BETTER HEALTH OUTCOMES START WITH BETTER, QUALITY DATA

To strengthen program delivery, we're revamping how we ensure data quality monitoring and analysis. And we're doing it through DHIS2 Android Capture, a mobile-based system you can now access from the palm of your hands.

Crossing the Data Divide

We confront operational constraints when we lack efficient data monitoring tools. As a result, consumers and health systems bear the brunt when we can't effectively track and respond to program progress and consumer behavior. At PSI, we've learned that to reach better health outcomes, we must monitor demand creation and service delivery experiences in real-time to meet our end-goal: delivering consumers with the tailored care they need the most.

That's why we're using **DHIS2 Android Capture (AC) app.**
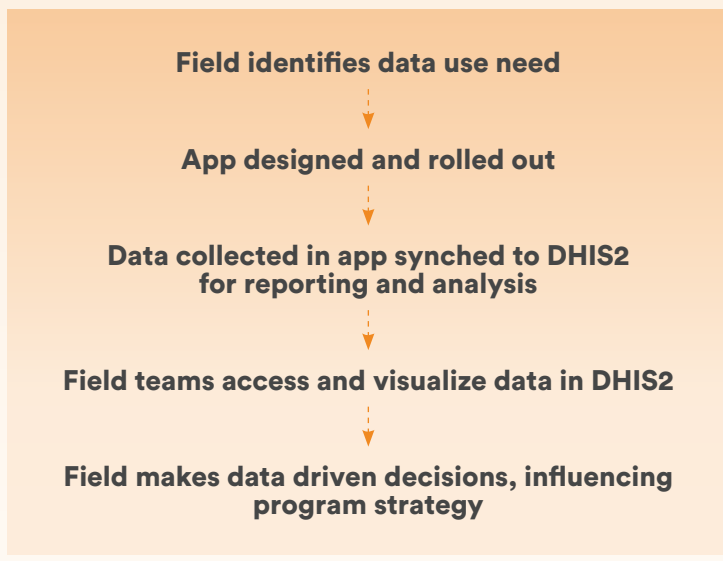
DHIS2 Android Capture: 4 Things to Know

1. WHAT IS DHIS2 AC?
An app-based, **mobile version of DHIS2** that allows us to monitor client mobilization, service provision and continuation of care... all from the palm of our hands.

2. THE VALUE:
Upload and access the data at any-time, anywhere and no matter the internet access (or lack thereof).

3. HOW THE PSI NETWORK USES DHIS2 AC

Field identifies data use need

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App designed and rolled out

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Data collected in app synched to DHIS2 for reporting and analysis

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Field teams access and visualize data in DHIS2

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Field makes data driven decisions, influencing program strategy

- **Mobilization data:** Interpersonal communication mobilizers record consumer names and referral information daily to track consumers' pathway to care.

- **Service delivery outputs:** Service providers record event attendance and counseling outputs to offer consumers tailored support... well after they leave the clinic.

- **Data quality checks:** The young designers monitor and submit live reports through DHIS2 AC following weekly with the facility teams thus real-time data visibility that allows for prompt troubleshooting after events and service provision.

- **Analysis:** Project team sets up and runs quick analyses, tracked against project indicators for use by country and global-level leads. The perk: quick learning allows us to quickly identify gaps... to quickly course-correct, in response.

4. OUR IMPACT:
In 2019, we trained **15 REGIONAL TEAMS** and **600 FIELD STAFF** on DHIS2 AC app. From July-December 2019, we served **122,293 CONSUMERS** with contraceptive services and completed **459+** total client mobilization and service reports, uploaded daily and submitted through the DHIS2 Android Capture app.

ADOLESCENTS 360° SFH 50 FORWARD

Applying DHIS2 AC for Youth Contraceptive Programming

In Nigeria, Adolescents 360, PSI's flagship adolescent sexual and reproductive health (ASRH) program, works within the country's public health system to support girls aged 15-19 to gain the skills and knowledge to make health and life choices. The program, powered by the Society for Family Health Nigeria and co-funded by the Bill and Melinda Gates Foundation and the Children's Investment Fund Foundation, needed to digitize its paper-based data collection to streamline program monitoring and adaptations across eight northern and southern Nigerian states.
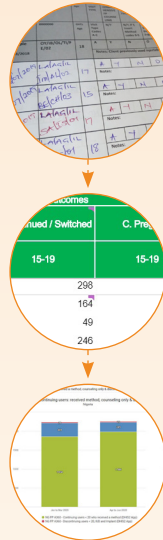
WHAT WE USED TO DO:
A360 Nigeria, which launched implementation in 2018, used paper-based spreadsheets to capture client mobilization and service provision data across eight states. Staff inputted data into manual spreadsheets before uploading the documents online for others to access. The cumbersome process hampered the team's ability to bring together data from eight states onto one platform, all at the same time.

THE LIMITATIONS WE FACED:
Paper-based and manual upload systems didn't allow for quality control mechanisms and manual aggregation procedures, nor did it offer built-in data analysis and visualization tools.

And, even with manual DHIS2 data upload, the team risked losing data along the way.

Quality data needs routine collection and analysis. We needed a way to overcome the limitations.

DHIS 2 AC RESPONDS TO THE GAPS:
DHIS2 AC's data collection uses a mobile-based system to streamline data flow and quality to strengthen decision-making and reporting.

For example: Prior to DHIS2 AC, A360 Nigeria relied on staff to manually input and analyze data, many of whom had minimal monitoring and evaluation experience. DHIS2 AC's introduction, however, has digitized the entire process – requiring less staff (and by extension, less need for more staff with data analysis skills), while increasing the team's ability to focus on data-driven decisions around core project priorities: increasing clinic referrals and strengthening systems in support of contraceptive continuation.

Applicable Learnings

1. **DHIS2 AC improves efficiencies – but you need a diverse team to successfully bridge data to action.**
A360 Nigeria needed to determine if its unique client experiences responded to girls' needs and health system priorities.

   All perspectives, therefore, needed to be reflected. DHIS2 AC supports quick and systemized aggregation of team input – something we lacked when we relied on paper-based system. SFH's field-based Young Designers manage DHIS2 AC data inputs from mobilizers and providers, before routing reports to centralized teams.

2. **DHIS2 Android Capture can be taken to scale within the public health system.**
In one year, we deployed DHIS2 Android Capture across 206 public health facilities in eight Nigerian states.

3. **Iteration is key.**
Actively involving the project team and field staff (including providers and young designers) during the development and testing/piloting processes allowed us to gain real-time insights to adapt programming in response to consumers' self-defined priorities.

4. **Technology isn't static. Expect (and invest in) updates to sustain the platforms.**
To resolve challenges with data synchronizations, we've added a mobile device management software on the phones for more efficient remote troubleshooting and centralized device management.

Our experience can be yours too.
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