

DHIS2 Tracker Capture a Sustainable follow-up tool for Improving Maternal and Child Health Service through the A360 Amplify Pre ANC Session in Northern Nigeria



AUTHORS

^aBulama Alhaji Alhassan, ^aRoselyn Odeh, ^aMuhammad Kabir, ^aFarouk Umar Abdullahi and ^bRabiu Garba

Author Affiliations:

^aSociety for Family Health, Nigeria

^bMinistry of Health Jigawa State



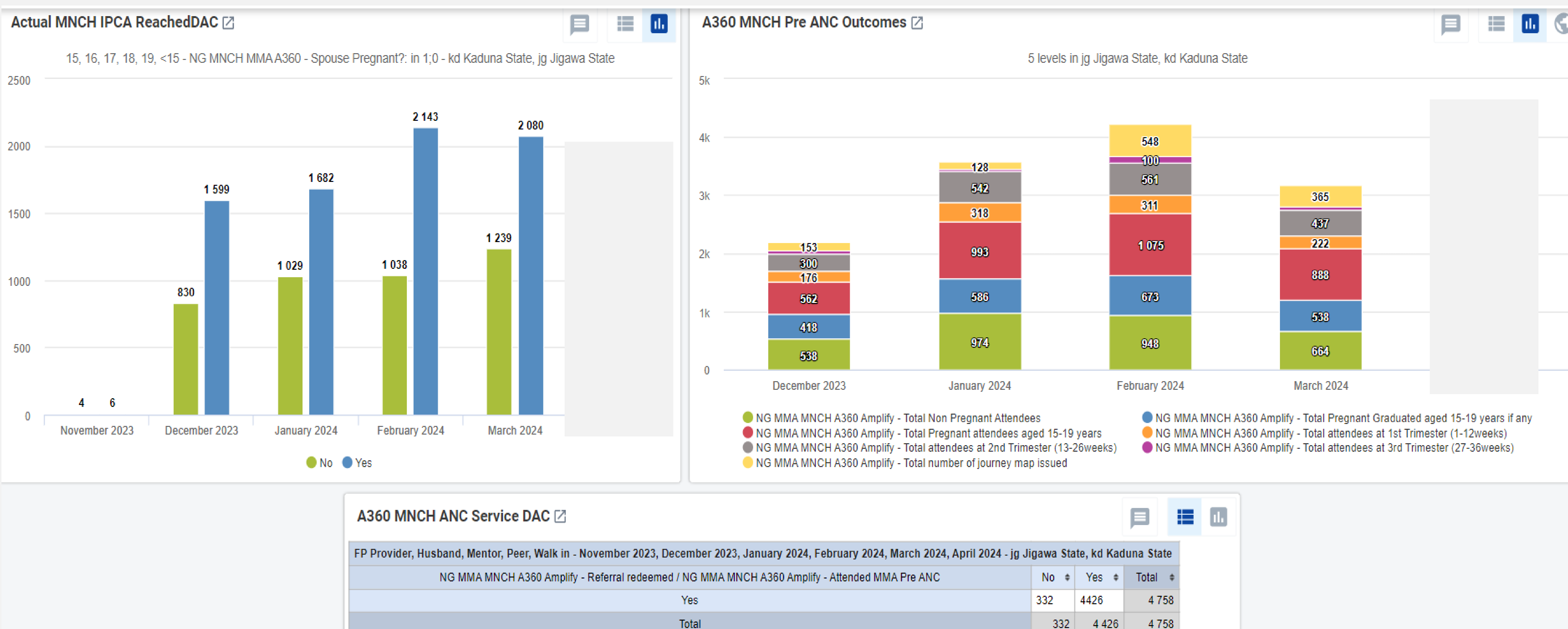
Nigeria's maternal and child health indicators have long been a pressing concern, underscoring the need for innovative solutions to achieve the sustainable development goals. In response, the adolescent 360 amplify project pioneered a live prototype test focused on improving maternal and newborn child health (MNCH) outcomes. This intervention empowered young married adolescent girls and their partners in northern Nigeria with vital knowledge for healthy pregnancies, delivery, and post-partum care.

Leveraging the customizable capabilities of DHIS2 tracker capture, we successfully harnessed individual-level data to enhance access to MNCH services. This approach demonstrated the potential to strengthen healthcare systems and improve health outcomes. In this study, we explore the effective utilization of DHIS2 tracker capture in boosting access to MNCH services, offering valuable insights for future interventions, especially around mobilization and access to service continuation

Intervention

The MNCH component for MMA is built on the life family and health (LFH) classes. Girls who are at risk of pregnancy and who don't want to use a method of contraception or who suspect that they are pregnant are mobilized by female mentors or through their husbands to attend LFH sessions at PHCs using the DHIS2 tracker tool client records are obtained instantly.

Sessions are moderated by trained female mentors and are attended by ANC experts who offer information and counselling on attaining healthy pregnancies messaging is enhanced with gestational age-specific messages about the expectations of ANC, birth preparedness, nutrition during pregnancy, danger signs and how to avoid them, and postpartum family planning (PPFP). Clients are tracked using the DHIS2 tracker capture tool to follow up on services and achieve the minimum of 8 ANC contacts



Challenges/Methodology

The paper-based register took a longer time to produce comprehensive information of clients after every visit to the facility. The national registry for maternal and child health does not capture individual-level information. SFH through the A360 amplify project adapted the DHIS2 tracker capture feature to develop a comprehensive data database to capture robust individual-level data including (service and husband participation at ANC). Tools are built on the DHIS2 tracker program case-based and weekly data collection.

Results

Our study showcased the effectiveness of utilizing two event programs on a DHIS2 instance for tracking and analyzing indirect mobilization efforts of the IPCA. We found that the follow-up tracker and IPCA mobilization checklist enabled immediate analysis and monthly tracking, resulting in a monthly average mobilization rate of 64% and 6,778 adolescent girls and young women initiated antenatal care. Notably, 44% of these individuals returned for follow-up scheduled ANC contacts at the facility, demonstrating the potential of DHIS2 in enhancing the efficiency and impact of mobilization efforts and the MMA pre-ANC session as a stimulant for girls' intent to access and continue maternal and reproductive health services.

Conclusion

The use of the DHIS2 capture app to capture client-level data has been shown to improve ANC follow-up visits and stimulate national interest in reviewing the national reporting systems to ensure the quality of data for strategic programming

Contact details

Bulama Alhaji Alhassan – Society for Family Health – Research and Learning Coordinator – abulama@sfnigeria.org

