

**Authors:** Della Berhanu<sup>1</sup>, Nasir Umar<sup>1</sup>, Bilal Avan<sup>1</sup>, supported by Health Hub, Nigeria, and JaRco Consulting, Ethiopia  
**Affiliation:** 1. IDEAS, London School of Hygiene & Tropical Medicine

## Introduction

Most maternal and newborn deaths are preventable with simple, low-cost interventions. As innovations to reduce this burden are scaled up, new approaches are needed to evaluate survival impact.

We propose a novel approach, the Data Informed Platform for Health (DIPH), to estimate the impact of maternal and newborn health innovations implemented at scale.

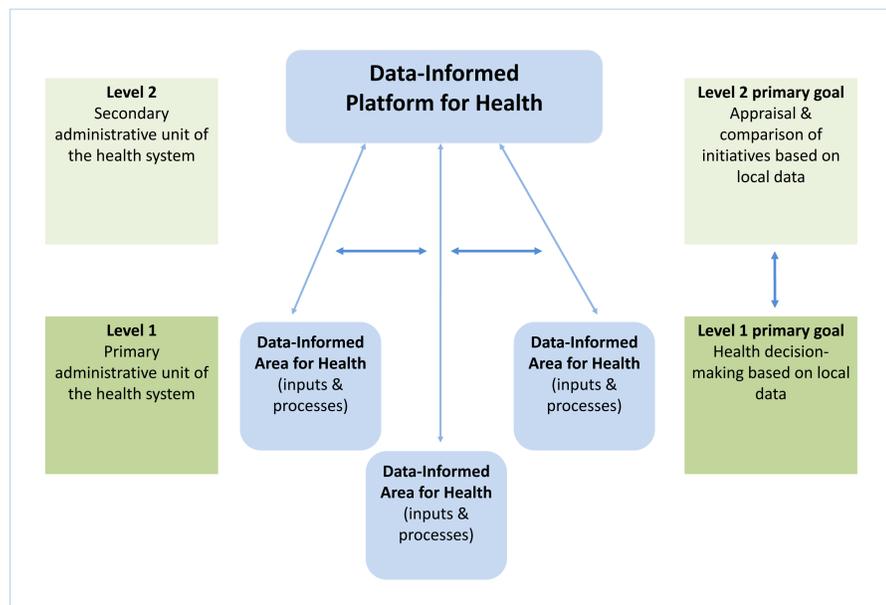
We aimed to explore interest among stakeholders (government, NGOs, and private sector) and the potential for the DIPH to assess the scale up of maternal and newborn health innovations in India, Ethiopia and Nigeria. Feasibility studies in Ethiopia and Nigeria have been completed.

## Data Informed Platform for Health

The DIPH is a framework to guide coordination, bringing together key data from public and private health sectors on inputs and processes that could influence maternal and newborn health.

The dual aims are:

- 1) to promote the use of local data for decision-making and priority-setting at local health administration level;
- 2) to promote the use of local data on inputs and processes for programme appraisal and comparison at the regional or zonal level.



**Figure:** Data Informed Platform for Health

The DIPH concept has its roots in the “District Evaluation Platform” approach (Victora, Lancet 2010).

The framework should be embedded, owned and sustained by local health departments. The DIPH operates at local area and regional level, and includes both the “data-informed area for health” and the “data-informed region for health”.

**Level I:** Primary geographical unit in a health system with potential for data generation and decision making (e.g. Local Government Areas in Nigeria or Woredas in Ethiopia)

**Level II:** Secondary geographical unit in a health system with administrative potential to coordinate data from the level 1 and technical potential to recommend health service initiatives (e.g. state in Nigeria, region or zone in Ethiopia).

## Methods

Feasibility studies in Ethiopia and Nigeria involved:

- 1) information gathering from relevant stakeholders;
- 2) observational visits to district and regional health teams and to health facilities;
- 3) quality assessment of record-keeping mechanisms.

These will lead to a formative phase, followed by pilot testing in 2-3 districts in each country. Full implementation in Ethiopia and two states of North-East Nigeria is anticipated to follow.

## Results

### Ethiopia

- Key elements to support DIPH are present in health information systems of the public and NGO sector.
- Data are collected at the district level and reported regularly through the Health Management Information System (HMIS).
- The HMIS format allows for data collection from the private sector; however this process is not yet in place.
- At the district level data is mainly used to check whether targets are met.
- The DIPH concept was well received by stakeholder in both the public and private health systems.

### Nigeria

- Established data collection and sharing system from the districts to the federal level.
- The concept of DIPH was well received by all the relevant stakeholders in the state.
- Local government representatives are keen to have the DIPH embedded in their health systems.
- Both governmental and non-governmental organisations expressed their willingness to share data for informed decisions at the district or Local Government Area level.

### Conclusion

DIPH may facilitate the optimal use of collected data at the woreda or Local Government Area level to inform policy decisions and practice. This approach has potential to measure key indicators of maternal and newborn health innovation scale-up and to estimate impact on newborn survival.

## About IDEAS

IDEAS aims to improve the health and survival of mothers and babies through generating evidence to inform policy and practice.

IDEAS uses measurement, learning and evaluation to find out what works, why and how in maternal and newborn health.

IDEAS is funded between 2010 and 2015 by a grant from the Bill & Melinda Gates Foundation to the London School of Hygiene & Tropical Medicine.

IDEAS is working with project partners in Ethiopia, North-Eastern Nigeria and the state of Uttar Pradesh in India.



### References:

1. Victora CG, Black RE, Boerma JT, Bryce J. Measuring impact in the Millennium Development Goal era and beyond: a new approach to large-scale effectiveness evaluations. Lancet. 2011 Jan 1;377(9759):85-95

### Image credits

1. Rural landscape, Ethiopia © Tania Ghosh
2. Mother and Children, Ethiopia © Bill & Melinda Gates Foundation
3. Healthcare centre, Ethiopia © IDEAS
4. Children and Health Hub staff, Nigeria © Health Hub
5. Frontline health worker, Ethiopia © Dr Neil Spicer