**Data informed platform for health (DIPH) :**

**Feasibility Study 1**

1. Overall aim of the feasibility study is to determine whether district level, data informed platform for health (DIPH) approach is technically feasible to implement at district level.
2. The selection and access to the districts (and facilities within the district) will be facilitated by the state health department of in the identified study areas during the research fellow’s scoping visit prior to the feasibility study. The IDEAS fellows will pre-select districts based on feasibility criteria and grantees’ presence. In India due to larger district size, we may need to spread the site selection across different blocks to provide for variations between functioning facilities (best and worst functioning)
3. The study will focus on MCH related services offered by public health system and key organizations (programmes) being offered in the selected districts. Primarily those organizations will be selected who have an ongoing active track record of health related program implementation in the area. (In India, district hospital can be part of the information but not necessarily the implementation centre. The relationship between district level planning and the district hospital needs to be described.)
4. The general field activities for the feasibility study will comprise observational visits to field sites and health facilities, identification and meeting with local stakeholders, and general assessment and quality of record keeping mechanisms.
5. Primary thematic areas for the DIPH feasibility assessment will be
	* 1. Environment : risks and opportunities to establish DIPH approach
		2. Available resources: nature and quality data available at districts level
		3. Organizational variability in terms of information on human resources and governance
		4. Operational variability in terms of reporting and record keeping mechanisms of supervision, training and supply of commodities
		5. Requirements to establish DIPH: e.g. formation of local coordinating bodies, harmonization of indicators etc (These are examples; can also include others)
6. This feasibility study will be followed by the technical development and pilot testing of DIPH.
7. This feasibility study will be conducted in Ethiopia, Nigeria and India. In each county the unit of equivalence will be different for each country (Ethiopia = Woreda/zone, Nigeria = LGA and India = districts.

**Draft structure of the feasibility study report**

***Section A: Context***

1. Brief background: focus geographical areas and its relationship with DIPH (present technical/scientific arguments)
2. Rationale for selection of specific Districts for feasibility study

***Section B: Structures and Governance***

1. ***Public health system***
2. Brief structure of health ministry and department (in the context of relevance DIPH) and how districts are related to the states.
	1. National/ Federal
	2. State / province
	3. Districts
3. Existing contact opportunities between State/district
	1. What kind of discussions and meeting forums exist.

1. Supervisory structure and activities
	1. Districts
	2. State/province level
2. Supply system and record keeping of commodities (from national to facility level)

***ii. . Public health organizations (non-governmental service delivery organisations- select only large district level organisations and that have got some information systems)***

1. Brief structure of public health organizations and their programmes in the areas (in the context of relevance DIPH)
2. Existing contact opportunities between organizations and district/ districts health system
3. Supervisory structures and activities (may have good structures but not necessarily good sharing arrangements)
	1. Districts
	2. State/province level
4. Supply system and record keeping of commodities (from central to facility/community level)

***iii. Private sector***

1. Brief structure of formal private health facilities and their programmes in the areas (in the context of DIPH)
2. Existing contact opportunities between private facilities and district public health system
3. Supervisory structures and activities (may have good structures but not necessarily good sharing arrangements)
	1. Districts
	2. State/province level
4. Supply system and record keeping of commodities (from central to facility/community level)

***Section C: Existing data sources***

1. Data:
	1. Potential sources
	2. Quality of data
	3. Willing to share
2. Categories of data available ( in congruence with the WHO’s framework of health system blocks: workforce, service delivery, information, medical supplies, finance and governance)
3. Summary table

|  |  |  |  |
| --- | --- | --- | --- |
| *WHO Framework of health system blocks* | *Govt* | *NGO* | *Private sector* |
| 1. Workforce
 |  |  |  |
| 1. Service delivery
 |  |  |  |
| 1. Information
 |  |  |  |
| 1. Medical supplies
 |  |  |  |
| 1. Finance
 |  |  |  |
| 1. Governance
 |  |  |  |

1. Use of information by districts
	1. HMIS (how is this utilised and interlinked?)
	2. Supervisory/ monitoring
	3. Commodities supply / management

***Section D: Forward Planning***

1. General receptiveness of local stakeholders to DIPH approach
2. Engagement strategy
	1. National/ Federal
	2. State / province
	3. Districts
3. Recommendation: Outline of plan for the pilot study of DIPH
4. Potential challenges in the implementation of DIPH

**Appendices**

1. Nationally agreed HMIS framework and indicators
2. Portfolio of local stakeholders
3. Brief outline of visits, meetings and contacts made
4. Organogram of the health administration and the service delivery structure at the federal, region, zone and district level.

**Overall timeline**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Activities*  | *month1* | *Month2* | *Month3* | *Month4* |
| 1. Finalization of MOU
 |  |  |  |  |  |  |  |  |
| 1. Scoping visit
 |  |  |  |  |  |  |  |  |
| 1. Finalization of field sites
 |  |  |  |  |  |  |  |  |
| 1. Feasibility visit
 |  |  |  |  |  |  |  |  |
| 1. Complete first draft
 |  |  |  |  |  |  |  |  |
| 1. Feedback from the IDEAS
 |  |  |  |  |  |  |  |  |
| 1. Final report
 |  |  |  |  |  |  |  |  |