Catalyzing stakeholder commitment to improving electronic data capture in Ghana

Background

In 2015, Ghana adopted a District Health Information Software 2 (DHIS2) tracker application (known as e-Tracker) for capturing transactional health care service data electronically. The Ghana Health Service (GHS) has so far deployed the e-Tracker to capture transactional data across a number of services, including reproductive, maternal, and child health (RMCH) services, antiretroviral therapy, tuberculosis control, COVID-19 vaccination, and malaria. The e-Tracker deployment coverage varies for these different services, with use of the application being nationwide for some (like for ART data) but limited only to certain regions for others (like for RMCH data).

National deployment of this digital tool in health facilities is expected to improve data capture, quality, and availability in Ghana. There have been some isolated evaluations of the e-Tracker implementation since its inception, but there has never been a national review. Evaluation of work done by the Evaluate for Health and Good Neighbors projects showed that, even after training, the e-Tracker user rate in districts and facilities can't be sustained—and the quality of e-Tracker data was unreliable.

For that reason, many stakeholders felt there was a need to discuss e-Tracker implementation in Ghana over the years to identify the challenges encountered, lessons learned, best practices, and to share success stories and ideas about resolving implementation challenges.

Country Health Information Systems and Data Use (CHISU) is USAID's flagship data and information system program to strengthen host country capacity and leadership to manage and use health information systems to improve evidence-based decision-making. **www.chisuprogram.org**

Participants of the Maiden National e-Tracker Implementation Review Meeting organized in Kumasi, Ghana. Photo Credit: CHISU Ghana

Steps Taken

USAID's Country Health Information Systems and Data Use (CHISU) program, in collaboration with the Care Continuum Project and GHS's Policy, Planning, Monitoring and Evaluation division (PPMED), convened a national e-Tracker review meeting in January 2024. The meeting was held in Kumasi, the Ashanti regional capital, and aimed to provide a space for stakeholders to "take stock of the recent achievements in the e-Tracker implementation but also to chart the path ahead," according to Aimee Ogunro, Health Development Monitoring and Outreach Specialist in USAID's Health, Population, and Nutrition Office, by generating practical solutions that address identified challenges and facilitating fully national implementation of the e-Tracker moving forward.

Participants in the review process included representatives from GHS, Global Fund programs (i.e., National AIDS Control Program and National Malaria Elimination Program), USAID Ghana, USAID implementing partners, other development partners, information technology (IT) specialists, and e-Tracker users and implementers.

The participants discussed the challenges with local leadership, data privacy, interoperability, capacity building, and the need for concerted efforts to address these issues to facilitate sustainable use of e-Tracker nationwide. Several insightful recommendations were made during the two-day meeting.

For example, Dr. Anthony Ofosu, Deputy Director-General of GHS and a guest speaker during the meeting, identified the urgent need to decentralize technical expertise to lower hierarchical levels of the GHS. He also proposed creating technological hubs at the regional and district levels to support the primary users (frontline service providers) who need ongoing support to navigate the learning curve of transitioning from paper-based

to electronic data collection. The PPMED technical team reiterated the need to decentralize technical support to the subnational level and to provide timely technical support to the end users.

In addition, meeting participants also identified lack of local leadership, commitment, and support (especially from district directors of health services) for the e-Tracker implementation despite their training.

Some stakeholders also shared success stories. For example, the Strategic Information Officer of the National AIDS Control Program (NACP) talked about successfully using the e-Tracker to capture transactional data in the delivery of antiretroviral services across the country. A community health nurse from Busunu Health Center (BHC) in the Savannah region shared that using the MCH e-Tracker helped improve uptake of childhood vaccinations by facilitating early identification and dosing of children who didn't receive all their necessary shots. It also helped improve data quality at the facility by digitizing the data capture into electronic registers.

Deputy Director-General, GHS (right) having discussion with head of technical team, PPMED (middle) and the Deputy Director of Policy, GHS. Photo Credit: CHISU Ghana

Results + Next Steps

This first-of-its-kind national e-Tracker implementation review meeting triggered a renewed sense of urgency and commitment among stakeholders to address key challenges hindering the full-scale adoption and use of the platform. Some stakeholders called for the establishment of interoperability between the e-Tracker and the District Health Information Management System 2 (DHIMS2), which would allow the aggregates of transactional eTracker data into DHIMS2.

Additionally, stakeholders made three key recommendations:

- Set up a support helpdesk at the subnational level to provide technical support for all digital innovations being deployed by GHS
- Use the e-Tracker as a starting point for reorienting and retraining local leadership and holding them more accountable for e-Tracker implementation
- Transition at least one district in the Savannah Region to fully electronic transactional data capture by December 2024—and learn from this pilot experience

CHISU has committed to support GHS in implementing these recommendations within the next year.

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