









## Due to the COVID-19 pandemic, RRHO pivots to a virtual DHIS2 training for NACP Liberia to better leverage data to strengthen HIV programs

MAY 2021

From September to October 2020, the HRSA-funded Resilient and Responsive Health Organization (RRHO) project conducted a virtual training to build the capacity of eight monitoring and evaluation (M&E) staff from the National AIDS and STI Control Program (NACP), Ministry of Health (MOH) in Liberia. To facilitate the achievement of zero new infections, zero AIDS-related deaths, and zero AIDS-related stigma and discrimination in Liberia by 2030, NACP uses District Health Information Software 2 (DHIS2).

Accessing uniform data through DHIS2—an open source, web-based health management information system (HMIS)—is critical for NACP data reporting and analysis. On a monthly basis, over 700 health facilities (public and private) report aggregated data on HIV morbidity, services, and interventions. These reports are submitted to County Health Teams where they are entered electronically into the DHIS2 platform with rigorous data verification to ensure good quality data are reported. Understanding and leveraging all of the features and functionality available in DHIS2 can significantly improve data analysis leading to better decision-making and strengthen the planning and implementation of HIV services for those infected and affected by HIV.

Due to the COVID-19 pandemic, the in-person training was replaced with seven virtual sessions. Led by RRHO's DHIS2 experts, each two-hour session introduced DHIS2 concepts and building blocks, such as data elements, organization units, and form design. With the overall objective of understanding and using the different features that DHIS2 offers, including customization of health, disease surveillance, logistics, and laboratory information systems, NACP's M&E coordinator, data manager, officers, assistants, and volunteers took a deep dive into the DHIS2 database design and data collection methods. Staff learned about data analysis tools at the facility, county, and regional level; management of aggregate data and program indicators; and creating dashboards to identify trends and gaps to inform HIV program planning.

NACP was thrilled with the success of this virtual training, as participants received certificates of completion, and have applied what they have learned to strengthen their M&E efforts. After completing the training, NACP's Data Officer, Abraham Fekie Sie, explained that he can now "navigate DHIS2 more freely, has access to extra data, and performs data analysis using pivot tables."

NACP supports HIV prevention, treatment, and care and surveillance, and is Liberia's primary Global Fund recipient. As part of the MOH's Health Services Department, NACP works in conjunction with the National AIDS Commission (NAC). Liberia's HIV/ AIDS interventions including NAC, Global Fund, and NACP activities are managed through the Country Coordination Mechanism.





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Claudius Paye, an M&E Data Officer, learned how to create datasets, analyze facility level data, and now understands the core dimensions of DHIS2. He has applied the knowledge he gained from the training to "analyze data and use the data entry app to input monthly reports."



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Engaged in the training, Mohammed Alieu, an M&E assistant, learned about the "advantages of using DHIS2 in capturing and sharing of data." Now he works with aggregated and disaggregated data, creates pivot tables, charts, and other reports to help monitor effectiveness and program planning.

One participant commented, "this training module was very helpful to me. I was able to create my own data set and form from these sessions." Another participant stated that the training was "very understandable and educative." NACP has asked RRHO to provide refresher training so staff can continue to enhance their knowledge and skills in DHIS2. The seven interactive modules are also readily available for self-paced virtual learning.

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As a next step, RRHO is now supporting NACP in the development of a DHIS2-based e-Tracker tool for patient-level data entry at facilities.

This tool will be designed to support automated reporting on the HIV Care and Treatment indicators in the Health Management Information System. At the same time, the tool will support clinical staff in patient management and follow-up through automated notification functions for certain patient events/situations (e.g. missed visit, interruption in treatment, unsuppressed viral load [VL], the need for VL follow-up, and reminder functions for multi-month prescriptions and ART optimization). Development is underway and will include finalization of the design, testing, and piloting as well as training, scale up, and procurement of required equipment.

## Background on RRHO

The Resilient & Responsive Health Organizations (RRHO) project is funded by the Health Resources and Services Administration (HRSA) under Cooperative Agreement #UH5HA30789-01-02. The information provided in this document is not official U.S. Government information and does not represent the views or positions of HRSA, PEPFAR, or the U.S. Government.

The RRHO project builds the capacity of diverse institutions or "impact partners" that include schools of medicine, midwifery and nursing, professional associations, and government ministries that contribute to improving the quality of health professional education in Liberia, Sierra Leone, and the Democratic Republic of Congo (DRC). Throughout the five-year project period, RRHO supports and complements HRSA's Resilient and Responsive Health Systems (RRHS) initiative implemented by Brigham and Women's Hospital in Liberia. Jointly both projects strengthen the ability of impact partners to become self-learning organizations that are interdependent and can promote and capacitate South-South engagement with the goal of contributing to the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) human resources for health strategy. Through this unique and flexible HRSA mechanism, RRHO works directly with local partners, such as NACP on all aspects of their programs to address their specific needs, provide hands-on technical assistance to build their capacity, and directly influence how they carry out their mission, mandate, and programs.