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Data-Informed Platform for Health
Structured district decision-making using local data
Prototype Phase, West Bengal, India

EXECUTIVE SUMMARY
EXTERNAL EVALUATION REPORT
2018
Executive summary

This report presents findings and recommendations from an evaluation of the Data Informed Platform for Health (DIPH), a structured decision-support strategy to promote the use of local data for health decision-making. The DIPH was developed and pilot-tested in India by the IDEAS project of the London School of Hygiene & Tropical Medicine (LSHTM) from December 2015 to March 2017.

Evaluation objectives

The evaluation aimed to understand the mechanisms and processes of the DIPH strategy for inter-sectoral data sharing and data-informed decision-making, and to provide recommendations for scale-up in other districts of West Bengal. The independent evaluation team used a process evaluation approach employing multiple qualitative methods.

Key findings

DIPH strategy

The introduction of the DIPH five-step strategy (assess, engage, define, plan, follow-up) has facilitated the use of local level programme management and service data for targeted district-level decision-making across multiple health domains by:

- Providing a mechanism for rapid data analysis and presentation using novel automated software
- Facilitating the use of data by the district administrative and programme leadership for health programme prioritization and planning, progress monitoring and follow-up across diverse health themes, including maternal, newborn and child health, and other public health issues.

Figure 1. A typical five-step DIPH cycle

The DIPH comprises a structured set of processes involving five pre-defined steps with standardized job-aids for each step to facilitate the linking of input and process data from health and other sectors. The DIPH job-aids were designed to help organise and interpret data from multiple sectors involved in the delivery of services around a particular health issue, so that district leadership and management teams could make systematic use of these data for health decision-making.
Mechanisms, context, and determinants

- At the macro level, socio-cultural factors such as the hierarchical decision-making culture prevalent in India and in other low-income settings, where actions tend to be driven by top-down directives, influence the degree of ownership and use of the DIPH to a large extent.
- At the meso level, health system organizational factors such as the capacity and skills of the district team in data understanding and use, and availability of technology infrastructure, particularly internet connectivity, determined the ease of collating data in the DIPH job-aids as well as use of the web-based interface during DIPH meetings.
- At the micro level, individual factors such as the attitude of the district stakeholders towards change and new innovations influence the uptake and use of the DIPH.
- Certain key pre-requisites are essential for the successful uptake, use and sustainability of the DIPH. Notable among these are the existence of a decentralized health system where districts have a reasonable level of autonomy for local level health decision-making; the availability of local level programme input and process data; and the existence of a legal framework and political will to engage with multi-sectoral public and private health stakeholders.

Conclusion and recommendations

The prototype phase successfully demonstrated the DIPH to be a structured mechanism for multi-sectoral data sharing and data-based decision making using local programme and service data at district level. Based on the evaluation findings, the team makes the following recommendations:

1. The DIPH should be scaled up at state or regional level so as to improve local health decision-making as well as to contribute to the evidence-base in this field.
2. For improved uptake and use of the DIPH, it should be kept generic and flexible to allow for context-specific adaptation. Job-aids could be streamlined to make them more contextual and user-friendly.
3. Embedding the DIPH in existing high-level district level planning and review platforms will increase its uptake, use and sustainability.
4. Wherever possible, a digital interface should be chosen over paper-based formats as this allows for better data presentation, interpretation and analysis. However, paper forms offer a viable option for settings with limited digital infrastructure and internet connectivity.
5. A well-defined capacity building and technical assistance plan is needed for scale up.
6. To facilitate introduction and uptake, there is need for sustained communication using advocacy and learning materials drawing on the experience of the prototype phase.
7. Creation of a DIPH implementation and review committee at national and regional level involving key multisector stakeholders will add to rapid and effective integration and use.

1. The DIPH web-based interface organised the job-aids so that completion of each step led automatically to the next.
IDEAS aims to improve the health and survival of mothers and babies through generating evidence to inform policy and practice. Working in Ethiopia, northeast Nigeria and India, IDEAS uses measurement, learning and evaluation to find out what works, why and how in maternal and newborn health programmes.

This external evaluation report was prepared for the Informed Decisions for Action in Maternal and Newborn Health (IDEAS) project, London School of Hygiene & Tropical Medicine.

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