



REPORT OF IMPLEMENTATION OF DHIS 2 MOBILE PILOT PHASE IN NIGERIA

**NORTH CENTRAL
NORTH WEST
SOUTH WEST
SOUTH EAST**

***National Agency for the Control of AIDS (NACA) and Department for
Planning, Research Statistics Federal Ministry of Health***

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Executive Summary

Nigeria has adopted a free and open source *District Health Information Software* (DHIS) as the national standard system for the capture, storage, analysis, and reporting of routine health data including HIV/AIDS. In 2012 NACA with major partners in the HIV/AIDS response adopted DHIS as the electronic data collection and reporting platform for the HIV/AIDS response. HIV/AIDS stakeholders also agreed that efforts should also be stepped up to strengthen the National health management information system.

The goal of the NNRIMS-DHIS is to develop an electronic database system with the ability to efficiently and effectively track Routine Indicators of the Nigerian National Response Information Management System (NNRIMS) strengthening the National Health Management Information System (NHMIS). Following extensive deliberations with the relevant partners including department of planning, research and statistics (DPRS) of FMOH it was agreed that the rollout of the NNRIMS DHIS to the states be divided into two components or phases: DHIS web component and DHIS mobile component.

The DHIS mobile phone client targets PHCs with mobile phone solutions considering the dearth of infrastructure such as internet and computers at that level was developed. The mobile phone client solution will ensure that the harmonized and integrated NHMIS reporting form is programmed into mobile phones and used for reporting by the PHCs. NACA and DPRS commenced the implementation of the mobile phone component and targeted 600 PHCs providing HIV/AIDS services.

DPRS (FMOH) and NACA during the planning stage agreed that the DHIS mobile phase would be divided into 6 stages or steps which are: **procurement of mobile phones; DHIS mobile Application development; Field testing; zonal training and Pilot in selected GF supported PHCs; Pilot Review; Technical support & mentoring and scale up respectively.** The procurement of mobile phones, application development, field test, zonal trainings and rollout respectively were supported with funds from the World Bank HPDP2 project.

Achievements from the DHIS mobile implementation shows that a total of 604 mobile phones were procured for deployment to the participating PHCs in the project. The DHIS national team and with technical support from Health Information Systems project (HISP) developed the DHIS mobile application as planned. The application was successfully tested in 4 PHCs in Nassarawa State and lessons learned were used to improve the application. A series of zonal training meetings were then held in four geopolitical zones (SW, SE, NW and NC) of the country. A total of 80 PHCs, 80 LGAs and 16 states took part in the pilot. Similarly 16 SACA M&E officers; 16 SASCP M&E officers; 16 SHMIS officers; 80 LGA M&E Officer and 80 PHC focal persons respectively participated in the four zonal trainings.

Members of the national DHIS team and independent facilitators from the technical partner HISP facilitated at the four zonal trainings.

Some key lessons learned showed that the users of the mobile phone application were enthusiastic and excited about the new application and also consider that the application is user friendly. It was also learned that roles and responsibilities for sending the data need to be clearly spelt out to avoid conflict and cause delay in data reporting. It was thus recommended that the PHC focal person would be responsible for data reporting while the role of the LGA M&E officer would be limited to data review. HMIS focal persons at the state level were also tasked with creating login access and password for state DHIS team and helping to troubleshoot issues and challenges with reporting.

It is recommended that there is need to rollout to the remaining 520 PHCs earlier targeted for the pilot phase as only 80PHCs have so far been reached. Continuous monitoring of data reported by the pilot PHCS on the NHMIS DHIS platform by both the state DHIS team and the national DHIS team PHCs is necessary to continue to strengthen quality of data reported to the platform.

Introduction

Nigeria has adopted a free and open source *District Health Information Software* (DHIS) as the national standard system for the capture, storage, analysis, and reporting of routine health data including HIV/AIDS. In 2012 NACA with major partners in the HIV/AIDS response adopted DHIS as the electronic data collection and reporting platform for the HIV/AIDS response. HIV/AIDS stakeholders also agreed that efforts should also be stepped up to strengthen the National health management information system.

The goal of the NNRIMS-DHIS is to develop an electronic database system with the ability to efficiently and effectively track Routine Indicators of the Nigerian National Response Information Management System (NNRIMS) strengthening the National Health Management Information System (NHMIS). Following extensive deliberations with the relevant partners including department of planning, research and statistics (DPRS) of FMOH it was agreed that the rollout of the NNRIMS DHIS to the states be divided into two components or phases: DHIS web component and DHIS mobile component.

Phase 1: DHIS web client targeting secondary and tertiary facilities. Under this component 34 states were trained on DHIS. State teams consisting of SACA, SMOH and state HMIS were constituted to oversee implementation of NNRIMS DHIS at the state level including stepping down the training to the secondary and tertiary facilities. So far 23 states using World Bank funds have conducted step down training for LACAs and selected secondary and tertiary facilities.

Phase 2: DHIS mobile phone client targeting PHCs and using mobile phone solutions considering the dearth of infrastructure such as internet and computers at that level. The mobile phone client solution will ensure that the harmonized and integrated NHMIS reporting form is programmed into mobile phones and used for reporting by the PHCs. NACA and DPRS commenced the implementation of the mobile phone component and will target reaching 600 PHCs providing HIV/AIDS services by the end of April 2014.

The National Agency for the Control of AIDS (NACA) in collaboration with the Department of Planning, Research and Statistics of FMOH in collaboration with USG and funding support from the World Bank commenced phase 2 which is the DHIS mobile. The DHIS national team consisting of staff of the collaborating organizations held several planning meetings to plan for the rollout. The DHIS mobile phase was divided into the following stages or steps:

1. **Procurement of mobile phones:** Consultations with technical experts and findings from other countries have shown that a mobile phone with the specifications listed below would be most suitable or ideal for data collection and reporting. These specifications include
 - MIDP 2.0 - The Mobile Information Device Profile that provides a mechanism for MIDlets to persistently store data and later retrieve it. This reduces the cost of data capture and transmission as this allows for the capturer to capture his data without an internet connection (once he has logged in) and only seek a connection to upload the data.
 - Dual SIM – The M&E officer can use his personal SIM and the SIM provided for DHIS reporting in one phone
 - Long Battery life
 - Cheap - Consideration on the cost for a dual SIM phone
 - Qwerty keyboard - the keyboard is easy to use
 - Screen is wide and resolution - the size is about 2.4", this allows for the configuration of relatively large and (extendible) datasets.
 - Java enabled- Runs Java application (thus making it a perfect client for the mobile server)

On the basis of the above the Nokia 200 Asha series was thus recommended for use as the mobile phone for the DHIS mobile roll-out to PHCs. 604 of the approved mobile phones were thus procured using funds from the World Bank HPDP2 credit.

2. **Development phase-** this phase involved the customization of the NHMIS monthly summary forms for the phone. This phase also included a 2 day TOT for the national core team followed by pilot testing in 4 PHCs in Nassarawa State.
3. **Field test-** this took place in Nassarawa state in 4 PHCs (2 rural and 2 urban) so as to get a feel of how the mobile phone application works in different settings with respect to service coverage and with different telecom service providers.
4. **Pilot-** This phase was expected to cover 600 PHCs in twenty three states. 600 GF supported PHCs in the 23 participating states were purposively selected because they have been trained on how to use the paper forms of the harmonized National Health Information Management System (NHMIS) forms. However the core team was only able to reach 80 PHCs in the initial instance. The pilot involved Zonal TOT workshops in 4 geopolitical zones (SW, SE, NW and NC respectively), rollout and data entry for state teams including the selected PHCs(80 PHCs, 80 LGAs and 16 states respectively).

- 5. Pilot Review stage-** the review phase will review the implementation phase after six months of reporting using the mobile application. Lessons learned will be used to inform scale up of DHIS mobile phone client to other PHCs in the country.
- 6. Technical support & mentoring stage-** The core team made up of NACA and DPRS-FMOH staff will continue to provide ongoing technical support and mentoring to the PHCs on emerging technical and data quality issues.
- 7. Scale up-** Lessons from the initial rollout will inform scale up by states to additional number of PHCs in the states. The state DHIS team (SACA M&E, SASCP M&E, SHMIS focal person) will implement DHIS mobile phone client in additional PHCs with technical guidance from the national DHIS team. Similarly national DHIS steering team(NACA, NASCP, USG, DPRS, GF) will mobilize resources from other partners to ensure full scale up to the rest of the 30000 PHCs. DHIS mobile phone client is expected to be rolled out to the over 30000 PHCs in the country by December 2015.

Objectives of the DHIS mobile phone client rollout

- Train a core team of master trainers (NACA and DPRS-FMOH) who will support the states for the implementation of DHIS mobile phone.
- Train state teams comprising of SACA, SHMIS, LGA & PHC M&E on the use of DHIS mobile phone client to report HIV/AIDS data and who will drive implementation and scale up to other PHCs in the state
- Procurement and distribution of 600 Nokia Asha 200 series phones for DHIS mobile client reporting by 600 PHCs in the country.
- Pilot the rollout of DHIS mobile phone client to 600 PHCs in Nigeria and commence reporting using mobile phone
- In collaboration with the relevant stakeholders develop scale up plan for full rollout of DHIS mobile phone client to all PHCs in the country by December 2015

Results

National level trainings for master trainers

A training of trainers was convened at the National level, with a curriculum that was pitched at intermediate level in order to provide the national DHIS team with the key skills needed to provide downstream technical support and mentoring. The TOT training covered the following topics:

- 1.) JAVA client configuration.
- 2.) Phone set-up for data uploads (data configurations and application start-up).
- 3.) Dataset loading for data capture and pushing.
- 4.) Troubleshooting the application and phone
- 5.) Harvesting pushed data for validation and report configuration.

The national level TOT participants then formed the core of the team that was involved in the field test of the application as well training participants at the zonal level trainings.

Zonal level Trainings

Four geopolitical zones (4 states per zone i.e. 16 states) were selected to participate in the zonal trainings and rollout. SACA in the states using World Bank funds supported the participation of their state teams consisting of PHC record staff, LGA M&E Officer, SACA M&E Officer and the SASCP M&E officer at the zonal training. A total of 80 PHCs (5PHCS in each participating state) participated in the zonal trainings. The zonal trainings took place as follows:

- 1.) Kaduna** for the North Eastern States
- 2.) FCT** for the North Central
- 3.) Enugu** for the South Eastern States
- 4.) Lagos** for the South West States

The topics that were covered at the national level TOT were also the same topics that were covered during the zonal level trainings which were facilitated by the national core team including independent facilitators from HISP Nigeria. Training topics were as follows:

- 1.) JAVA client configuration.

- 2.) Phone set-up for data uploads (data configurations and application start-up).
- 3.) Dataset loading for data capture and pushing.
- 4.) Troubleshooting the application and phone
- 5.) Harvesting pushed data for validation and report configuration.

A total of 80 PHCs, 80 LGAs and 16 states took part in the pilot. Similarly 16 SACA M&E officers; 16 SASCP M&E officers; 16 SHMIS officers; 80 LGA M&E Officer and 80 PHC focal persons respectively participated in the four zonal trainings. The list of the 80 participating by states is found in Annex 6

Some key findings/Lessons learned

- The DHIS mobile phone application has the potential to succeed in resource constrained environments where there is dearth of infrastructure such as computers and internet.
- PHC focal persons consider the mobile application user friendly and easy to use
- There is a need to redefine roles of the various persons at that level to avoid conflict and confusion with regards to data reporting. These redefined roles are presented in the table below:

<i>Staffer:</i>	<i>Emerging Role:</i>
<i>Facility Level (officer in charge or medical records officer)</i>	<i>Pushing data (capturing aggregates, proximity to patient will ensure greater accuracy)</i>
<i>LGA, Monitoring and evaluation officer (or Disease Surveillance and Notification Officer)</i>	<i>Monitoring and evaluation (moving away from the lower level task of capturing data to monitoring indicators and evaluating performances.</i>

- The DHIS2 Mobile offers a chance for an immediate expansion of facility level driven data management. The extent to which this works will depend on the systemic leg


work that will be applied. The DHIS2 mobile must not be seen as a silver bullet that will solve all data management problems. Systems strengthening (in terms of dedicated staff and strengthened and effective data management processes) are still critical in order to reap the greatest benefits from the mobile roll out.

Recommendations/Next Steps

- Monitor the short term rate of data push from the trained facilities. It is expected that the setup and rollout of the other health facilities will be done in the coming weeks and months.
- State teams and national teams to continue to provide mentoring and technical support to participating PHCs.
- Promote Data review and use for decision making and planning
- Rollout the DHIS mobile application to the remaining 520 PHCs targeted in the pilot.

Annex 1: List of trained persons: NC Zone

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ZONAL DHIS MOBILE TRAINING
PEACE HAVEN HOTEL 7TH - 10TH OCTOBER 2013
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**ZONAL DHIS MOBILE TRAINING
PEACE HAVEN HOTEL 7TH - 10TH OCTOBER 2013
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ZONAL DHIS MOBILE TRAINING
PEACE HAVEN HOTEL 7TH - 10TH OCTOBER 2013
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ZONAL DHIS MOBILE TRAINING
PEACE HAVEN HOTEL 7TH - 10TH OCTOBER 2013
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Annex 2: List of trained persons: NW Zone

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11	MUSA ASURAKA	SOBTA LG	MFE	08071191522	
12	Abdul M. Adamu	Igabi LG	MFE	08033557178	

13	Kasim Abdullahi	PHC Karamo MFE	0803796442	Ble	Ble
14	Amint Musa KASSI	NACHEGA LGA MFE	0803243817 0803963455	KASSI	KASSI
15	KASSI ABULLAH	ILLEK LGA MFE	0803575449	KASSI	KASSI
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33.	ALNY TATEO	LGA MGE	0802052543			
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	Amir G. E. A. Umar						
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59.	M. Asagor	SMOL	SMOL	SMOL	0803300000	St	St
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Annex 3: List of trained persons: SW Zone

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ATTENDANCE LIST

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**MOBILE PHONE DEPLOYMENT TRAINING SOUTH WEST ZONE
CHEERS HOTEL OCTOBER 2-4, 2013**

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CHEERS HOTEL OCTOBER 2-4, 2013

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3.	Mrs O. O. Shade	MRE/DSMO Obafemi Owode LGA - Ogun State	08033285822		Shade		
4.	Mrs D. MADETAYO	Head of Atan Model PHC Obafemi Owode LGA - Ogun State	08102475797		Madetayo		
5.	Mrs M. O. ADEBAYO	MRE/DSMO I. N. L. G OGUN STATE	08035531413		Madetayo		
6.	Mrs O. O. SOGBOWALE	FOCAL PERSON PHC OKE-ODO Ijebu North LG	08033610632	Olusola Sobowale @jules.com	Sobowale		
7.	Mrs F.O. ADELOUNBI	MRE/DSMO Ijebu East L.G. Ogun	07062206147	deosey2011@ yahoo.com	Adelounbi		
8.		FOCAL PERSON ETIMADE PHC Ijebu East L.G					
9.	Mrs F.A. Oubunmi	MRE/DSMO Abk. South L.G. Ogun	08034006987		Oubunmi		

MOBILE PHONE DEPLOYMENT TRAINING SOUTH WEST ZONE

CHEERS HOTEL OCTOBER 2-4, 2013

ATTENDANCE LIST

S/N	NAME	DESIGNATION/ LGA/STATE	TELEPHONE	EMAIL ADDRESS	DAY 1	DAY 2	DAY 3
1	Olaniyi V.O	MSE Biology Lagos	08023672576	olaniyi.v.o@gmail.com	<i>[Signature]</i>		
2	Sulaiman A.I	MSE PHC, L/Name LGA	08023455902	Sulaimanclawson@yahoo.com	<i>[Signature]</i>		
3	Emesagwai B.	MSE IKEDJ LGA	0805600652	getwithlady@yahoo.com	<i>[Signature]</i>		
4	Sunnah R.O	FACULTY MSE IKEDJ LGA	08050763063	Sunnah.2007@yahoo.com	<i>[Signature]</i>		
5	Atolagbe P.A	MSE Ibeju/Lagos	08033463180	Atolagbe.2003@yahoo.com	<i>[Signature]</i>		
6	Daramola M.A	FACULTY MSE Ibeju/Lagos	0706448000	daramola.m.a@yahoo.com	<i>[Signature]</i>		
7	Oluyide O.A	MSE Biology LG/ Ajayi PHC	0802352972	oluyide.o.a@yahoo.com	<i>[Signature]</i>		
8	BLATUNTI G.O	MSE OSUN SACA	08033669468	blatunti.g.o@gmail.com	<i>[Signature]</i>		
9	AMINU A.M	MSE O/I OSUN	08060822806		<i>[Signature]</i>		

MOBILE PHONE DEPLOYMENT TRAINING SOUTH WEST ZONE
CHEERS HOTEL OCTOBER 2-4, 2013

EDO STATE

ATTENDANCE LIST

S/N	NAME	DESIGNATION/ LGA/STATE	TELEPHONE	EMAIL ADDRESS	DAY 1	DAY 2	DAY 3
10	AZAB-DANID	MA E	08063075070	azabdanid@gmail.com			
11	OBAZELE B.O	MSE SASCP EDO STATE	08037184001	goc1@yahoocan balessyobazele4			
12	OSUNDE.M.T.Mrs	MKE EDO SAGA	0706059862	mayor.osundat yahoos-com			
1							

Annex 4: List of trained persons: SE Zone

Annex 5: List of participating PHCs in the pilot by state

VENUE	DATES	STATES/PARTICIPANTS	LGA/ PARTICIPANTS	HEALTH FACILITY PHC
CHEERS HOTEL IKEJA LAGOS (SOUTH WEST ZONE)	3rd - 4th October , 2013 (arrival 2nd October 2013, departure 5th October 2013)	STATE HMIS OFFICER, SACA OFFICER & SACP OFFICER	LGA	
		LAGOS	Ibeju Lekki	Iberekodo Primary Health Centre
			Ikeja	Onigbongo Primary Health Centre
			Mainland	Simpson Primary Health Centre
			Eti Osa	Badore Primary Health Centre
			Badagry	Ajara Primary Health Centre
		OGUN	Abeokuta South	Keesi Primary Health Centre
			Obafemi Owode	Mokoloki Health Centre
			Ijebu North	Oke Odo Primary Health Centre
			Ijebu East	Eyinade Health Centre
			Ado Odo/Otta	Atan Primary Health Centre
		EDO	Oredo	Ekea Primary Health Centre
			Esan North East	Arue Primary Health Centre
			Owan West	Ozalla Primary Health Centre
			Akoko Edo	Ojirami Primary Health Centre
			Orhiomwon	Iru Primary Health Centre
		OSUN	Olorunda	Sabo Primary Health Centre
			Osogbo	Odi Olowo Primary Health Centre
			Ife Central	Enunwa Primary Health Centre
			Iwo	Iwo Model Primary Health Centre
			Ejigbo	Ilawo Primary Health Centre
DANNIC HOTEL, NEW HAVEN LAYOUT ENUGU (SOUTH EAST ZONE)	3rd - 4th October , 2013 (arrival 2nd October 2013, departure 5th October 2013)	STATE HMIS OFFICER, SACA OFFICER & SACP OFFICER	LGA	
		ANAMBRA	Ogbaru	Atani Primary Health Centre
			Ekwusigo	Ichi Health Centre
			Anaocha	Ichida Primary Health Centre
			Awka south	Nibo Primary Health Centre
			Idemili North	Ideani Primary Health Centre
		ENUGU	Udenu	Obollo Afor Comprehensive Health Centre
			Nkanu West	Ozalla Health Centre
			Udi	Abor Primary Health Centre
			Ezeanu	Oyofe Primary Health Centre
			Nsukka	Nsukka Health Centre

		EBONYI	Abakaliki	Obulechi Health Centre
			Ezza South	Amuzu Health Centre
			Ohaozoara	Ojigwe Health Centre
			Onicha	Isu Health Centre
			Ikwo	Ndiagu Amagu Health Centre
		ABIA	Ohafia	Isiama Primary Health Centre
			Ukwa West	Umudioha Primary Health Centre
			Aba South	Amufuru Primary Health Centre
			Umuahia North	Nkata Primary Health Centre
			Umu Nneochi	Leru Primary Health Centre
ZEECO OL HOTEL, BARNA WA KADUNA (NORTH WEST ZONE)	8TH - 9th October , 2013 (arrival 7th October 2013, departure 10th October 2013)	STATE HMIS OFFICER, SACA OFFICER & SACP OFFICER	LGA	PHC
		KADUNA	Kaura	Dusai Primary Health Centre
			Igabi	Rigasa Primary Health Centre
			Soba	Gimba Primary Health Centre
			Kudan	Doka Primary Health Centre
			Kagarko	Idah Primary Health Centre
		NIGER	Munya	Gini Primary Health Centre
			Edati	Sakpe Primary Health Centre
			Mashegu	Kawo Dispensary
			Mariga	Kumbashi Health Centre
			Lapai	Kpada Health Clinic
		SOKOTO	Tambuwal	Jabo Primary Health Centre
			Illela	Kalmalo Primary Health Centre
			Dange Shuni	Rikina Dispensary
			Wamakko	Yarlabe Primary Health centre
			Sokoto North	Runji Sambo Health Clinic
		ZAMFARA	Maru	Kanoma Primary Health Centre
			Tsafe	Keta Primary Health Centre
			Kauran Namoda	Banga Primary Health Centre
			Shinkafi	Kwari Primary Health Centre
			Bungudu	Fantaru Primary Health Centre
PEACE HAVEN HOTEL, WUYE ABUJA (NORTH CENTRAL ZONE)	8TH - 9th October , 2013 (arrival 7th October 2013, departure 10th October 2013)	STATE HMIS OFFICER, SACA OFFICER & SACP OFFICER	LGA	PHC
		FCT	AMAC	Apo Primary Health Centre
			Bwari	Dutse Makaranta Primary Health Centre
			Kwali	Kwali Primary Health Centre
			Abaji	Nuku Primary Health Centre
			Kuje	Kwaku Primary Health Centre
		KWARA	Ilorin East	Ojagboro Primary Health Centre
			Kaiama	Aboki Health Clinic
			Edu	Tsaragi Primary Health Centre
			Moro	Tepatan Health Centre
			Offa	Ojomu Primary Health Centre
		BENUE	Oju	Ameka Owo Primary Health

				Centre
			Katsina Ala	Abaji Primary Health Centre
			Agatu	Okokolo Primary Health Centre
			Gwer East	Aliade Primary Health Centre
			Ogbadigbo	Aifam Primary Health Centre
			Obi	Agwade Primary Health Centre
			Lafia	Akurba Primary Health Centre
		NASARAWA	Nassarawa	Ogapa Primary Health Centre
			Nassarawa Egon	Wulko Primary Health Centre
			Keffi	Gauta Primary Health Centre