



# Benin's experience using electronic data capture for onchocerciasis mass drug administration (2021-2022)

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# History of electronic data capture (EDC) use during health campaigns in Benin

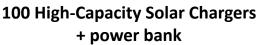
- > Result of actual government decision to digitize many programs and public services.
- Started in 2019 with the digitalization of two malaria program campaigns: mosquito net distribution, seasonal malaria chemoprevention.
- In 2020, the Government instructed the MOH to digitize the onchocerciasis mass drug administration (MDA) campaign.
  - Use of population data collected during previous malaria campaigns,
  - Update database with OV MDA specific variables,
    - → Have one consolidated database for all health campaigns across the country.

# Use of EDC during MDA: preparation phase

- Appropriation of NTD program functioning by CRS team,
- Estimation of equipment & human resources needs for successful pilot implementation,
- Design and insertion of OV MDA data collection forms in the smartphones,
- Finalization of field actors' training schedule and material dispatching process.

#### **Identification badges**













03 Tripp-lite Charge Stations, charge up to 49 phones simultaneously

# Use of EDC during MDA: training and supervision tools

- 1. Training of central level NTD program and partners' staff on EDC tools.
- 2. Training of intermediary and periphery level NTD program staff: Simultaneous training of supervisors in all targeted districts,
  - → Design of MDA supervision plan, creation of communication means (WhatsApp groups).
- 3. Training of community drug distributors (CDDs): Nurses assisted by CRS team members and mixed NTD program/partner's teams.

#### **Training modules:**

- > MDA data collection forms previously inserted in smartphones (all levels).
- >Supervision data collection forms (central and intermediary levels).
- ➤ CAT platform (pilot phase), ArcGis platform (extension phase): for MDA data management and drug distribution supervision (central and intermediary levels).

EDC use during MDA: household identification, data collection/update and drug distribution

Confirm, if possible, the information of two

household's members

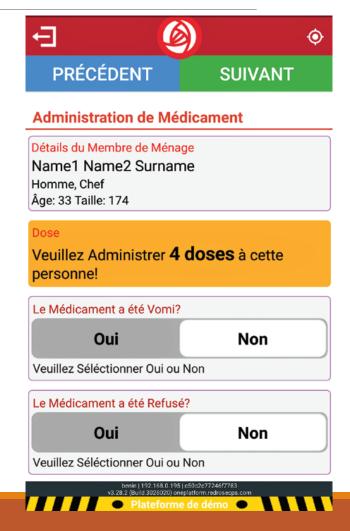


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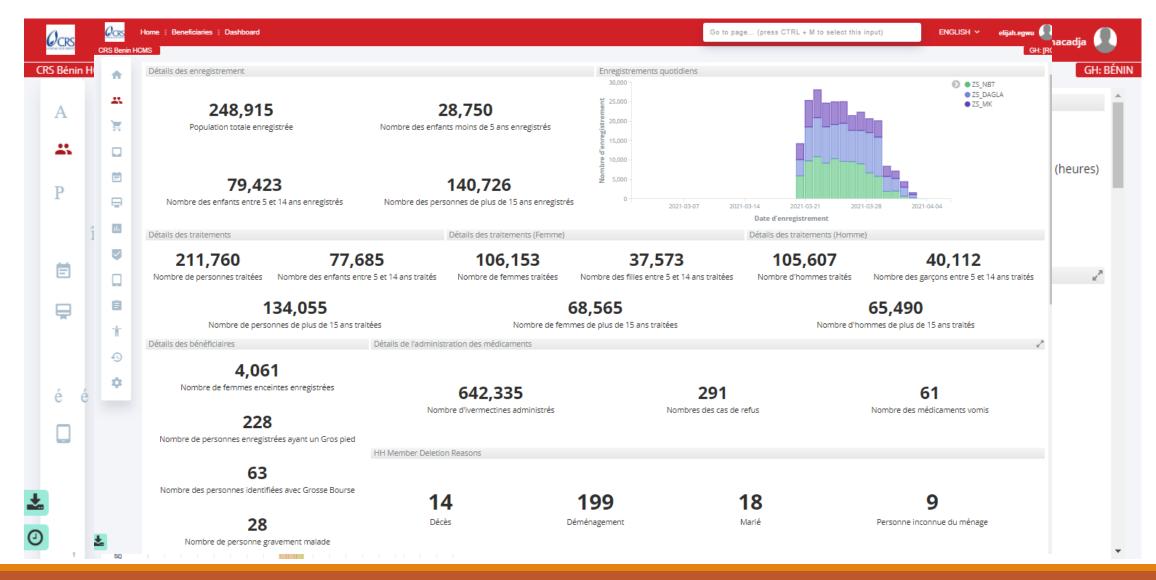


# EDC use during MDA: household identification, data collection/update and drug distribution

- Update household's members biodata
  - Name (if incorrect), Sex, Telephone number, Date of birth (or age if unknown), and Height.
- ➤ Update household's composition if applicable: add a new member or delete one (moving, marriage or death).
- Possibility to add new households if not found (fill new forms).
- >Synchronize the telephone as much as possible to upload collected information.
- ➤ Drug stock management forms are embedded within RedRose.



### EDC use during MDA: training and supervision tools





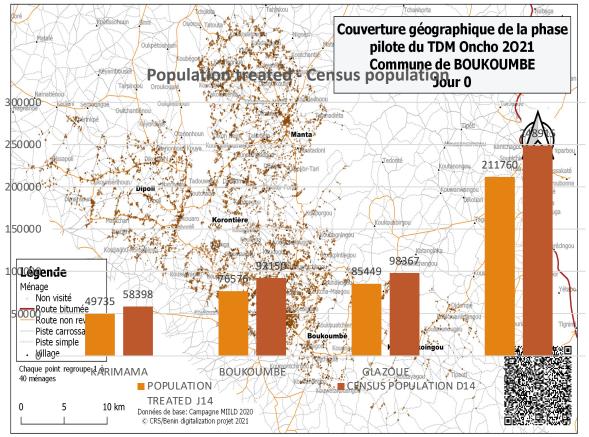


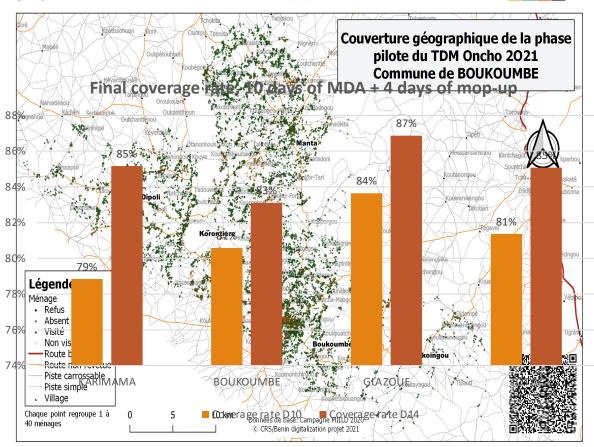




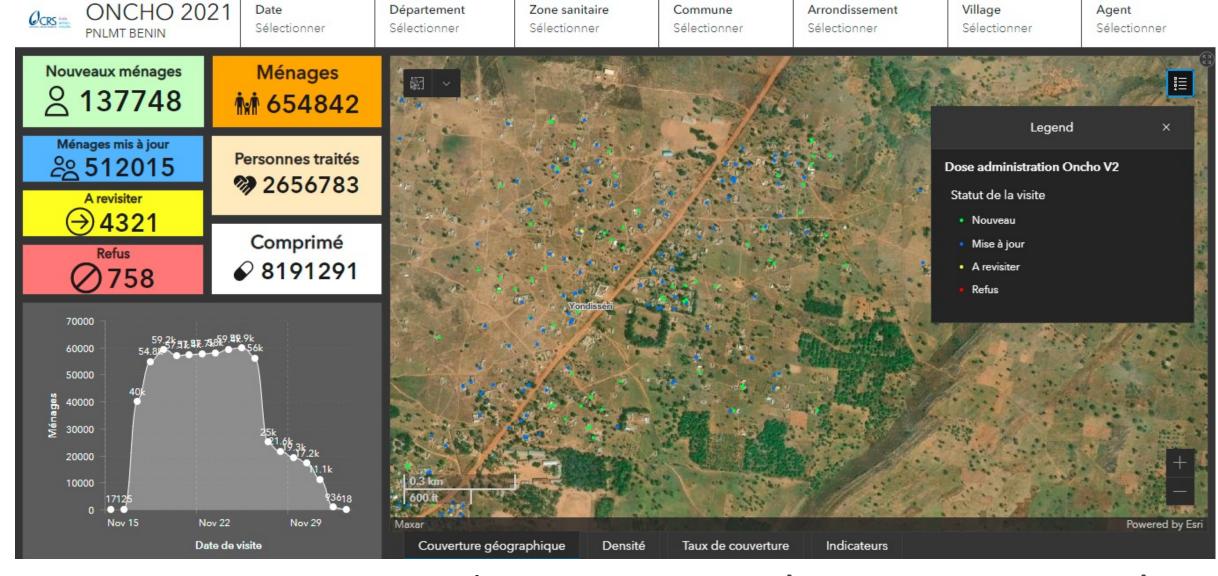








MDA campaign results: pilot phase, CAT platform results



MDA campaign results: extension phase, ArcGis results

# Benefits of EDC use during MDA: data collection, transmission and quality/safety

### Data collection related benefits:

- Smartphones are light, last many years,
- Easier to identify a household using the GPS function (no one is missed).

### Data transmission related benefits:

- Data collected instantaneously available on the platform and accessible from any place,
- MDA reports available a week after the MDA

### Quality and safety related benefits:

- Quality control checks embedded (those who are not targeted cannot be treated),
  - Avoid data loss especially with staff turnover rate,
  - Noticeable impact on program coverage rate,
  - Supervisors alerted whenever uploaded information does not make sense.

# Benefits of EDC use during MDA: drug administration process and supervision

#### Drug administration processes followed, and drug stock management improved

- Impossible to proceed without entering critical individual's information, to change number of drugs that must be given or guess it,
- **Directly-observed treatment is strictly followed**, and revisits performed for absents,
- Drug stock management automatic, no additional computing required.

#### Supervision (more efficient than SCT)

- Allows **virtual supervision of CDDs' work** and assessment of supervisors' work effectiveness,
- Extensive area supervised compared to SCT tool,
- Uploaded data analyzed daily, and results help nurses in real-time (including decision to conduct mop-up or not).

### Challenges related to EDC use during MDA

#### Cost-related challenges

- Smartphones and other equipment, equipment insurance,
- Additional personnel required to ensure training and supervision, additional training days required,
- Higher amount of remuneration requested by recorders.

### Data collection-related and other challenges

- Require CDDs with a higher literacy level and internet access to upload data.
- Each CDD must be endorsed (equipment cost is high).

### Supervision-related challenges

- Good knowledge of smartphone use, ability to analyze graphs sent daily and use them to assist teams,
- Require additional attention/time from the supervisors.









## Thank you for your attention!









