Use of DHIS2 to improve Demand generation for A360 Service among Young Married Adolescent Girls in Northern Nigeria



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Background

The Nigerian healthcare sector experiences several limitations in collating and reporting accurate and comprehensive data on demand generation activities for healthcare services, especially in rural communities. Furthermore, the Nigerian health system lacks a centralized and efficient national or regional system to document, manage and report data for community demand generation and mobilization activities for family planning. This has resulted in lack of evidence for resource mobilization and allocation, challenges in monitoring and evaluation of demand generation programs and missed opportunities in innovation and improvements.

Method

The A360 project designed the DHIS2 Event Capture application module to document, manage and report community mobilization activities for family planning program.

Using mobile devices, trained MIPCAs utilize the application to document number of husband reached with demand generation / awareness messages. The husbands are then issued with referral cards to health facility.

The facility provider documents sources of information and referrals for all clients, thus establishing link between community mobilization and service uptake. The ability to triangulate this data effectively helps to ascertain the value of community awareness and mobilization engagement. Also, the DHIS2 Event data enables the MIPCA to follow up on referred husbands whose spouses are yet to access services at the health facilities after being issued referral cards.

FP Providers were trained on the DHIS2 data base application, data capture and reporting features of the customized modules. The application was deployed in 77 primary healthcare facilities.

Clients' data are first captured on facility forms and registers, these are then inputted in the DHIS program module using project-assigned handheld android devices and subsequently synced to DHIS2 server.









MIPCAs gives family planning messaging to male partners in the communities. MIPCAs issues referral cards and documents number of male partners reached in tally forms. Data on tally forms are uploaded via DHIS2 Event Capture App on mobile devices.

Data is synced to DHIS2 server for storage, analysis, and reporting.

Results

Between 2021 and 2023, 579 MIPCA were trained on community mobilization, and male partner engagement for family planning. A total of 452,634 husbands were reached and engaged with family planning messages, 219,488 referral cards were issued to the men to give their wives as referrals to health facilities, and 114,120 of these clients were counseled by Providers for family planning.

Program implication:

- *Improved data collection quality*: the module enables community health workers to collect accurate and timely data in real time, simplifying the data collection process and reducing the time lag between data collection, analysis, and reporting.
- Enhances program planning and decision-making; the module allows for easy data aggregation and systematic analysis and is visualized in a way that enables better decision-making at the community, local, and national levels.

Conclusion: The DHIS2 tool promotes community engagement, and ownership of health systems, and enhances the accountability of the stakeholders.







