

Advanced Population Mapping Webinar

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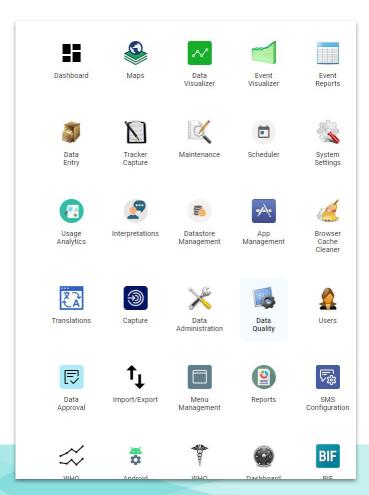
Link to session in Community of Practice

https://community.dhis2.org/t/webinar-on-advanced-population-mapping-in-dhis2-march-23/46231

DHIS 2 Platform



- Capture, management and analysis of information
- Flexible, generic data platform, wide range of use-cases
- Open source software
- Extensible through Web APIs and app framework
 - Application based ≈ 90. Available on gethub



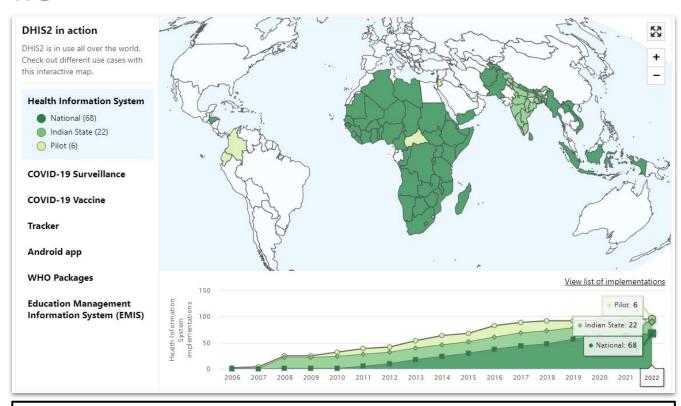
DHIS2 as HMIS

World's largest health management information system (HMIS) platform

4.2 Billion People

Core development at University of Oslo

Thousands of DHIS2 developers and experts around the world.



UNICEF video on how DHIS2 scaled to national level in Bangladesh: https://www.youtube.com/watch?v=bUWkvKPcabA

43 countries use DHIS2 for COVID-19 surveillance

DHIS2 in action

DHIS2 is in use all over the world. Check out different use cases with this interactive map.

COVID-19 Surveillance

Operational (43)

In development (12)

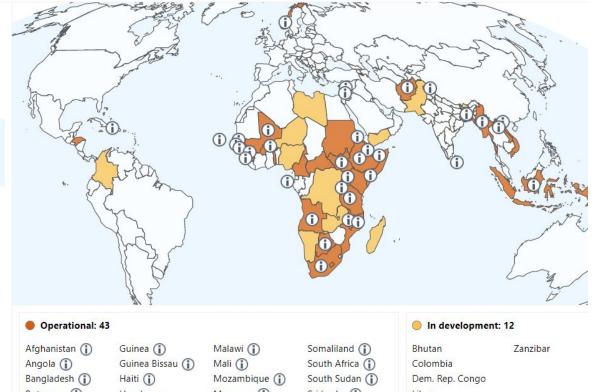
Packages / **Tools:**

Case-based surveillance

Contract registration

Port of Entry screening

Event & Aggregate surveillance



Botswana (i)

Burkina Faso (i) Cameroon Cape Verde (1)

Honduras Indonesia (i) Jammu and

Kashmir (1)

Myanmar (i)

Norway (i) Palestine (1) Rwanda (1)

Sri Lanka (i)

Sudan Tanzania (1) The Gambia (1) Libya

Niger

Madagascar Namibia

41 countries use DHIS2 for COVID vaccine delivery

DHIS2 in action

DHIS2 is in use all over the world. Check out different use cases with this interactive map.

COVID-19 Vaccine

- Operational (41)
- In development (4)

Packages / Tools:

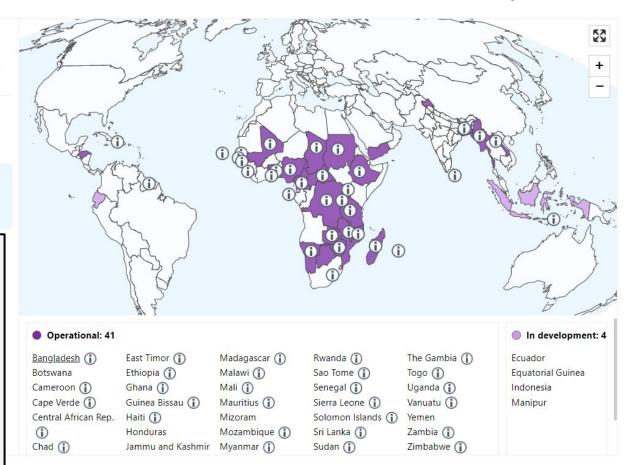
Electronic Immunization Registry (Tracker)

Core Analysis & Datasets (Aggregate)

AEFI (Tracker)

Logistics

Vaccine Certificates



Covid Surveillance and Vaccine Systems at Scale

People Enrolled:

Sri Lanka: 19,147,151

Rwanda: 10,000,000+

Nigeria: 7,913,042

Uganda: 6,530,933

Ghana: 3,633,623

• **Laos:** 2,456,865

• **Togo:** 1,751,575

Tanzania: 1,107,619

Users

Nigeria: 20,715

Tanzania: 15,478

• **Rwanda:** 8000+

• **Togo:** 5,780

Sri Lanka: 3,400

Uganda: 2,810

Sites

Uganda: 2,605

Rwanda: 1,800

• **Togo:** 1,004

Sri Lanka: 837

Covid-19 Related Events

Sri Lanka: 25,863,786

• **Uganda:** 7,819,206

o **Laos:** 6,743,808

• **Ghana:** 4,525,188

Tanzania: 2,110,405

Togo: 1,410,691

As of 14 Dec 2021

DHIS 2 Data Models





Aggregate data

Immunization doses given

People trained in FP

Refugees supported



Events

Facility assessments

Clinical visits

Educational events



Tracking

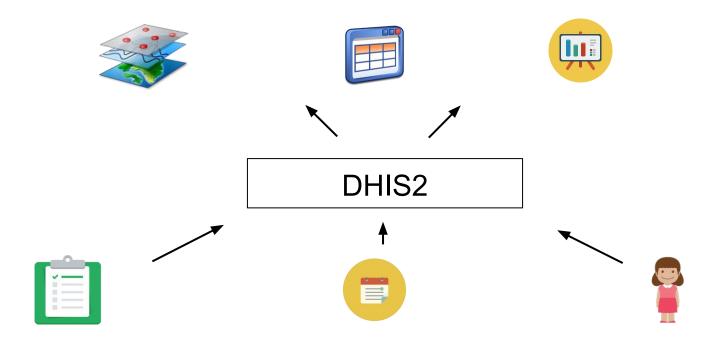
Maternal health

Immunization

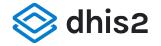
Equipment, drugs



Integrated Analysis of Data & Events



DHIS 2 Community

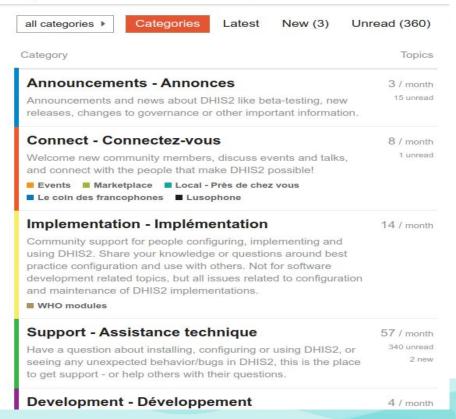


- HISP groups (Tanzania, Uganda, South Africa, Nigeria, Vietnam...)
- Ministries of Health (80+)
- Donors (8)
- NGOs (150+)
- Organizations / companies
- Research groups (PhDs, masters)
- Consultants
- Software developers



community.dhis2.org

dhis2community



Almost 10 years of knowledge made available

4000+ members

36 000+ topics

60 000+ posts



The Problem With Population Figures

The Problem: Census populations are unreliable

Census based population denominators are inaccurate:

- Old/outdated
- Does not factor in population mobility or changes in population density
- Does not accurately represent vulnerable populations - those living far from clinics
- Does not provide actionable analytics
 - Resolution is too high not enough detail in population
 - No facility catchments -Impossible to do coverage rates below districts
 - No settlement or structures mapping



Categories based on Penta 3 coverage and Penta 1-3 drop out rate



Advanced Population Estimates

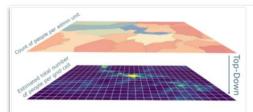
Sources:

- World Pop.
- Grid3
- Google Earth Engine
- Facebook Data For Good

Micro-planning webinar: https://www.youtube.com/watch?v=EjnxRxG5iHs



World Pop approaches



Top-down datasets

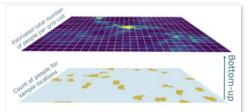
Population and housing censuses are the most important resource to produce accurate population data at the national and sub-national level. These are typically undertaken every decade and simple projections can be used to create subnational estimates in the intervening years. These data are typically only available as counts per administrative unit though, masking small area variations and making them difficult to integrate with other datasets. WorldPop top-down modelling methods take a global database of administrative unit-based census and projection counts for each year 2000-2020 and utilise a set of detailed geospatial datasets to disaggregate them to counts for either (i) each 100x100m or 1x1km grid cell on the planet (top-down unconstrained) or (ii) each 100x100m or 1x1km grid cell classified as settled by humans (top-down constrained).

Advantages:

- Consistent and complete estimates for each year 2000-2020 for every country, including breakdowns by age and sex
- Maintains the 'official' population estimates or census counts at the administrative unit level of the input data, as well as adjustments available to match UN national estimates

Disadvantages:

 For countries that have not had a census for a long time and/or where significant subnational variations in migration, fertility and mortality exist, the input official" population counts and projections based on them can be highly uncertain



Bottom-up datasets

Where little recent population enumeration data exist for a country and timely estimates that account for recent demographic changes are required, the bottom-up approach is likely to provide more accurate estimates. Here, sample data from as many trustworthy and recent survey datasets as possible are used with detailed geospatial datasets to build a statistical model to estimate population numbers and age/sex breakdowns in unsampled locations, together with measurements of uncertainty. This approach can also be used to fill gaps in a census where full enumeration is not possible due to conflict, poor access or financial limitations.

Advantages:

- More accurate outputs than top-down approaches where census data are outdated and/or census projections from these are highly uncertain
- Measurement and mapping of uncertainty highlights where caution in using the data should be exercised and where further data collection could be prioritised

Disadvantages:

- Tailored modelling to the country of interest takes effort and often engagement with governments, which can be slow
- · Typically estimates are tied to a single year

Chinsali District, Zambia Population figures

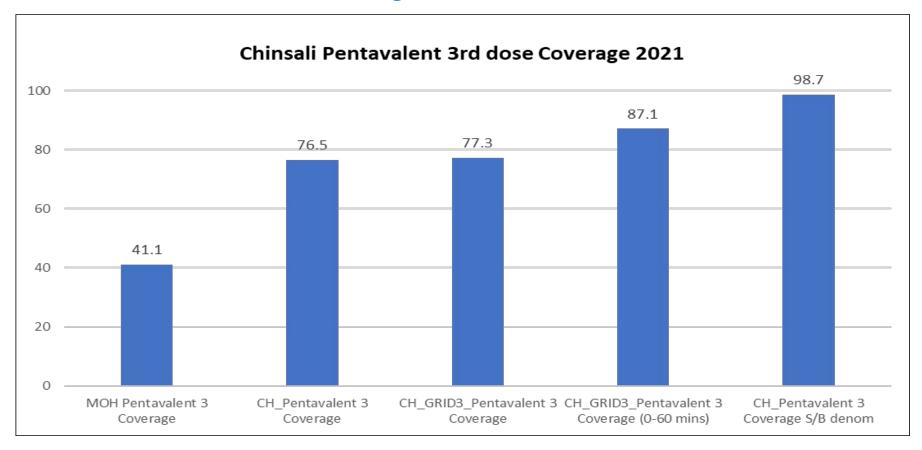
	MOH pop	MOH pop 0-11	% of pop	Pop revised	% of pop
Facility name	total	months	total	0-11 months	total
Cheswa HP	6,800	375	5.5	283	4.2
Chilunda HP	4,026	241	6.0	167	4.1
Chinsali Hospital Affiliated HC	31,552	3,630	11.5	1,311	4.2
Chunga Rural HC	12,511	980	7.8	520	4.2
Kalela HP	10,930	454	4.2	454	4.2
Kalisha HP	2,732	188	6.9	113	4.1
Kalwala HP	11,839	1,118	9.4	492	4.2
Lubwa Rural HC	10,487	435	4.1	435	4.1
Mulilansolo Rural HC	22,596	2,170	9.6	939	4.2
Mundu Rural HC	13,507	929	6.9	561	4.2
Munsanya HP	7,811	324	4.1	324	4.1
Nambuluma Police Rural HC	7,666	318	4.1	318	4.1
Nkula HP	4,528	212	4.7	188	4.2
Nkweto HP	3,254	236	7.3	135	4.1
Total	150,239	11,610	7.7	6,240	4.2
Zambia	18,420,651	768,688			4.2

- MOH population figures NOT correct
- Percent total population under 11 months changed to approximately 4.15%

Population figures GRID3 2021, Chinsali District Zambia

			GRID3	GRID3
	Population	GRID3	Population 0-11	Population 0-11
	revised 0-11	Population 0-11		months 0-60
	months	months	mins (Walking time)	mins (Walking time)
Cheswa HP	283	400	240	266
Chilunda HP	167	150	78	133
Chinsali Hospital Affiliated HC	1,311	2,015	1,683	1,941
Chunga Rural HC	520	248	96	200
Kalela HP	454	324	242	299
Kalisha HP	113	115	101	112
Kalwala H	492	440	254	368
Lubwa Rural HC	435	450	321	346
Mulilansolo Rural HC	939	550	429	529
Mundu Rural HC	561	276	214	263
Munsanya HP	324	299	191	273
Mwalule HP		201	156	179
Nambuluma Police Rural HC	318	324	228	283
Nkula HP	188	264	146	177
Nkweto HP	135	115	93	114
Chinsali	6,240	6,171	4,472	5,483

Pentavalent 3rd dose coverage 2021 Chinsali District Zambia



New features to support population mapping

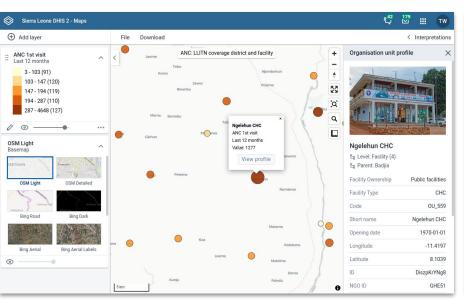
- Facility profiles
- World Pop data via Google Earth Engine
- Structures maps via Google Earth Engine
- Facility Catchments via Crosscut
- Offline Mobile Dashboards

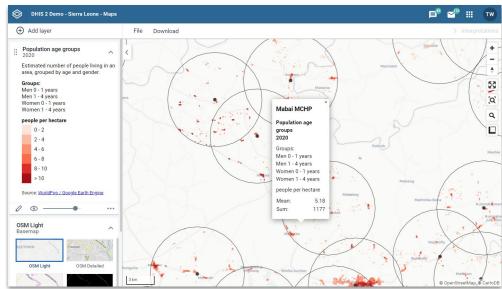
Mapping for population

Organization Unit Profile (DHIS2.37)

 Visualize key information for health facilities Detailed population estimates by age and gender (DHIS2.37)

Grid3, WorldPop



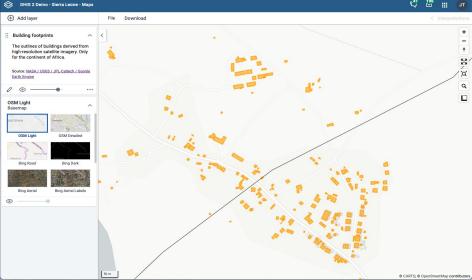


Structures Maps (DHIS2.38)

Via google earth engine

The dataset contains 516M building detections, across an area of 19.4M km2 (64% of the African continent).





Facility catchment layer (DHIS2.38)

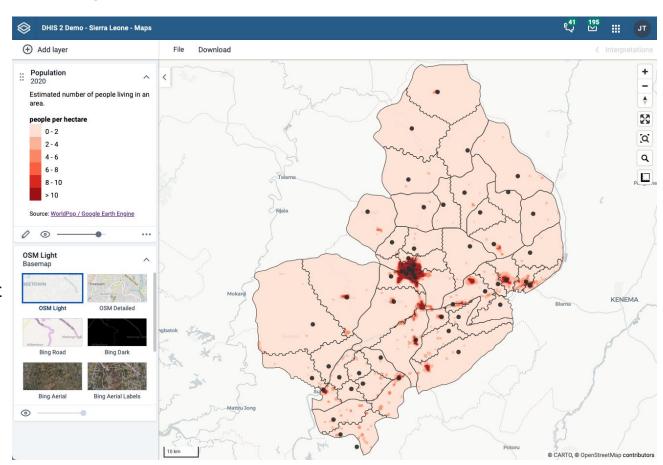
Facility catchment layer

- From Grid3 and Crosscut
- Crosscut application to generate and draw facility catchments.

(Factors in road conditions, driving time, walking time, terrain, river crossings, and land cover)

Population by catchment

Do you know of any countries that want facility catchments?



Offline Mobile Dashboards (DHIS2.36)

- IOS and Android via mobile web browser
- Optimized for mobile screens
- Dashboard can be saved to be viewed while offline

DHIS2 dashboards in your pocket anywhere and any time.





Google Earth Engine Data Importer

Coming to core in DHIS2.39

Will allow all google earth engine data to be imported to be able to be used able to be visualized in other analytics and used in indicators.

From DHIS2.31 - DHIS2.37 the GEE Data Importer App can be used. \rightarrow

Available on the DHIS2 app hub:

https://apps.dhis2.org/app/f0cd4b99-db98-460d-9d5a-8e52 6fdf8b50

