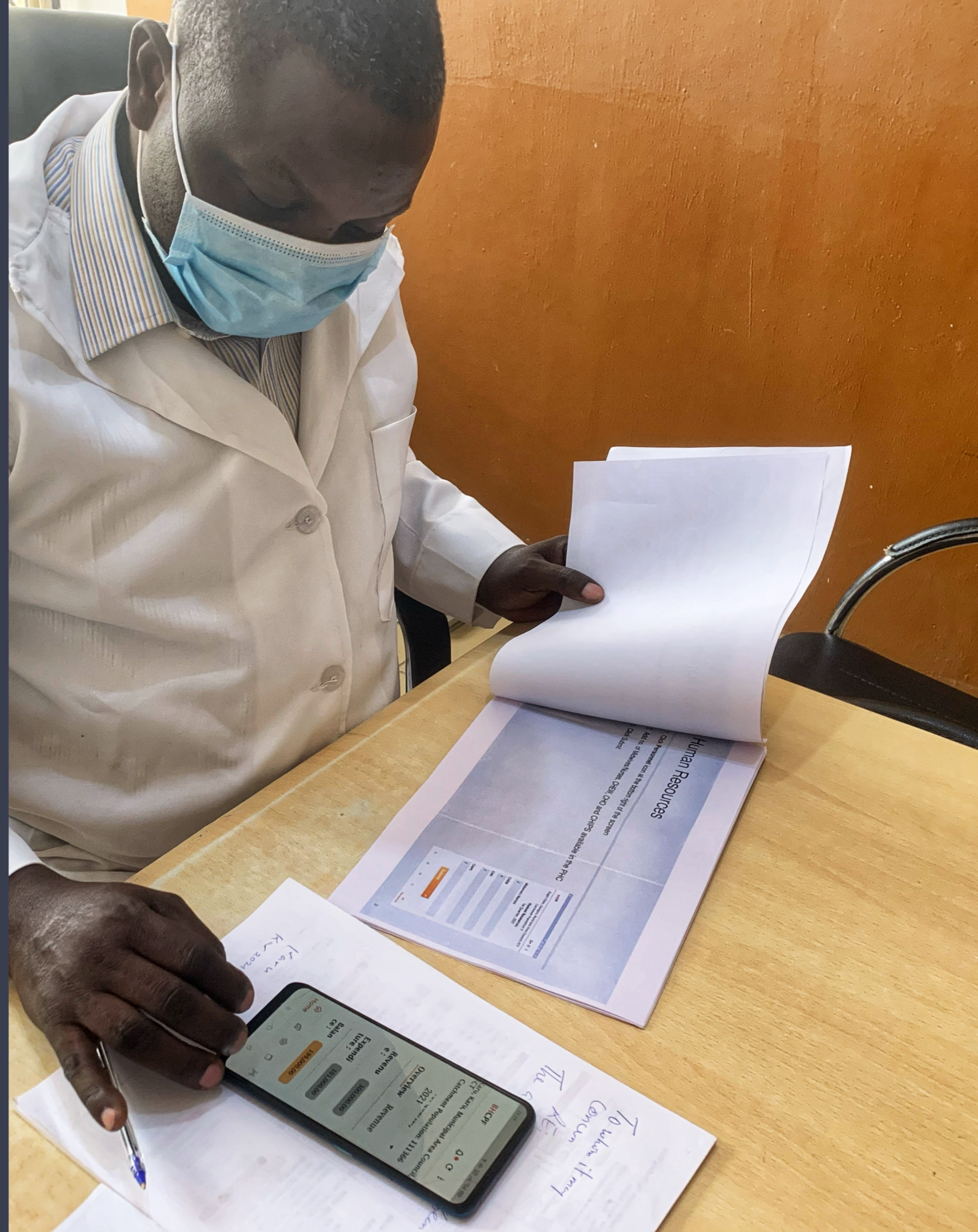


Learning Brief:

BHCPF M&E TRACKING SOFTWARE

By Datharm Limited

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Background

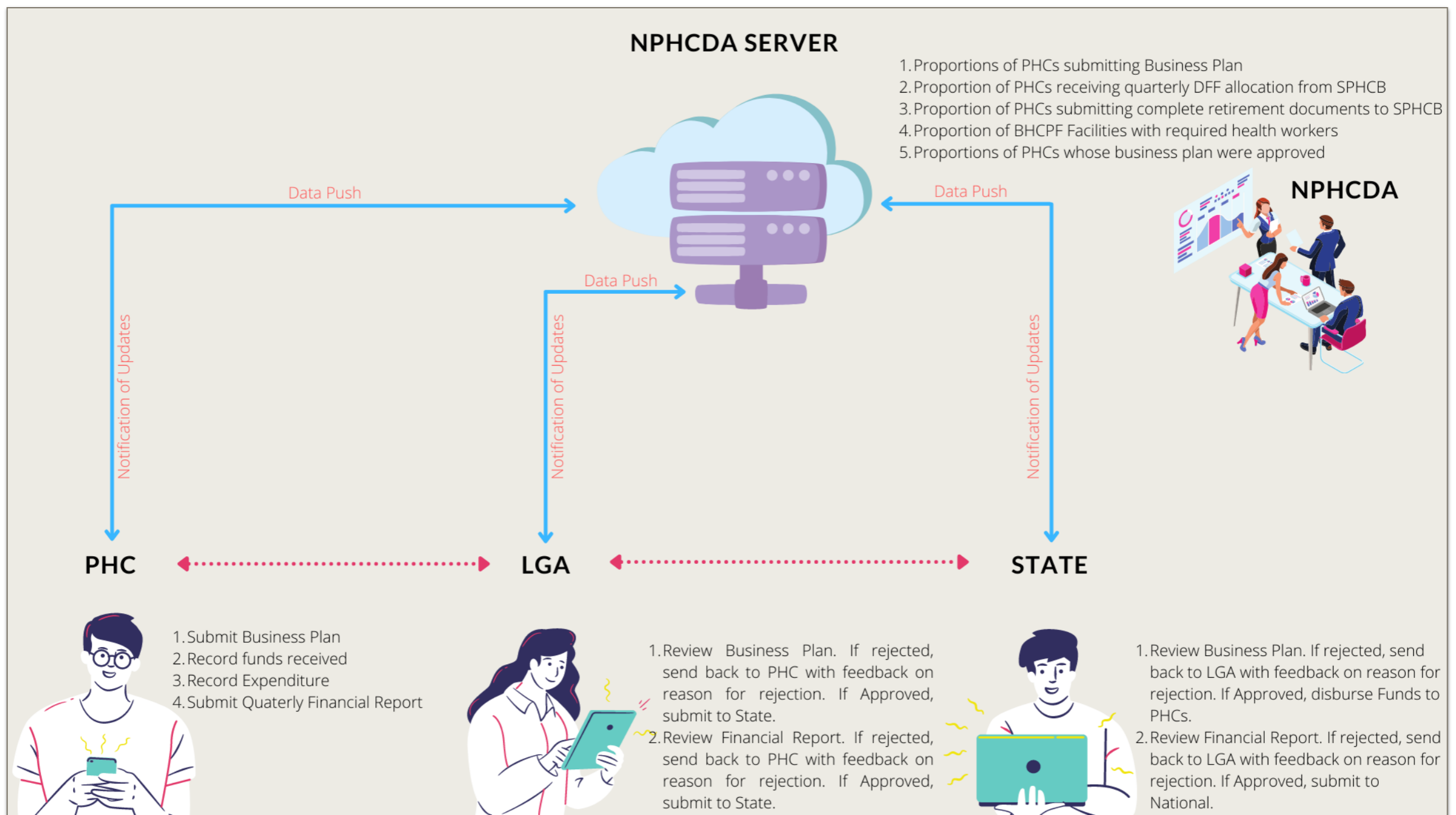
WHAT IS HEALTH FINANCING AND BHCPF?

Health financing is a core function of health systems that can enable progress towards universal health coverage by improving effective service coverage and financial protection

The National Health Act (NHAAct 2014) was established to promote equitable service utilization in Nigeria. Section 11 of the act established the Basic Health Care Provision Fund (BHCPF) which consist of not less than one percent (1%) Consolidated Revenue Fund (CRF) of the Federal Government of Nigeria, donor and any other source, which makes supply and demand-side investments for Primary Health Care Center (PHC).

We (Datharm Ltd.) have engaged with the NPHCDA BHCPF PIU to further understand the BHCPF program design and ICT requirement. We understood that while health care facilities are required to collect data elements on the BHCPF program and submit to entities at LGA and State level for transparency and accountability, the data does not flow among these entities in a cohesive way. Apart from the bulky paperwork involved, the existing manual system of data collection does not allow for efficient processing of large volume of data nor for the data to be analytically reviewed and disseminated quickly.

Based on that, we developed a mobile application and dashboard to help reduce transaction times, improve data quality, transparency and accountability in the implementation of BHCPF at PHC, LGA, State and National level. We have done preliminary test run in Facilities within Abuja Municipal Area Council and Gwagwalada Area Council, Federal Capital Territory (FCT), Abuja, Nigeria to evaluate feasibility, time, cost and improve upon the software design prior to performance of a full-scale project.



Process Flow of the BHCPF M&E Tracking Software

The BHCPF M&E Tracking Software is a platform to track not just Financial Management of funds disbursed to health facilities but all established and prioritized performance indicators of the BHCPF implementation on Financial Management, Service Delivery, System Strengthening and Governance. However, in this test run, our primary focus was

Financial Management with just one indicator under Service Delivery and; System Strengthening and Governance.

This brief summarizes important observations and lessons learned from test run of the BHCPF M&E Tracking Software across PHCs in FCT, Abuja.

LESSON LEARNT

Early Stakeholder Engagement

Engaging with the NPHCDA BHCPF PIU influenced the the initial ideation and design phases of the BHCPF M&E Tracking Tool. This early engagement with the agency both at national and state level was critical in building credibility and trust in the BHCPF M&E Tracking Tool and the outcomes we are hoping to achieve.

Human Centred Approach

Interviews and observations were done to develop personas and use cases of users at National, State, LGA and PHC level. Iterative feedback from these users informed the design of the BHCPF M&E Tracking tool. We needed to understand our users as well as the the context they work in. This allowed us to determine the digital tool's appropriateness and technological path to achieving high quality user experience and acceptability of the tool by the Health Workers (HWs) and their supervisors at various levels. For example:

Usability

Usability is an area in which Human Centred approach is key. Adoption relies on users finding the tool useful and convenient for their daily work. The HWs considered themselves over stretched and mentioned that introducing this application for use to record BHCPF data will ease their workload due to automation of most of the tasks. This helped free up time for them to focus on other responsibilities.

"It is user friendly, the dashboard makes it easy to review reports. It gives us breakdown of expenses and to make us know money is not being misdirected or wasted" - Shedrack Tukura (BHCPF Supervisor, Abuja Municipal Area Council)

Appropriateness

Health workers and Supervisors were able to recognise the software's appropriateness for the entire BHCPF Financial Management documentation.

"This software is work made easy. Less paper work, practical with total transparency from PHCs to Area Council down to State." - Dr. Adeyemi Adeniran (BHCPF Supervisor, Gwagwalada Area Council)

Acceptability

Digital tools can cause significant disruption to the way work is organised and might generate some resistance to change by HWs. Our team were hands on with monitoring and support through coaching/hand-holding sessions, which were used to provide advice on how to best use the digital tool, discuss issues and obtain feedback from the users.

Several HWs have asked why the service was discontinued. The interest in the system is largely due to the ease of developing business plan, financial retirement, automated validation and ease of submission to supervisors through the application.

"I like the filter on the Dashboard. its a very good feature to drill down to PHCs in a particular area council " - Dr. Esomonu (State BHCPF Supervisor, FCT)

Tailoring the onboarding Process

We were focused on understanding the unique needs of different personas during the design process and underestimated the training requirement of these different personas. For example, we realised some health workers needed training on not just the BHCPF M&E Tracking software but on using and navigating their smart phones to download, install and locate the installed app.

Pre-assessment of users should be done to identify pre-training knowledge, and skills that will determine/inform the training design.

Furthermore, Training should be based on participatory methods and include practical sessions to enhance the health workers and supervisors learning and confidence. Immediate follow-up after training is also required to make sure knowledge and skills acquired during training are put into practice.

In-context dynamics

In-context dynamics can affect the implementation and outcomes of the program. Facilities in remote rural areas faced more challenges than those in urban/semi-urban areas in terms of electric power supply and network availability. Thus, the system was designed to take these dynamics into account by being an offline-first solution.



CONCLUSION

The BHCPF M&E Tracking software was developed to help reduce transaction times, improve data quality, transparency and accountability in the implementation of BHCPF at PHC, LGA, State and National level. The test run carried out in selected facilities across the FCT, Abuja, have provided positive insights into the appropriateness, usability, feasibility and acceptance of such digital tool by health facility in-charges and supervisors in documentation and reporting of BHCPF activities.

A human centred approach was adopted in application design, taking into account the type of users as well as the context they work in. We anticipated network challenges in low resource settings such as these, so designed the application to work offline and synchronise captured data upon network availability. Oversight on the training needs and requirement of the users led to constant requests for refresher trainings in the earlier stages of the role out.

All stakeholders interviewed unanimously recommend wider introduction of the BHCPF M&E Tracking Software especially the use of it in developing BHCPF Business Plans, Financial Retirement and submissions of reports to supervisors.



*PHC Gidanmangoro, Abuja
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