Data-Informed Platform for Health (DIPH)

Plans based on local data

In low-resource settings, the use of local health data for planning is usually limited. In the context of maternal and newborn health (MNH) it is difficult to ascertain the causes of changes in MNH outcomes. Sharing information across governmental and other service providers would reduce duplication of effort and ensure resources are not wasted. In India, Nigeria and Ethiopia, multiple sources of data exist at the level of the district, LGA or woreda. The Health Management Information System reflects health facility utilisation and performance; local programme staff report on human and physical resources; and non-governmental organisations report on community-based activities. Programme managers could work together to share this information, with technical support acting as a catalyst. The shared data could empower local decision making and reposition health service delivery in line with the available resources and community maternal and newborn health needs.
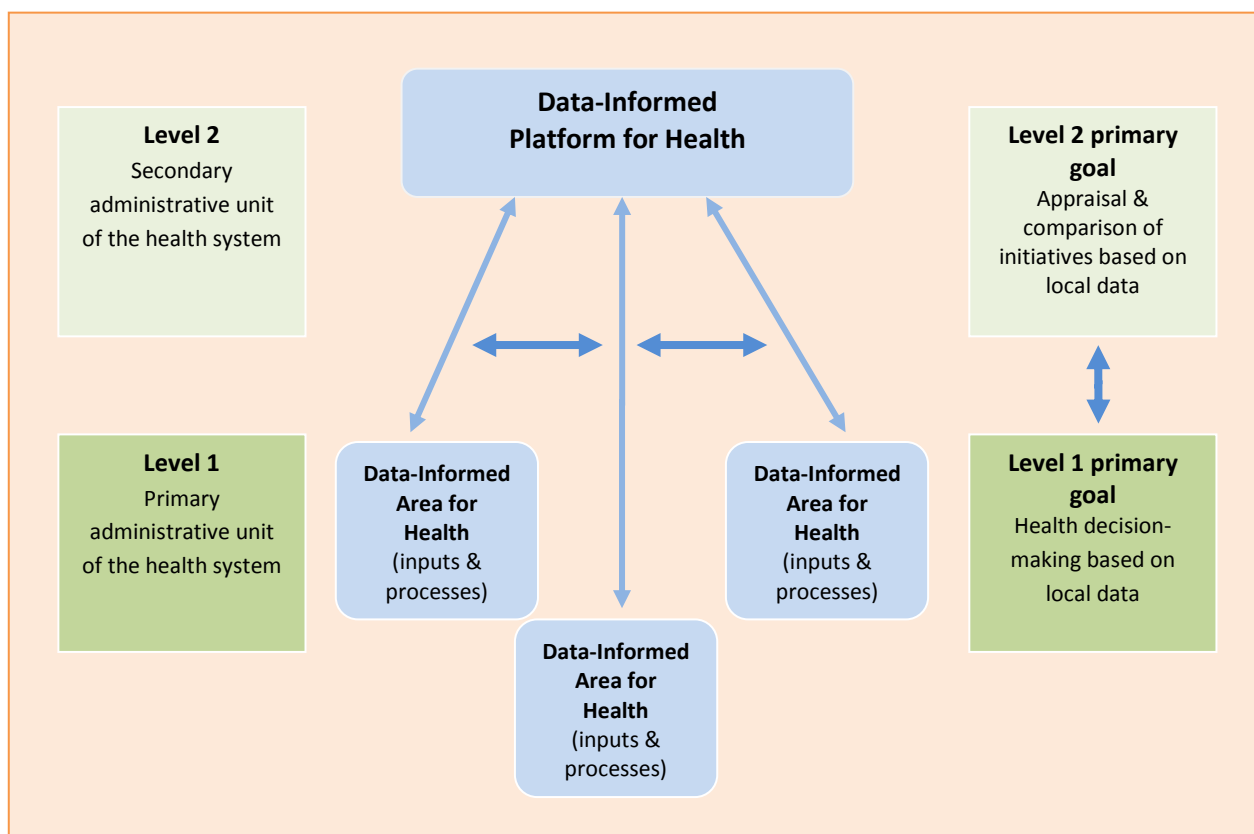
Mother, ASHA & mother with baby, Uttar Pradesh © Dr Bilal Avan

Data-Informed Platform for Health

We propose the "Data-Informed Platform for Health" (DIPH), 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 aims of the DIPH 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 1: Data-Informed Platform for Health Framework

Level 2
Secondary administrative unit of the health system

Data-Informed Platform for Health

Level 2 primary goal
Appraisal & comparison of initiatives based on local data

Level 1
Primary administrative unit of the health system

Data-Informed Area for Health (inputs & processes)

Data-Informed Area for Health (inputs & processes)

Level 1 primary goal
Health decision-making based on local data

Data-Informed Area for Health (inputs & processes)

The DIPH concept has its roots in the "District Evaluation Platform" approach (Victora, Lancet 2010)[1]. 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". Networks for coordination and feedback are shown in Figure 1. Area health administration will periodically assess the available resources and activities (inputs and processes) by all key health providers and will share this information for mutual decision making on health service provision and research.

A local health area is considered as the operating unit for the DIPH, assuming that this is the lowest effective level of decision making in a health system – in Ethiopia, this would be the woreda; in Nigeria, the Local Government Area; and in India, it would be the district.

Features of the DIPH

At the local area level, the DIPH approach provides a mechanism to bring governmental and non-governmental service providers to a common forum on a regular basis, to share data in a systematic manner, and to use the resulting information as a tool in priority setting for resource allocation and needs assessment for further acquisition of funds.

> The key data will be synthesised to create a *measure of programme implementation strength* for each local area, which in turn can be used in the evaluation of the effects of large-scale programmes on health outcomes.
>
> This innovative approach could be equally meaningful for Governments, funding agencies and other health stakeholders in terms assessment of their implementation efforts and necessary course correction.

At regional, zonal or national level, the DIPH provides information for the appraisal of effectiveness of programmes or initiatives across local areas and regions. Data from local areas will reflect inputs and processes for initiatives and programmes affecting maternal and newborn health. These can be synthesised to create a measure of programme implementation strength for each local area, which in turn can be used in the evaluation of the effects of large-scale programmes on health outcomes.

Data sources: links to the Health Management Information System

The DIPH is complementary to the Health Management Information System. It differs as follows:

1. The DIPH focus is on inputs and processes in health service provision - as compared to service uptake and health outcome recorded through routine HMIS.

2. The DIPH will bring together key data from both governmental and non-governmental service providers. The focus is on effective use of existing data sources for local level planning and decision making.

3. The DIPH will focus on a few key indicators rather than the comprehensive range of data encompassed within the HMIS.

The DIPH will use some HMIS data, but also include data on commodities, training, monitoring, and supervision, from government and non-governmental sources. A limited amount of primary data collection may be carried out.

Next steps

The IDEAS project team (ideas.lshtm.ac.uk) is interested to explore interest and potential of the DIPH to assess the scale up of maternal and newborn health initiatives in India, Ethiopia and Nigeria. The feasibility phase for DIPH has been successfully completed and, based on the findings, detailed pilot work will be carried out in 2013.

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[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.