DHIS2 Event Tracker application to Improve Modern Contraceptive Continuation for Family Planning program in Nigeria

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Overview

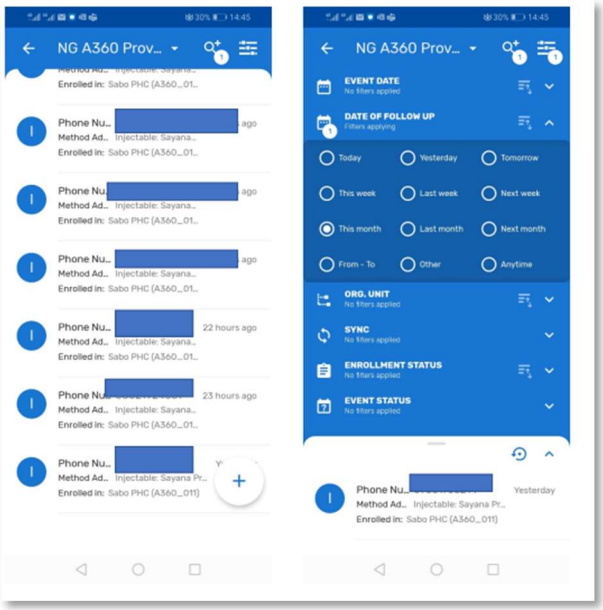
Nigerian DHIS-2 was developed to capture routine health data, however it is heavily reliant on client adoption without due attention to continued users thus, limiting the opportunity to track and monitor the proportion of adolescents who return for contraception. The provider call log was designed by the A360 team to track and improve client continuation rates after initial contraceptive adoption. Concisely, the adolescent girls are called based on the initial adoption of contraceptive methods at the facility, the phone number of the adolescent girl is inputted as a unique identifier in the call log app, and girls whose refill dates are due based on methods are called by the providers.

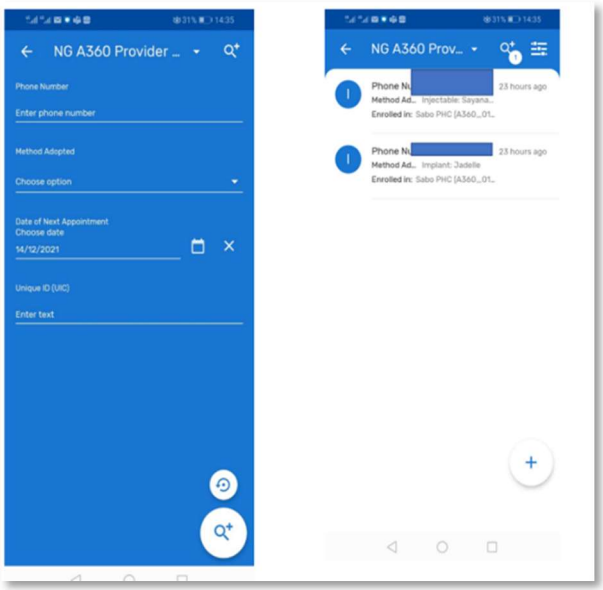
Method

In 2021, A360 Amplify Project designed the Call log Tracking Application in the DHIS2 tracker App (Events). The application was linked to the family planning DHIS 2 database and piloted in 34 facilities. Trained family planning (FP) Providers use the DHIS2 instance to identify clients for follow-up using the following key search criteria; phone number, contraceptive method, and date of next appointment. All clients with details matching the search criteria are pooled into a list from which the Provider initiates reminder calls for the adolescent contraceptive users to return for contraceptive resupply or addresses any issue of concern of side effects.

Results:

A total of 4,483 family planning clients were identified and called via phone, either to ensure they are coping well with their method of choice, or to remind them to return for contraceptive resupply. Out of this, 4,382 (98%) of FP clients were successfully contacted of whom 4,015 (89.6%) clients continued to use modern contraceptives, following the calls made to them by the Providers





Adaptation Limitations and strengths: The provider call log is limited by an inability to track people without phone numbers, the efficacy is limited in locations with poor network coverage and low phone ownership in certain regions in Northern Nigeria. There is limited information on the availability of similar applications in Nigeria used for tracking contraceptive continuation outcomes among FP clients, nevertheless, this adaptation is a key tool that could be scaled up by government and implementing partners to enhance continuation outcomes.

Conclusion: The provider call log app has contributed to higher contraceptive continuation rate (89.6%) at intervention facilities compared to <60% continuation rates in facilities with call log app, thus demonstrating the replicability and value of DHIS-2 to effective family planning continuation rate tracking.