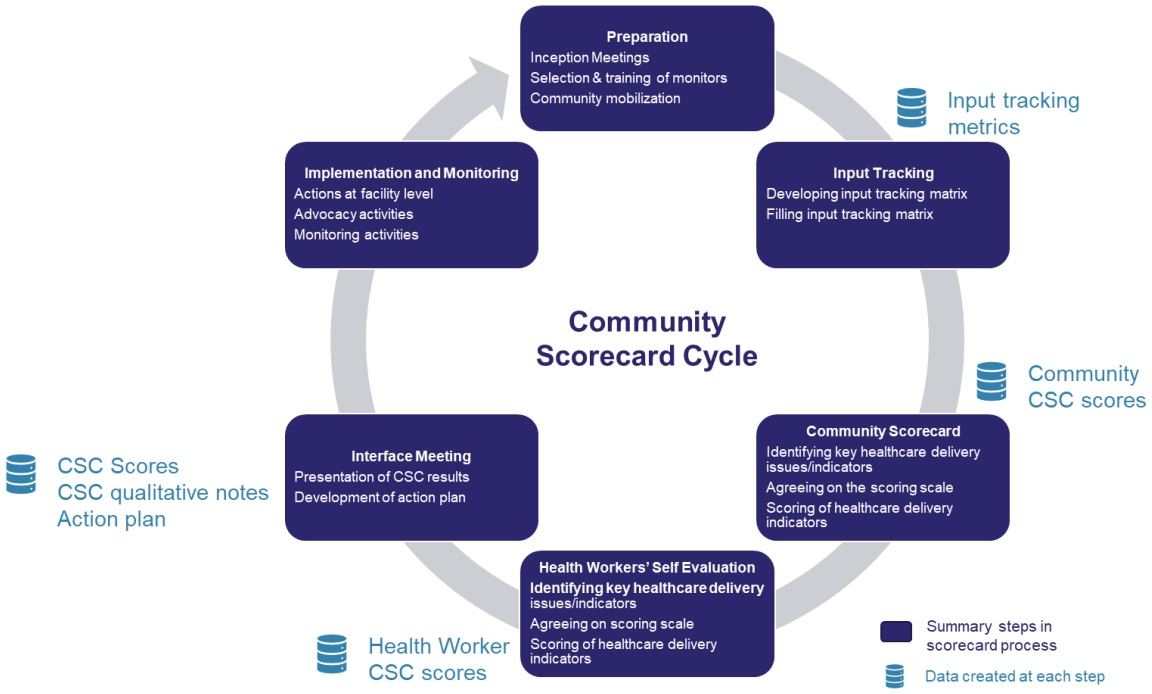
CSOs can define their own standard operating procedures for conducting community-led monitoring.

While a CSC is one frequently used tool in the process, CSOs can develop additional data collection tools to understand their environment and health system and analyze the data they collect alongside additional data sources that assess the context and measure health outcomes.

An Example from the Field

One community organization in Uganda conducts an **Input Tracking** assessment in advance of leading the CSC dialogue sessions. The Input Tracker generates data on health systems factors including the stock of key commodities on the day of the Input Tracking visit, the number of facility vacancies, the roles of healthcare workers assigned to the facility, and other related indicators. This tool generates additional quantitative data and helps with the CSC facilitation.

[2]Framework adapted from “Principles of Community Engagement (Second Edition)”. https://www.atsdr.cdc.gov/communityengagement/pdf/PCE_Report_508_FINAL.pdf



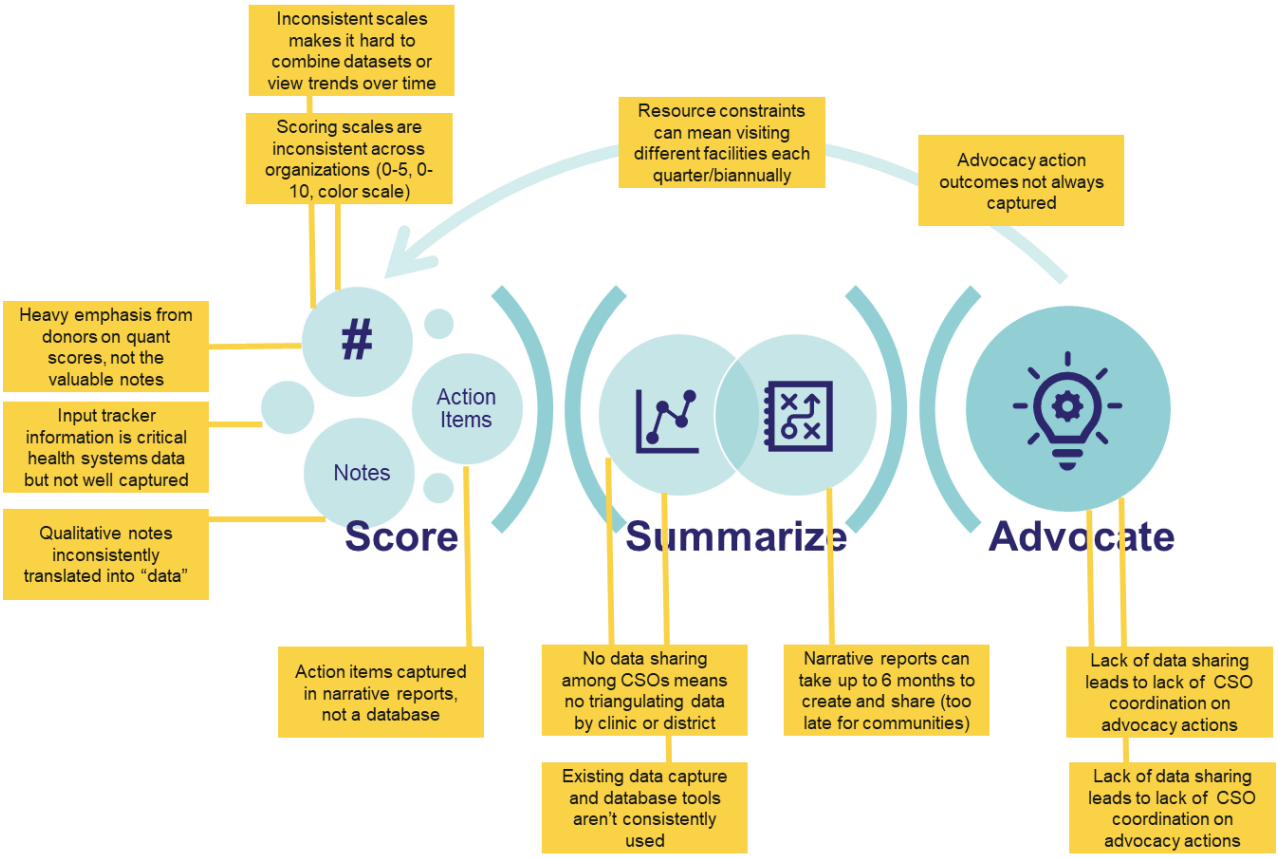
How a dashboard supports data driven advocacy

Community-led monitoring activities carried out over multiple quarters generate rich datasets, including quantitative scores, insights on health service availability and accessibility, and planned advocacy actions. The process encourages dialogue among the community, health facility, and government.

Due to the interactive and dialogue-driven nature of this process, data storage and management processes vary across organizations. Examples of central repositories designed for data storage, trend analysis, facility comparisons are cumbersome, difficult to navigate, and time consuming to manage.

These problems, also commonly referred to as pain points, result in inefficiencies that impede the productivity of CSOs and can divert time and resources from their advocacy agendas.

Organizations who have facilitated community-led monitoring activities identified common pain points during the dashboard discovery process. Addressing the most pressing pain points was a priority throughout dashboard development.



Many of these pain points stem from process challenges in how data is captured and stored electronically. During the scoring process, data points are often captured on large sheets of paper and entered into tables in spreadsheets or word documents at a later time. The lag between scoring and electronic data entry can be long and the process cumbersome for CSOs.

Consistent, simplified, and easily repeatable processes for capturing both the quantitative and qualitative data from the CSC enables timely reporting, trend analysis, and knowledge sharing.

The Tableau dashboard uses the data to enable rapid analysis of trends and comparisons and to facilitate knowledge sharing between health facilities and organizations.

DATA COLLECTION	DATA MANAGEMENT	DATA VISUALIZATION	DATA ANALYSIS	DATA USE
SCORE		SUMMARIZE		ADVOCATE

Data Collection

Key Takeaways:

- Community scorecards (CSCs) are often the primary data collection tool in community-led monitoring.
- CSCs can be customized to assess availability, accessibility, and quality of care on the indicators of greatest interest to the CSO leading the community-led monitoring efforts.
- Additional data can be compiled from CSO-owned sources, such as Input Tracker or related M&E data, or from third party sources, such as PEPFAR.
- To compare data from different sources using the dashboard, the data should have the same level of granularity: specifically, the it is collected at the same geographic unit (community) and time (quarter/year) as the scorecard data.

Community Scorecards

Most community-led monitoring initiatives are centered around a **community scorecard**.

The CSC is a two-way, participatory, quality improvement activity that brings together health services users (e.g., community members) and health service providers (e.g., healthcare workers). Together, they assess alist of key indicators that describe the quality of services at a particular health facility on a quarterly basis. During a CSC session, all participants from both groups must agree on a single score for each key measure, resulting in a consensus score.

The CSC indicators can vary depending on the focus of the community-led monitoring effort, but typically relate to four categories:

1. **Availability of a service or commodity**
2. **Accessibility of a service or commodity**
3. **Factors impacting quality of care, from an institutional and individual level**

For a CSC centered on health services for key populations at risk for HIV/AIDS, examples of these could include[3]:

Availability of…	Accessibility of…	Quality of Care
Female condoms Male condoms Condom compatible lubricants	Female condoms Male condoms Condom compatible lubricants	SGBV screening and management

[3] Example community scorecard measures listed here are sourced from the scorecard standard operating procedures and guidelines developed and used by CSOs who received technical assistance to develop scorecards under the Advancing Partners & Communities Local Capacity Initiative

Pre-exposure prophylaxis (PrEP)	PrEP	healthcare worker attitudes
Post-exposure prophylaxis (PEP)	PEP	towards PLHIV
Post-abortion care services	Post-abortion care services	Stigma and discrimination against KP

In addition to capturing consensus scores for each measure, community-led monitoring efforts also capture **comments** on why a given score was selected, resulting in rich qualitative data.

Then, the group selects indicators with low or declining scores and identifies **specific actions** that should be taken within a defined period to address the issue and assigns who will supervise the completion of these actions. These action items are most frequently at the community level and range in complexity.

If an issue cannot be addressed at the community level (for example, persistent stockouts of a commodity due to an issue higher in the supply chain), the community may advocate to the district or other level within the health system to raise awareness of the issue and request changes.

Community Scorecard Data

The community-led monitoring process generates various data.

Quantitative CSC data includes:

- **CSC scores** for individual indicators

The quantitative scores form the backbone of the charts and graphs displayed on Community Advocacy Dashboard.

Qualitative CSC data includes:

- **comments** on why scores were assigned,
- **suggestion for how score can be improved**
- **advocacy action items**, and
- **who is responsible** for the advocacy actions

Together, these quantitative and qualitative data form the primary dataset used in the **Community Advocacy Dashboard.**

Data Triangulation with Supplemental Data

The data from the community scorecard can be analyzed with additional data about the health facility and surrounding community to identify where improvements or declines in scores correlate with trends in other indicators.

The Community Advocacy Dashboard enables a user from a CSO to load data from multiple sources and visualize them together in order to paint a more comprehensive picture of performance and change at a given health center.

Organizations can compare trends in scorecards with other data collected by the organization, which may include:

- Community-led monitoring **input tracker**, which captures health system information such as the number of health workers staffed at the health facility or if stock is on hand on the day of the visit for essential commodities
- **Monitoring and evaluation data**, if the organization is implementing health programs on related services to those assessed with the scorecard

In addition, organizations can leverage additional data sources they have access to either through donor platforms or open datasets, which may include:

- **PEPFAR MER Data**, specifically the indicators collected at the health facility level, or site level data collected through **PEPFAR SIMS**
- **Open-access government data**, sourced from institutions like the World Bank or from national statistics agencies, which could include demographic information about the health facility catchment areas like population data

In selecting additional data sources to analyze with the scorecard data, consider the following:

#1: Is the data available for the same time period and location?

To combine data from two different sources (tables), each source must have enough information to identify which records are related between the tables.

In the CSC dataset, the following fields identify where and when a record was created:

- **Date**
- **Health Facility ID**

Look at the additional data source of interest, and identify if it has the same information available about each record and if the logic used to define the fields in the two tables is the same.

For the **Date** field, identify if the date is a single calendar date or a period. If the date is a period (for example, a quarter) identify how the period is defined. For example:

Single Calendar Date	Quarter (calendar year)	Quarter (USG fiscal year)
1/1/2020	Quarter 1 2020	Quarter 2 FY2020

If the logic isn't the same in the two tables for the date field (for example, the CSC uses calendar years and the MER data uses the USG fiscal year), you can modify the date value in one of your data tables as part of the process of transforming the data to load into the dashboard.

For the **Health Facility ID** field, use a shared reference list that ensures a given health facility has the same name across data sources. For example, while these names are similar, an analysis program (like Excel or Tableau) would not recognize them as being the same:

Name #1	Name #2	Name #3
Bulopa Health Center	Bulopa Health Center IV	Bulopa Community Health Center

Where possible, use the government **master facility list**. Aligning to an existing standard increases the range of potential additional data sources to consider.

#2: Does the data have the same granularity?

Granularity in data describes **the level of detail contained in each record**. Data tables typically contain either raw data or aggregate data.

For example, when conducting a survey of 100 households, each record in the raw data set has the responses for an individual household. An aggregate data set about the same survey may have counts, averages, or other aggregate statistics describing the survey responses.

Analysts often prefer having the most granular data possible in order to maximize the flexibility of how the data is analyzed and displayed. When you have individual records for each unit (for example, for each health facility) rather than aggregate figures (for example, a district average) you can often run calculations to create the aggregate figures but you cannot disaggregate data provided with some level of analysis already applied.

#3: Does the data represent the same population?

The level of detail in each record is also impacted by how the data is collected and what unit each record represents.

For example, **community scorecard** data is collected at the **community** level for a particular health facility. Although a CSC scoring session may include numerous participants, each CSC session results in a single record representing indicators scores one community and health facility for a point in time. On the other hand, an **exit survey from a health facility** is collected at the **individual** level, with each record in the raw data representing indicator scores of one person (not a community).

If the dashboard is being adapted for a use case operating at a higher level (district, regional, or national), there may be additional open datasets that could be blended into the workbook.

*More detailed information about how to connect different data sources to the dashboard is included in the **Community Advocacy Dashboard User Guide** and the **instructional videos** available on ExcellaLabs.com.*

DATA COLLECTION	DATA MANAGEMENT	DATA VISUALIZATION	DATA ANALYSIS	DATA USE
SCORE		SUMMARIZE		ADVOCATE

Data Management

Key Takeaways:

- Consistent capture and management of data over time is critical to enabling visualization and analysis of trends and advocacy impacts.
- Each record in a community led monitoring dataset is related to a date and location that indicates when and where the information was captured.
- Additional data sources can be used to better understand the context within which the score was assigned (for example, health systems indicators for the facility) or local trends in health outcomes that could be influence by community actions.
- Triangulating data from multiple sources can add value to the analysis, but does not imply causal relationships.
- Additional research and more advanced analytics would be required to assess any statistically significant connections between community advocacy actions and health outcomes.

Creating a Data Capture and Management Plan

Using the Community Advocacy Dashboard requires data be captured electronically and stored or transformed into a specific, simple table structure that can be used to populate the dashboard.

There are numerous ways to capture the data electronically. Two common approaches used by community organizations for CSC data:

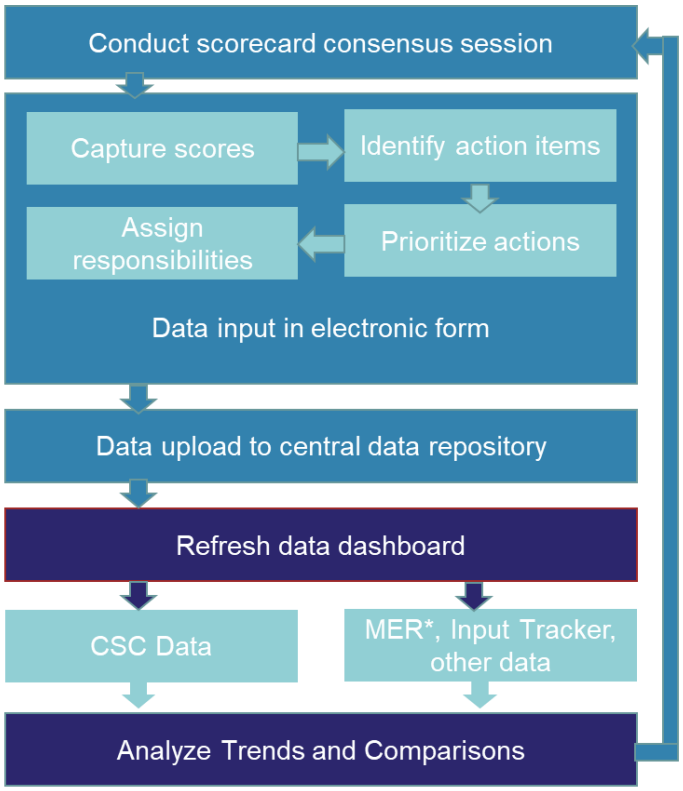
- Create a **data entry template** in a spreadsheet (e.g. Microsoft Excel, Google Sheets) for capturing scores, comments, and action items during the CSC session. Load the new records from a session into a table that compiles records from all CSC sessions.
- Use a **mobile data capture platform** like Open Data Kit (ODK) to create a form for data entry on a mobile device (smartphone or tablet). The form will feed data to a spreadsheet or other database, where the data can be stored and transformed for analysis purposes.

For a national scale program, the dashboard can connect to local or cloud-hosted database to accommodate the larger data volume. Tableau can extract data from a wide range of different data sources[4].

[4] See a full list of supported database connections: https://help.tableau.com/current/pro/desktop/en-us/exampleconnections_overview.htm

Refreshing the dashboard

By creating routine, repeatable processes for capturing and storing data electronically, an organization can lay the foundation for analysis and visualizations.



*Dependence on data access to DATIM for CSO implementing the scorecard

Once the CSC data is captured and stored electronically in a **digital template** and uploaded to a **central data repository**, the Tableau dashboard can be refreshed with the click of a button. Using a dashboard for summary analysis and reporting enables more timely analysis of indicator changes, trends, and action items.

The charts and graphs can also be used as part of wider advocacy efforts to add visibility to challenges (e.g. low scoring measures on the CSC), advocacy success (e.g. when scores improve after an advocacy action is taken), and community leadership (e.g. quantifying the number of advocacy actions taken by the community to address persistent issues around availability, accessibility, and quality of care).

Data Triangulation – Existing Sources

The data triangulation dashboard is structured with a flexible underlying data structure.

If the dashboard is being adapted for a use case operating at a higher level (district, regional, or national), there may be additional open datasets that could be blended into the workbook.

As discussed in **Data Collection, ensure the same level of granularity across datasets**. Comparing national trends with community level data is impractical, as it is unlikely community-level actions would change national trends in a short time frame. If you're looking to compare community-level data with additional data sources, seek other data sources that have data collected at or about the same health facility/community within the same period.

For example, if you are planning to triangulate CSC data from a district with MER data, consider limiting your MER data to facilities that carried out the CSC. While CSC results cannot be attributed nation-wide, lessons learned from CSC consensus meetings and successful action plans can – and should – be scaled nationally.

DATA COLLECTION	DATA MANAGEMENT	DATA VISUALIZATION	DATA ANALYSIS	DATA USE
SCORE		SUMMARIZE		ADVOCATE

Data Visualization & Analysis

Key Takeaways:

- The Tableau workbook, consisting of numerous individual dashboards, has been developed primarily for community organizations who are responsible for leading community-led monitoring across multiple health facilities.
- Each of these dashboards is designed to address a specific question users want to answer with the community scorecard and related data
- These data are relevant both for an individual health facility and for districts or national governments to compare trends and patterns across many health facilities.
- Advocacy impact is also summarized in an Advocacy Dashboard that counts the number of advocacy actions planned and completed by level and indicator category.

Audience

The dashboard was designed with two primary user groups in mind. The primary user profiles were developed based on discovery interviews with representatives from multiple CSOs conducting community-led monitoring. The primary users are CSO Program Officers and Facilitators who are likely in-country staff operating at the community level.

A secondary user group for the dashboard is at the funder or global programs level, focused on showcasing how advocacy actions impact local health systems.

CSO Program Officer
"I need to understand trends in scores to identify at-risk health centers and exemplary centers."

CSC Facilitator
"I need a record of the action plans from each scorecard session to share with the health center and review before the next session."

PEPFAR Manager
"I need data to show how community advocacy actions are influencing health outcomes aligned to PEPFARs goals."

Primary users

Secondary user

Dashboard Views

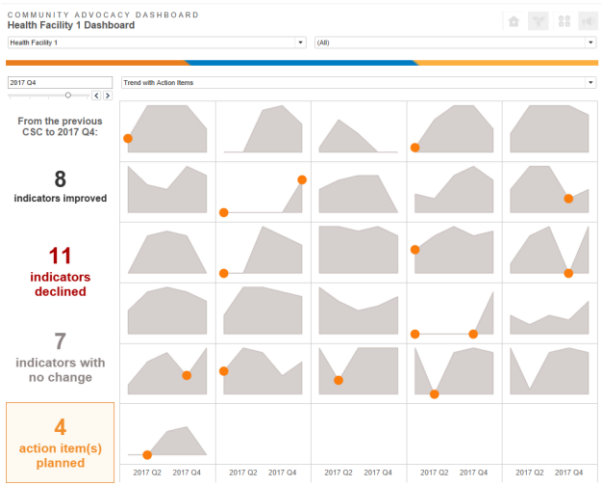
The dashboard has been designed to meet two key user requirements: summarize performance at an **individual health center** and **compare across health centers**. Users can compare scorecard trends with additional health system and health outcome data on the comparison dashboard.

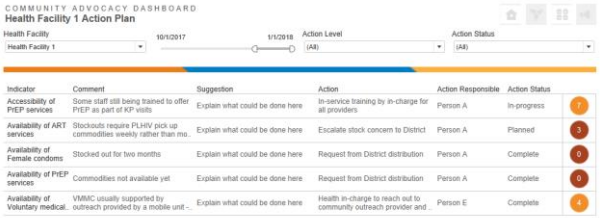
The dashboard includes the following views:

1. **Heath Facility Dashboard**
2. **Health Facility Action Plan**
3. **Health Center Comparison**
4. **Advocacy Summary**

A thumbnail image for reference and short description of the purpose and goals for each dashboard follows.

Health Center





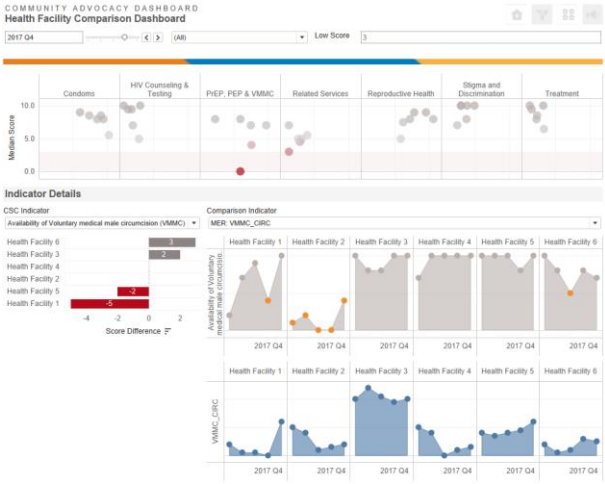
Health Center Dashboard

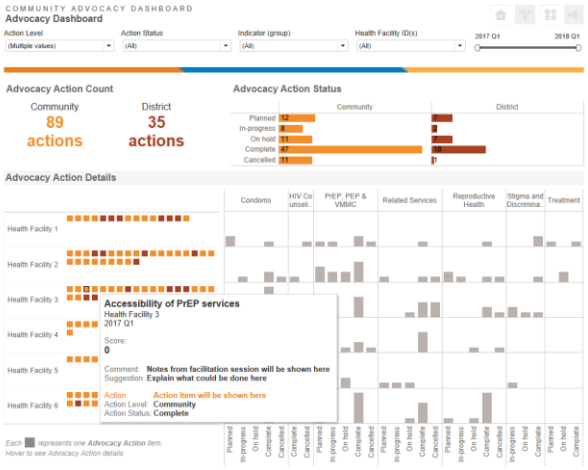
- Summarizes health center performance for a single point in time (one scorecard).
- Includes both period-over-period analysis (selected scorecard compared to previous) and trend analysis.
- User can select preferred view (trend, current v. previous, or table) for the primary char and print as a standalone PDF report if needed.

Action Plan

- Lists advocacy action items planned for a health center within a specified period, selected by the user
- Can be printed as a single page report of planned advocacy action items for sharing and review at future community led monitoring sessions

Health Center Comparisons





- Facilitates comparison between health centers on performance by indicator category (jittered dot plot) and individual indicator (diverging bar chart).
- Paired area charts allow user to select an additional, not-CSC indicator to compare any CSC indicator.

- Count advocacy action volume at a point in time, with a count of all advocacy actions performed.
- Categorization by status and the level the action is being taken.

Design Principles

Based on key informant interviews conducted as part of the dashboard discovery phase, the team identified three guiding principles for the design of the Community Advocacy Dashboard.

#1: Big picture first, then zoom and filter, then details on demand.

The aim of a dashboard isn't to answer every question a user might have simultaneously. Instead, a dashboard should first give you the key big takeaways that help the user focus their attention, then filter to a subset of the data of interest (for example, selecting a category of scorecard measures), and finally to see the details.

For example, the landing page dashboard uses colored icons and numbers to display the net change in indicator scores for each facility, such that a user can identify which facilities overall improved or declined quarter over quarter. The next view would allow for selecting a category of CSC indicators, followed by specific details for these indicators.

Throughout the dashboard, explore the filters and tooltips provided for each data point to gain more insight into the underlying information.

#2: Focus on simplicity with accessible in the selection of chart types and design choices.

The charts presented in the dashboard have been designed for simplicity:

- **big numbers** that provide a clear analysis takeaway, like "15 indicators improved"
- **area charts** to denote change over time for individual indicators

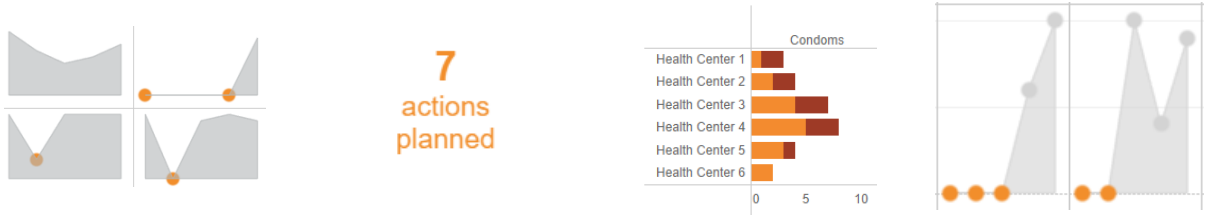
- **bar and column charts** to facilitate comparison of categories for a given measure, like comparing different health facilities or advocacy action categories

These chart types have been selected for their ease of interpretation and understanding. They are commonly used for monitoring, evaluation, and reporting in the health sector to make the dashboard insights accessible to audiences with various levels of data visualization and analysis training.

Accessibility also requires considering how design choices enable or create constraints for individuals who are colorblind. Color is a key preattentive attribute used in data visualization to draw attention to data points of interest to the user.

A repeating color palette has been used to draw attention throughout the dashboard in contrast with gray marks used for indicators without a clear call to action or point of interest.

Orange is used to denote an advocacy action is planned and as the primary color palette for summary charts about advocacy actions, as illustrated in the examples below.



Red is used to denote where a score has declined from a previous period. Typically associated with a negative or undesirable outcome, using red and gray together helps the user focus on the measures that need attention more effectively than using red and another color (e.g., green) together.

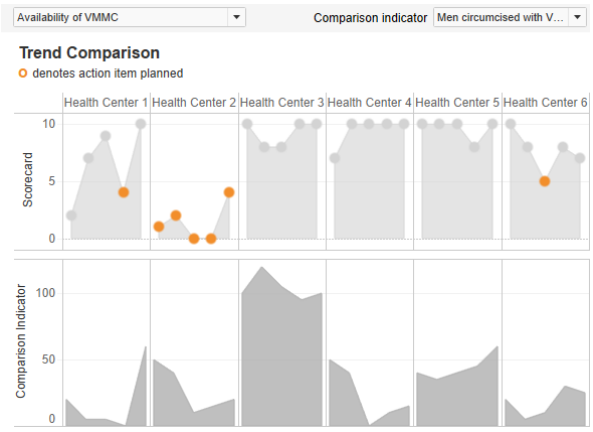
#3: Lead with the scorecard indicators, and then display other correlating metrics to avoid overstating any causal relationships.

The secondary data source table used to populate the dashboard can be used to include any relevant metrics as comparison measures in select views in the dashboard.

The Health Center Comparison dashboard provides a view to select any two measures for a side-by-side trend comparison.

Note: The two measures are not plotted on the same chart to avoid overstating the relationship between the scorecard measure any health system or health outcome measure. More rigorous evaluation studies and statistics would be required to assess the strength of any relationship.

That said, the dashboard can be used to compare measures and identify where additional research could be planned. It can also point to qualitative data and advocacy actions that could be considered for scale-up.

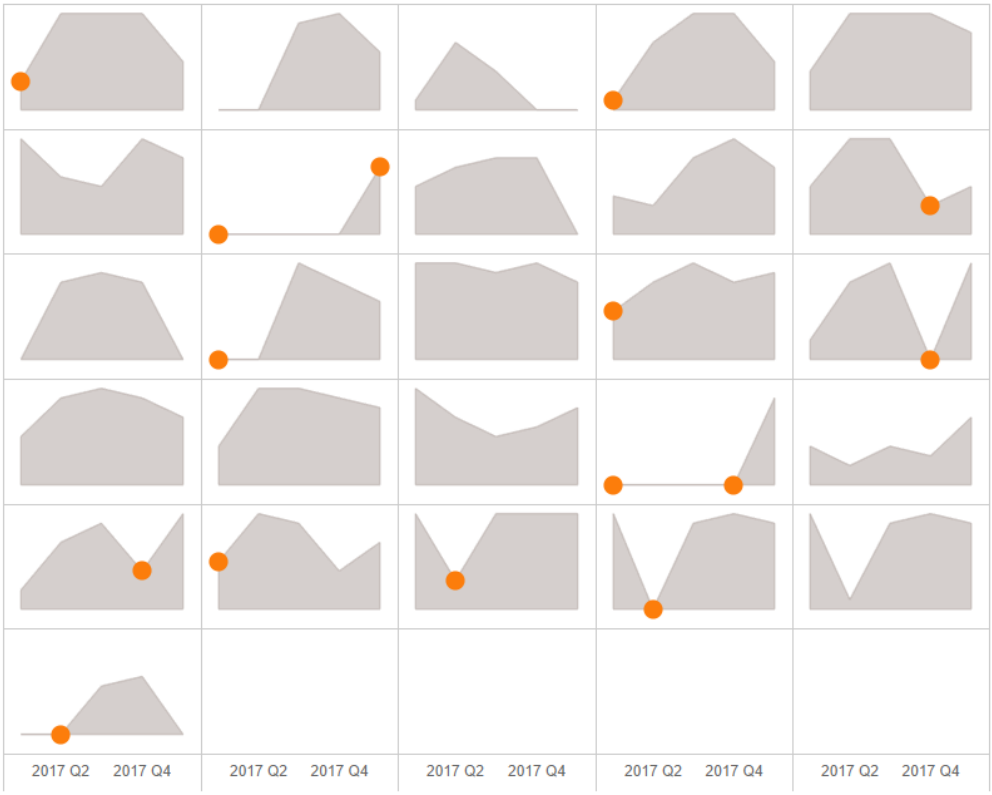


Novel Charts

The dashboard includes charts designed to display a flexible number of scorecard measures and enable comparison between trends in scorecard measures and additional data sources.

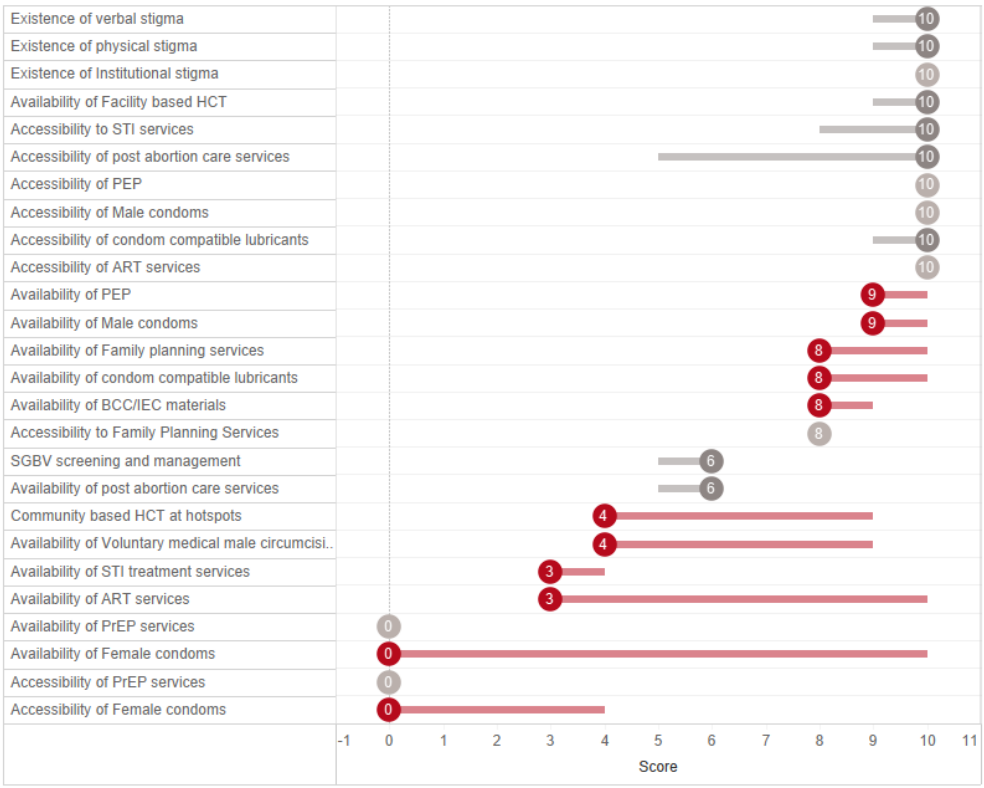
Many of the charts are simple text, line, and bar displays. Three novel chart types designed to communicate dense volumes of information in a small space are described below.

Small Multiples Area Chart



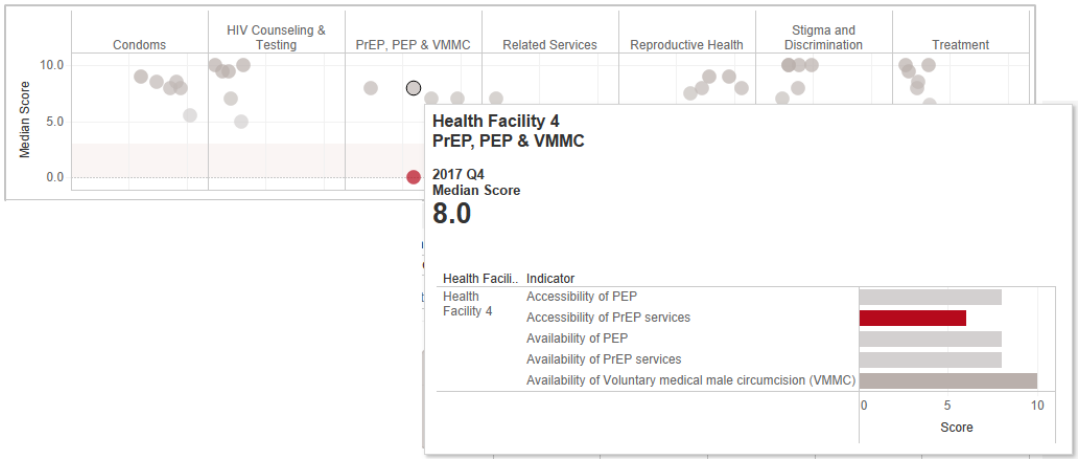
Answers the questions	• How have scores changed over time? • When did scores increase after advocacy actions were planned?
Why we use this chart	• The **number of measures on each scorecard varies, and can be large** (sample data included up to 30 different measures). • The **repeating shape** shows the overall trend (up or down) along a consistent date axis, and orange dots call attention to where advocacy actions were planned. • Alternates like **line charts become messy due to the number of different indicators**, and can be hard to read or view tooltip data for since the scores are all integer values and often overlap.
How to read	Look at the orange dots by hovering your mouse cursor onto them. Identify where the score increased and the slope of the area chart goes up after an orange dot. Improvements after a planned advocacy action may indicate the action was successful in addressing the issue and improving the indicator, and could be further discussed with the community for more information.

Tadpole Chart



Answers the questions	• Which measures scored the highest and lowest for this scorecard? • Which measures increased and declined from the previous scorecard? • Which measures had the largest change from the previous scorecard?
Why we use this chart	• The display allows for a **large number of indicators in one compact space**. • **Ordering the indicators by score** for the selected scorecard date allows for quick identification of highest and lowest performing measures. • **Direction of change from the previous CSC** is encoded in two ways: with color (red indicating a decline) and with the direction of the “tail” (the line attached to each dot). Each dot represents the latest indicator score. • The **size of the change** is encoded in the length of the line, which starts at the value from the previous scorecard. • If there is no line, then the score did not change.
How to read	If you’re looking for scores that declined, look for the red dots. If you’re looking for scores that improved, look for gray dots with a long tail to the left of the dot. Hover over the tooltip to view the comment and any advocacy action planned during the previous scorecard.

Jittered Dot Plot



Answers the questions	• Which categories of measures are health facilities consistently performing well or performing low on, based on the median score? • Which health facilities are outliers, and may be able to learn from other facilities' advocacy actions?
Why we use this chart	• The scorecard includes many measures. • To identify priority areas for advocacy action, grouping measures by category • When comparing performance across health centers and measures, it helps to look at a proxy for high and low performance in a related group of measures – here, median score by category (e.g. condoms, treatment). • The median score will always be an integer value, since it is a score for a single measure. As a result, health facilities with the same median score in a category would overlap. • To avoid having the mark (dot) from one health facility obscure another, we use a "jitter" effect. The marks are placed in the correct location along the y axis, and spread apart slightly. • This "jitter" effect enables the user to see clusters of dots for a given score and hover over the mark for any health facility to see more detail on the tooltip.
How to read	**Looking for outliers**: Identify marks, each representing one health facility, that are separate from the clusters of dots. Hover over any mark to view the scores, which are color coded by the direction of change from the previous scorecard, in order to identify high/low performing individual measures which the user can explore on the lower half of the dashboard. **Looking for clusters of high/low performance:** Identify where many facilities have high or low median scores in the green or red bands on the chart.

Data Use

Key Takeaways:

- Individual organizations can analyze changes over time in relation to advocacy and improve the timeliness of reporting.
- Visualizing data and creating a culture of data use can motivate improvements in data management and data quality.
- When collaborating across CSOs working in different regions, having a shared tool enables information and knowledge sharing among CSOs either through sharing data and visualizing in one share platform or through knowledge exchange meetings.

The dashboard is designed to increase the visibility of advocacy impact and can be used for various purposes.

Four examples are provided here based on input from community organizations, but the sky is the limit in how you choose to adapt and use the dashboard for your own purposes.

#1: Preparing for community-led monitoring

As a facilitator planning for the next scoring session, I can review the scores, comments, recommendations, and advocacy actions planned from the previous scoring session. If I've added additional data into the workbook, I can also look for any leading indicators that may hint at areas to pay close attention to during the session.

#2: Reporting on community-led monitoring

Throughout the scoring process, our team inputs new records in the data table for each indicator and updates the status for existing action items. By doing a quick data refresh and quality assurance check in the Tableau dashboard, I can instantly see trends and a summary of the advocacy action plan created by the community.

#3: Identifying knowledge sharing opportunities across facilities based on advocacy successes

As a program manager supporting community-led monitoring at more than a dozen health facilities and their communities, when I see that one of my health facilities is underperforming on

an indicator, I can use the health center comparison view to identify if there are other health facilities our organization has been working with that have successfully executed advocacy actions to address the issues and facilitate knowledge exchange.

#4: Knowledge sharing across organizations to amplify advocacy asks

As an Executive Director, I communicate with other CSOs conducting community-led monitoring activities. Every quarter we convene to talk about advocacy successes and identify challenges. Instead of spending days preparing and visualizing the data for analysis and presentation, I bring the dashboard with me to the leadership meeting of local CSOs and can interact with and display data dynamically throughout the presentation.

Because other CSOs I'm collaborating with are using the same dashboard format, there's no real learning curve in understanding the charts and graphs being presented by the other organizations, as they feel very familiar to me.