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Which does your abstract address?
Program/Best Practice abstract

Track:
Advances in monitoring and evaluation methods

Title:
Improving Data Reporting - in the private sector: Lessons from a DHIS2 pilot with Community Pharmacists and Patent and Proprietary Medicine Vendors in Lagos and Kaduna, Nigeria.

Significant/Background
Governments and non-governmental organizations all over the world are investing resources and efforts to improve the quality and reporting of health services data. With reliable data, Ministries of Health (MoH) can inform strategic planning and monitor progress towards health goals. In Nigeria, the Federal Ministry of Health (FMoH) adopted District Health Information System (DHIS2) as its Health Information Management Systems (HMIS) platform in 2004. The DHIS2 allows public health facilities to enter service statistics monthly using an electronic platform. These data then become available for analysis and use by decision-makers. While few private facilities use DHIS2 routinely, the National HMIS does not currently capture data from a large portion of private sources of care, particularly from Community Pharmacies (CPs) and Patent and Proprietary Medicine Vendors (PPMVs).

The IntegratE Project collaborated with the FMoH to pilot a DHIS2 mobile platform with CPs and PPMVs in Kaduna and Lagos states

Program Intervention
As part of the pilot program, the IntegratE Project built the capacity of CPs and PPMVs to accurately document and report FP services that they provide. By the end of the project, IntegratE aims to:

1. Train CPs and PPMVs to accurately document FP services provided and ensure timely data reporting that will contribute to contraceptive uptake estimates in Lagos and Kaduna;
2. Using the DHIS2 mobile platform, increase private-sector engagement in national health data reporting.
3. Support ownership and accountability of the pilot DHIS2 program by state-level stakeholders with support from the FMoH.

Methodology

IntegratE Project trained 894 CPs and PPMVs in Lagos and Kaduna states between July 2018 and June 2019. The training covers (a) proper documentation and reporting of service statistics; (b) how to complete the NHMIS registers, and Monthly Summary sheets, and (c) monthly reporting into the DHIS2.0 database. Following additional training on DHIS2 mobile platform in April 2019, 735 CPs and PPMVs were provided with mobile phones equipped with the DHIS2 platform. To ensure data quality, data verification, data quality assessment (DQA) and mentorship were provided to CPs and PPMVs. The monitoring and evaluation (M&E) team conducted quarterly review meetings and DQA to ensure that trained CPs and PPMVs reported high quality FP data. During the quarterly review meetings, FP data were reviewed for completeness and accuracy. FP data reported in the DHIS2 were also matched to the paper-based FP reporting forms. The DQA process included periodic data verification and validation exercises with randomly selected providers. They were conducted in collaboration with the State MoH and Primary Health Care Board officials to encourage joint supportive supervision and sustainability. This paper presents lessons learnt, monthly reporting rate of providers, and clients reached over time.

Results/ Key Findings
Average CP and PPMV monthly reporting rates using the mobile DHIS2 between April – September 2019 ranged between 62 and 80 percent. Between October and December of 2018, 423 trained CPs and PPMVs provided 4,374 FP services to new and existing clients. In general, many of the IntegratE CPs and PPMVs found the mobile DHIS2 easy to use, less cumbersome than the paper-based process, and were excited to use it**.** They also considered the DHIS2 reliable and safe for data storage. Few observed that the platform can be unresponsive if the internet network is poor. When asked about the value of the DHIS2, common responses included: the ease of data reporting and documentation; timeliness in reporting; improved reporting and record-keeping capacity; and better stock control and inventory process.

Program Implications/Lessons
The mobile DHIS2 is a scalable platform that would allow the NHMIS to incorporate data from the private sector, notably from CPs and PPMVs, into the NHMIS. However, a system for verifying data reported by CPs and PPMVs (DQA) is needed to ensure accurate and reliable data and to provide CPs and PPMVs with feedback to improve the quality of data reporting. Whereas, mentoring and support are essential to improving mobile data reporting from CPs and PPMVs, it is critical to create unique identifiers for each CP and PPMV in the DHIS2 tool to avoid misreporting among shops or pharmacies with similar names. It is empowering for the CPs/PPMVs to be able to report data in the DHIS as this an important motivation and comes with no financial incentive. Finally, data review meetings with Pharmacists Council of Nigeria (PCN), primary health care coordinators and State MoH helped to identify peer mentors who assist other CPs and PPMVs in the documentation and reporting. Using the online mobile DHIS platform for data collection into NHMIS is a feasible approach as many CPs and PPMVs already use mobile phones to send and receive messages and are therefore proficient in using mobile phones.