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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

DIPH
Data Informed
Platform for Health

IDEAS

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.

Background

In low resource settings, the use of local data for health system planning and decision-making is often limited. To address this issue, the IDEAS project at LSHTM developed and implemented a prototype of the DIPH, aimed at promoting data sharing and local data use for health decision-making at the district level.

The prototype phase pilot-tested the DIPH strategy and job-aids by bringing together key district-level data on inputs and processes from multiple programmatic activities at the district health administration level in two districts of West Bengal, India. The state level collaborators were the Department of Health & Family Welfare, Government of West Bengal and the West Bengal University of Health Sciences. Key district level stakeholders were the Departments of Health & Family Welfare (DHFW), Women and Child Development (DSW), Panchayat & Rural Development (DP&RD); non-government organisations and private providers, as well as the Public Health Foundation of India (PHFI).

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.

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
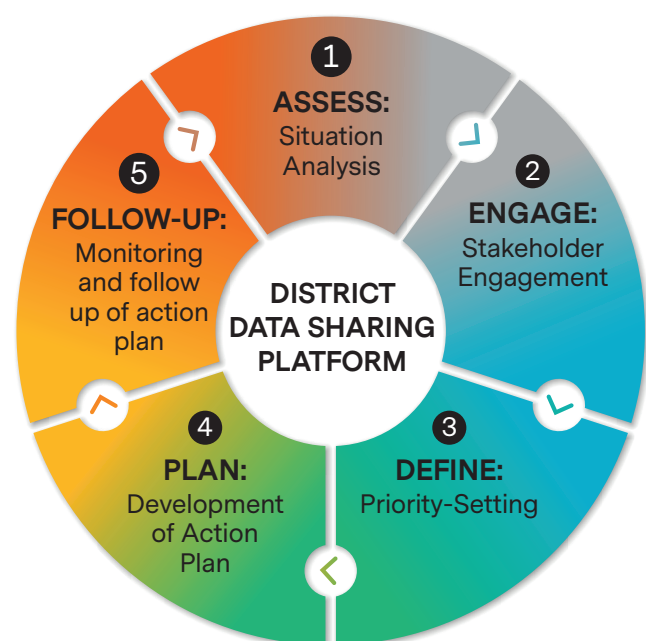
■ Offering a system for engaging multiple stakeholders in structured health decision-making embedded in existing district level meetings.

DIPH job-aids and implementation support

■ The job-aids played a critical role in health system planning and progress monitoring across DIPH cycles in each of the districts of the prototype phase.

■ The job-aids were organized and used according to the sequence of the DIPH steps, and were perceived as much-needed "automated software[1]", integrating the steps as well as the tools for data presentation and analysis.

■ The web-based interface was found to be more user-friendly than a paper-based version due to (1) an automated feature capturing data from preceding steps, thereby avoiding repeated entry by the district team and saving time and effort, and (2) superior analytics and visual data presentation features.

■ The implementation support was key for successful implementation of the prototype across all cycles. Transfer of ownership from the implementation support team to the district administration will ensure the long-term sustainability at scale.

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. ■

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1. The DIPH web-based interface organised the job-aids so that completion of each step led automatically to the next.

District decision-making for health in low-income settings: a systematic literature review
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