Activity A- Formative Phase- Protocol Data-Informed Platform for Health [DIPH]

Acknowledgement:
IDEAS Lead: Dr. Bilal Avan
PHFI Team:
Dr. Sanghita Bhattacharyya
Dr. Bhushan Girase
Ms Mayukhmala Guha
Dr. Aradhana Srivastava

Table of Contents

Acronyms

ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWW	Anganwadi Worker
BAM	Block Account Manager
BHS	Block Health Society
BH&FWS	Block Health and Family Welfare Samity
BMOH	Block Medical Officer of Health
CMOH	Chief Medical Officer of Health
DAM	District Account Manager
DDM	Data for Decision Making
DH	District Hospital
DH&FWS	District Health and Family Welfare Samity
DHAP	District Health Action Plan
DIPH	Data Informed Platform for Health
DM	District Magistrate
DMCHO	District Maternal and Child Health Officer
DPMU	District Program Management Unit
DPC	District Program Coordinator
DPHNO	District Public Health Nursing Officer
DSM	District Statistical Manager
ICDS	Integrated Child Development Services
MOIC	Medical Officer in-Charge
NHM	National Health Mission
N24PGS	North 24 Parganas
PHC	Primary Health Center
PPP	Public Private Partnership
RH	Rural Hospital
RKS	Rogi Kalyan Samiti
RMNCH+A	Reproductive Maternal Neonatal Child and Adolescent
SDH	Sub-divisional Hospital
S24PGS	South 24 Parganas

Protocol for conducting In-depth Interview with members of District Decision making bodies and observation of the planning meetings

"Data-Informed Platform for Health" (DIPH) is a framework to guide coordination and bring together district-level data. The primary objectives of the DIPH are to promote the use of local data from programmatic activities for: 1) decision-making, priority-setting and planning at the district health administration level; and 2) appraisal of maternal and newborn health services and programmes. The DIPH approach will bring governmental and non-governmental service providers to a common forum on a regular basis, in order to share data according to an agreed plan and to use the resulting information as a tool in priority-setting for resource allocation and needs-assessment for the further acquisition of funds

Before the implementation of DIPH, a formative research will be undertaken in the study districts of the state of West Bengal. The exercise will help to identify key MNCH services and programmes from the selected districts, and document DH&FWS operations; Identify and engage with key health stakeholders and data-sources across the districts.

Objectives :

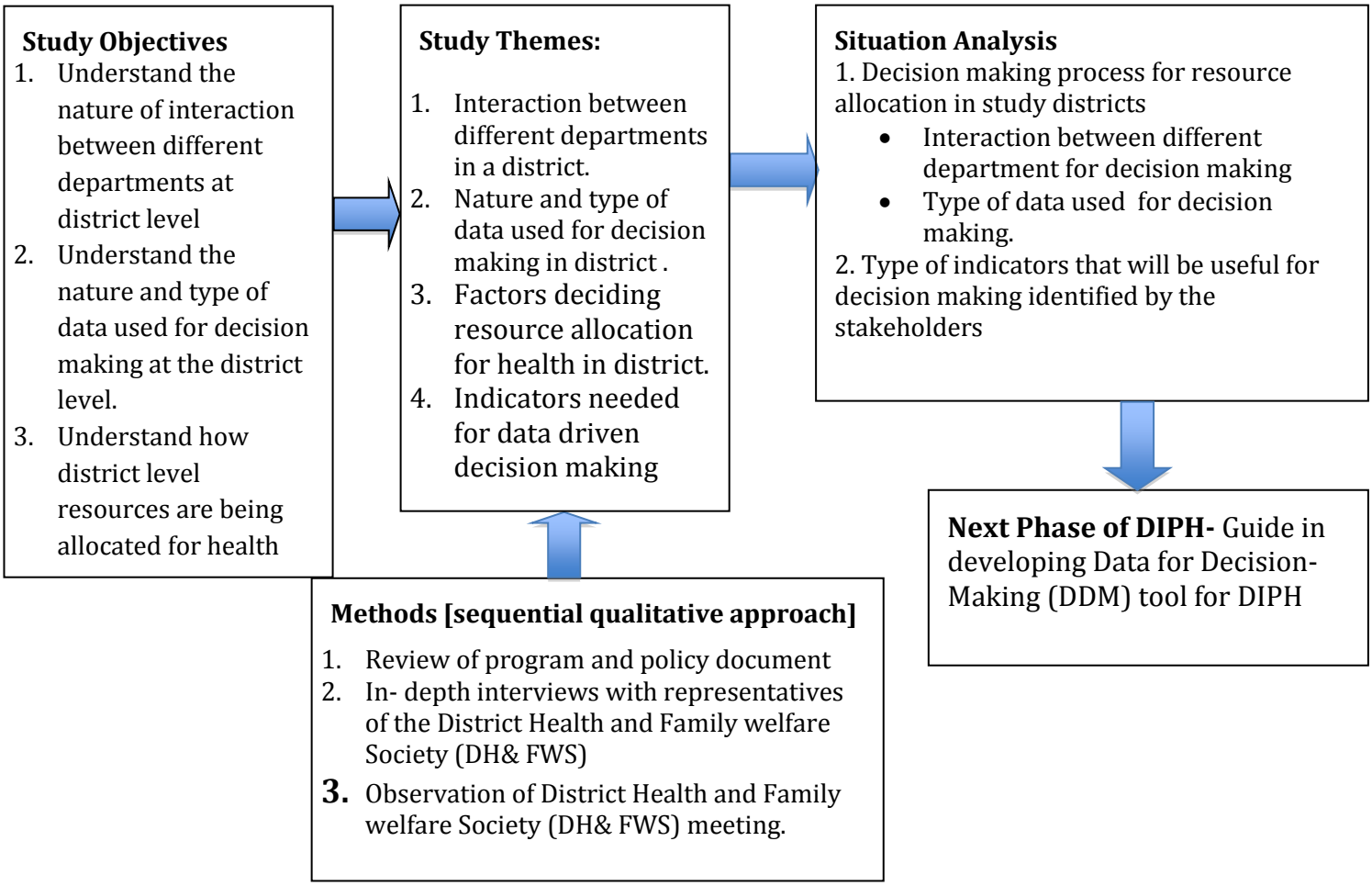
1. Understand the nature of interaction between different departments at district level
2. Understand the nature and type of data used for decision making at the district level.
3. Understand how district level resources are being allocated for health.

Methods:

Triangulation of qualitative data based on three methods, which will be done sequentially:

1. Review of guidelines pertaining to the functioning of District Health and Family welfare Society (DH& FWS)
2. In- depth interviews with the representatives of the District Health and Family welfare Society (DH& FWS)
3. Observation of the District Health and Family welfare Society (DH& FWS) meetings in the study districts.

Study Framework:



Definition of Study Themes:

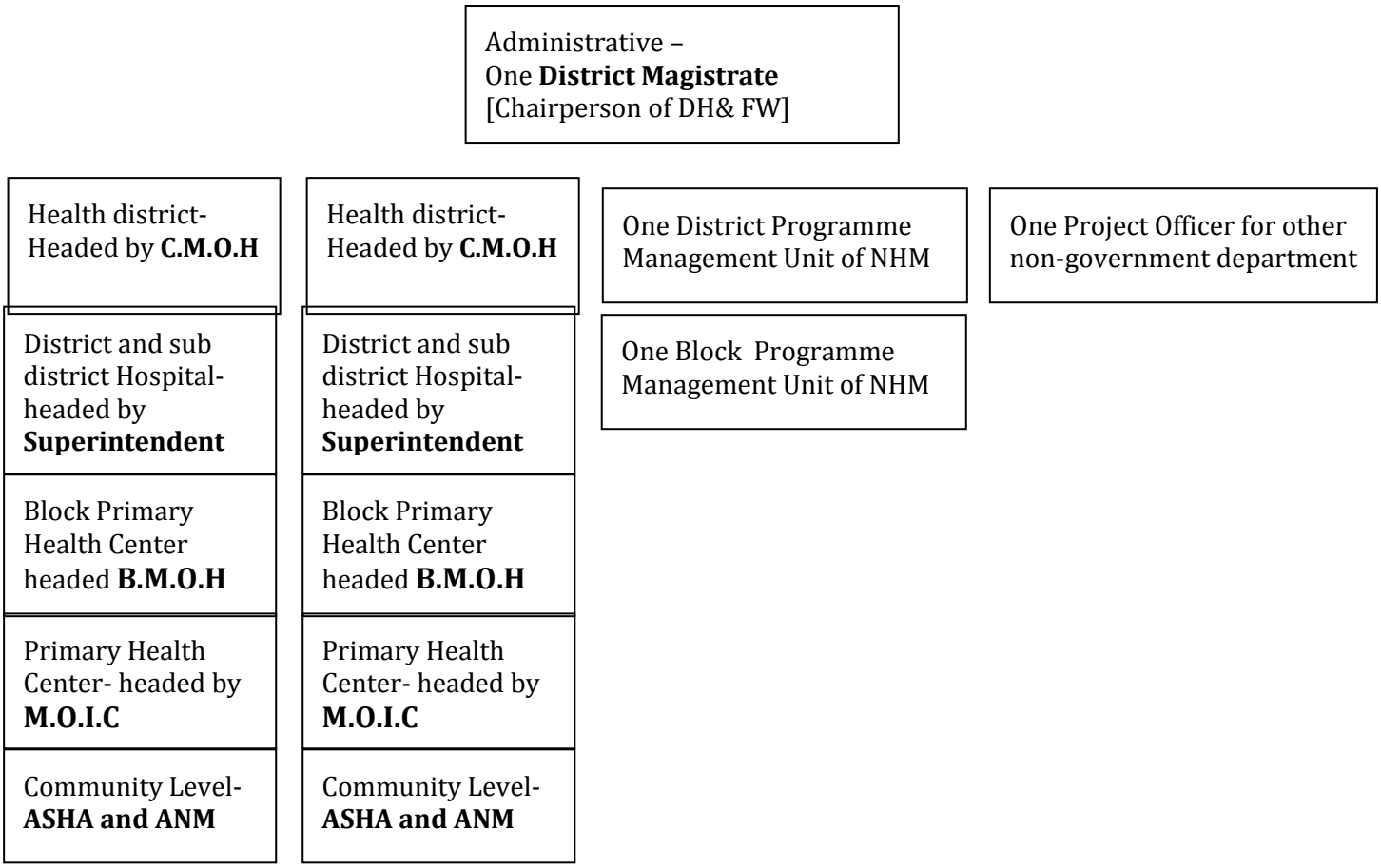
1. **Interaction between different departments in a district-** How the non- health department (those providing MNCH services and part of DHS) interacts with the Health department in terms of their frequency of participation in DHS, their interaction in the district in organizing trainings, monitoring visits, sharing of physical and human resources, sharing of data for planning at other levels in the district.
2. **Nature and type of data used for decision making in district** – what type of compiled data at the district level are shared in DHS meeting [both health and non- health department], the nature of data [input, process or outcome data], the data flow, frequency of compilation and analysis.
3. **Factors deciding resource allocation for health in district.-** The primary deciding factors based on which resource are allocated at DHS [like whether it is based on priorities set at the state/ center , political factors and local health issues]
4. **Indicators needed for data driven decision making-** How in a more cohesive way data can be used in DHS meeting so that decision on resources allocation can be driven by it and also how a better integration of data can happen between the all the different departments who are represented in DHS.

Study Area

The study will be conducted in the two districts of West Bengal- North and South 24 Parganas, the intervention districts for the Data-Informed Platform for Health. These two districts are considered priority districts for improving RMNCH+A services by the Department of Health, Government of West Bengal.

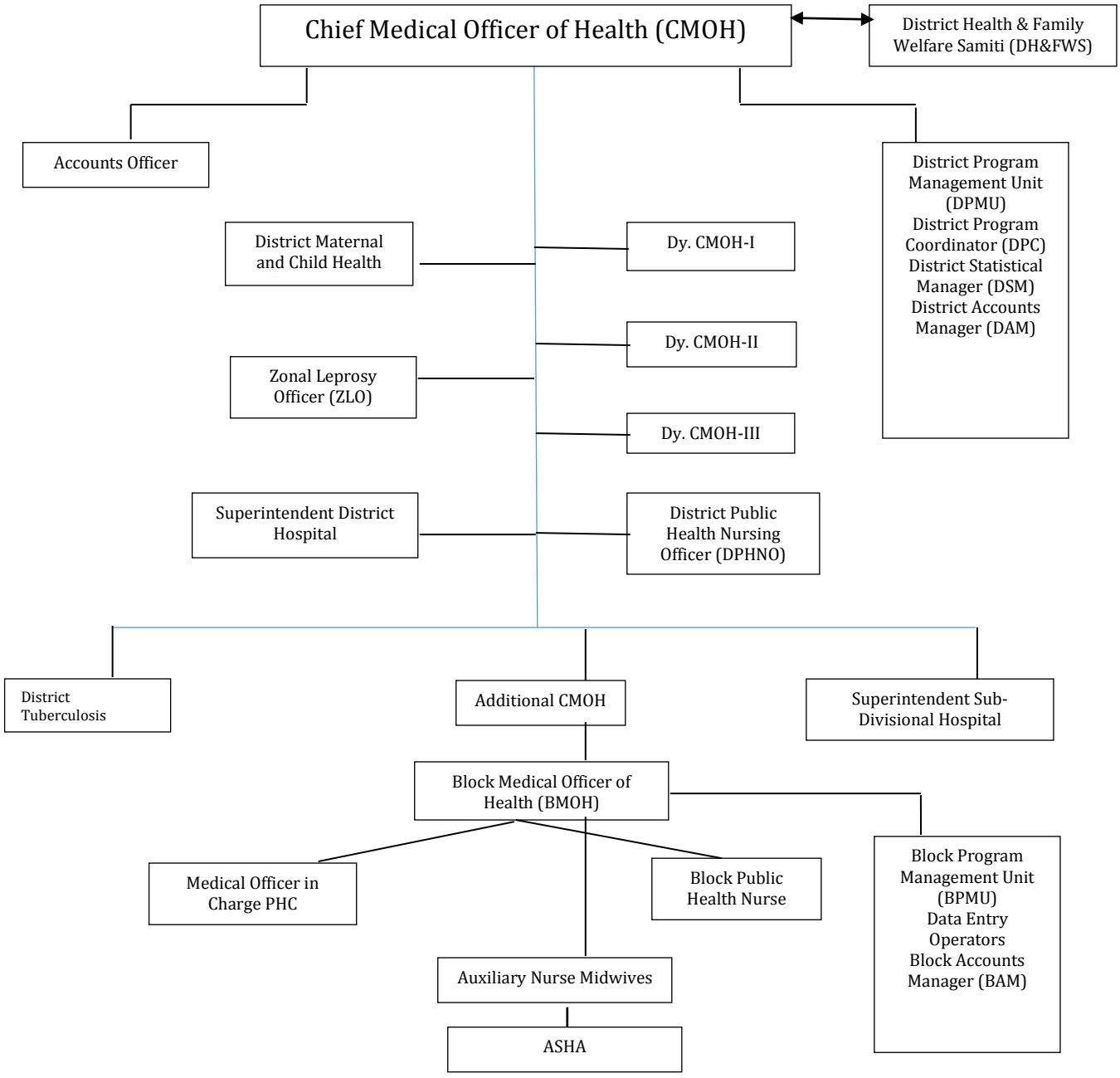
Due to the large population size, the health administration is divided into two parts in both the districts. There are two Chief Medical officers but one National Health Mission office in both the districts and also from the administrative side there is one District Magistrate in the district [figure 1].

FIGURE 1: District administrative and health structure:



The health care infrastructure is divided into three tiers — the primary health care network, a secondary care system comprising district and sub-divisional hospitals and tertiary hospitals providing specialty and super specialty care. A Chief Medical Officer of Health (CMOH) heads each of the health districts. The CMOH manages the primary health care sector and ensures the effective implementation of the various medical, health and family welfare programmes. The secondary level hospitals (sub-divisional and district hospitals) are headed by superintendents who report to the CMOH and are accountable to a hospital management committee. At the block level, the Block Medical Officer of Health (BMOH) is responsible for providing services and for monitoring and supervising the primary health centers, headed by Medical Officer in-Charge (MOIC) and community level health programme implementation [figure: 2].

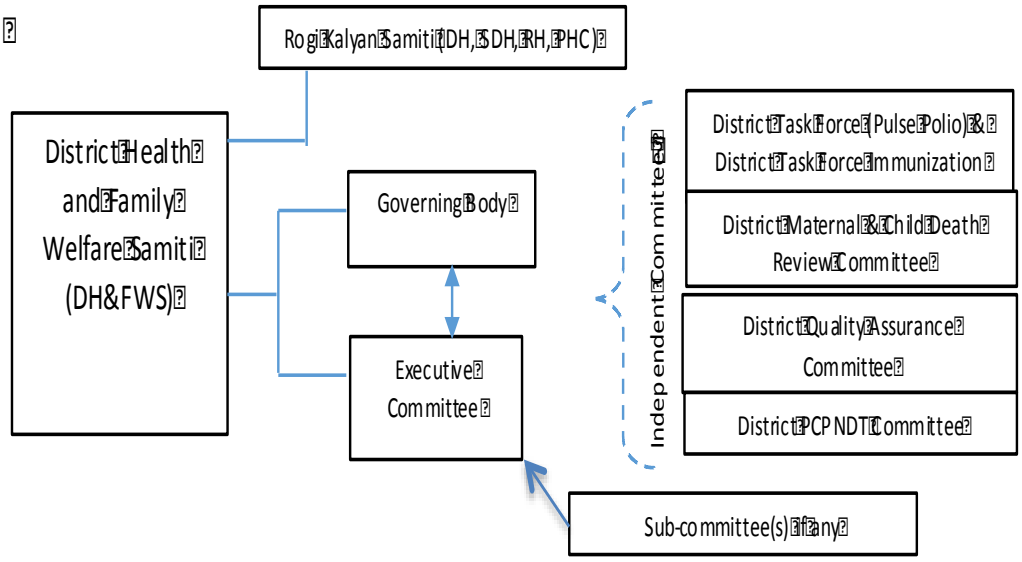
Figure 2: Organogram of District Health Administration



District Health Planning

District Health and Family Welfare Samity (DH&FWS) is the highest policy making body at district level responsible for planning and managing all health and family welfare programs in the district. Inter-sectorial convergence and integrated planning is ensured at DH&FWS through participation of other government departments playing role in health sector. DH&FWS is a facilitating mechanism for the district health administration as also the mechanism for joint planning by NRHM related sectors. The Governing Body or Executive Committee of DH&FWS may appoint one or more committees/sub-committees for the purpose of day-to-day execution of various programs/activities. Apart from sub-committee, there are several committees are functioning at district level such as District Maternal and Child Death Review Committee, District Task Force (Pulse Polio), District Task Force Immunization, Rogi Kalyan Samiti etc. All these committees are not obliged to report to Executive Committee of DH&FWS. These committees can pass their own resolutions and decisions. They may seek permission of DH&FWS in case if they need funds from DH&FWS.

Figure 3: District Health and Family welfare Society (DH& FWS) Structure



Sampling frame:

The executive body of DH&FWS which is the decision making platform in each district comprises of around 25 members. The District Magistrate acts as the chairperson of the meeting. And it includes members primarily from the health department and one project officer from other non-health departments. The sample includes representatives of administration, members of health department and non- health department.

Table 1: Respondent Profile in the study area

Name of the committee	Departments	Designation	District name		Total
			South 24 Pargana	North 24 Pargana	
District Health and Family Welfare Samity	Administrative	District Magistrate/ Additional District Magistrate (Development)	1	1	2
	Department of Health	Chief Medical Officer of Health (CMOH)	2	2	4
		Superintendent of District Hospital	2	2	4
		District Programame Coordinator	1	1	2
		District Statistical Manager (Information Officer)	1	1	2
		District Accounts Manager	1	1	2
	Non- health Government Department	Project Officer – Social Welfare	1	1	2
		District Project Officer- Women and Child Development (ICDS)	1	1	2
		Project Officer- Education (District Inspector – Primary Education)	1	1	2
		Project Officer- District Rural Development Agency	1	1	2
		Public Works Engineer	1	1	2
	Non- Government Sector*	Representative of a NGO	1	1	2
		Representative of Private sector- (Professional Organisation - Indian Medical Association,/FOGSI/ IAP/ Red Cross Society)	1	1	2
TOTAL			**15**	**15**	**30**

***** though they are not represented in executive body of DHS, but to understand the reason for non-exclusion, they have been included in the sample.

Data collection Plan

In- depth Interview procedure: In the interview process some of these basic point should be considered:

- Place of interview should be carefully chosen. Avoid loud lights, noise or a crowed place. Interview could be conducted at work place of the subject, to ensure that they feel comfortable [If one feel there is too much of disturbance in the workplace of the respondents, upon mutual discussion it can be conducted in a more secluded place].
- Explain the purpose of the study to the subject and take their informed consent for the interview as well as digital recording, photography, if any are applicable [Need be show the permission letter from the Principal Health Secretary].
- Explain the DIPH concept before the interview

- Do not start a topic abruptly, rather provide transition between major topics.
- Don't be satisfied with monosyllabic answers like yes or no, as they will not offer much information during analysis. In case of refusal the interviewer should politely try to understand the reason for such refusal, and try to rephrase the question
- One should have total control over the interview and avoid straying much from the prepared schedule.
- Be respectful of the responses and always be cordial and appreciative of the subject.

Participant observation procedure:
Two researcher will observe 2 meetings of DH&FWS [one in each district]. Some of the general observation points:

- *Verbal behavior and interactions:* Who speaks to whom and for how long; who initiates interaction; languages or dialects spoken; tone of voice
- *Physical behavior and gestures:* What people do, who does what, who interacts with whom, who is not interacting
- *Human traffic:* People who enter, leave, and spend time
- *People who stand out:* Identification of people who receive a lot of attention from others (dominant speakers; Chair)

Audio-Recording

All interviews should be recorded for transcription. At the outset of the interview, permission to audio-record the discussion should be requested, with the appropriate reassurances of anonymity provided. Incase of refusal of audio- recording, the interviewer should take a detail note of the interview.
Regarding observation of DHS meeting, both the researcher will take detail notes of the meetings. The team also try to audio record the meeting if its permitted, then they can collate it with the observation notes for analysis.
The completely transcribed interviews and meeting observation notes will be given file numbering and will stored in a disk and submitted to IDEAS repository.

Additional Probing

Interviewers are encouraged to diverge from the standardized questions contained in the interview to explore additional relevant issues as necessary. However, it is important that researchers complete all questions in the interview guide prior to additional probing in order to cover all integral components..

Reflections

At the end of each interview, researchers should complete the section on notes and observations. This is intended to capture information on ease of the interview, whether respondents answered questions freely, and any other relevant information. This should be prepared for each interview. At the end of each day, researchers are also encouraged to reflect upon and discuss the interviews conducted. If necessary to improve coherence, flow etc, modifications should be made to the interview schedule.

Data Management Plan

Transcription & Translation

All the audio- recording of the interview should be transcribed, as this will be a main focus of the analysis. Incase of section of the interview conducted in Bengali, the section should be translated.

Although it is accepted that all non-verbal utterances neither can nor should be transcribed, efforts should be made to reproduce pauses, laughter and so on, especially where significant and/or relevant to the discussion.
Transcriptions can occur in parallel to the interviews.

Quality control
Each interview will be conducted by two researcher, guided by a senior researcher to ensure that all the discussion points of the topic guide is covered. This is of particular important in terms of the additional probing. All the transcriptions will be checked by the senior researcher of the study by listening to the at least 10% of the audio recording.

Data Analysis Plan

The steps to conduct analysis are as follows:
(a) Familiarization with data: re-reading field notes, audio recordings/transcripts.
(b) Identification of emerging or recurrent themes. Additional emerging or recurrent themes/sub-themes added as necessary.
(c) Analysis of the data based on relevant themes of the study framework.

The analysis can be based on the framework approach. Three levels of thematic codes will be developed and applied to the data. Initially one researcher will list a priori themes based on the IDI guide. Following this with other researcher from the study team will jointly identify a set of emerging themes from the transcripts. Finally a third layer of themes can be was developed, based on synthesis and cross-comparison of data from different groups of respondents (health and non-health department) in the two study districts.

Outcome :

The formative phase will help to understand the following issues of how DHS functions:

1. Who are the active participants of DHS in terms of decision making [particularly the representatives of non- health department]
2. What are the factors considered while taking decision regarding resource allocation
3. What type of data shared/ used in DHS meeting and if used for decision making regarding resource allocation.

Using the information of this formative phase will help to :

1. Identify the stakeholders who can be part of core working-team for DIPH , who the research team will be engaged continuously throughout the intervention phase.
2. Identify the type of data (indicators shared in DHS meeting by different departments).
3. Suggestion by the representatives of DHS the type of indicators can be part of Data for Decision Making (DDM) tool, so decision for resource allocation can be made by this DHS platform.

Dissemination plan:

1. A brief of the key findings will be shared with all the stakeholders in both the district (the team can share the finding in one of the monthly meeting of DHS].
2. Manuscript - The analyzed data can be produced as form of a journal manuscript.

Timeline:

Activity	By date	Responsibility
Understand decision making process in a district		
Compilation of MCH mandate of various departments, structure and function of decision making bodies in district	10.06.2015	Bhushan
IDI guide development	14.06.2015	Sanghita / Aradhana/ Bhusan
Finalization of Guide	23.6.2015	Bilal
IDI	24.06.2015 to 15.07.2015	PHFI team
Observation of DHS meeting	July- August, 2015	Bhushan and Mayukhmala
Transcription	Simultaneously conducted during data collection, should be completed by 30.7.2015	Bhushan and Mayukhmala
Analysis [coding]	By 30.08.2015	PHFI team

Data Informed Platform for Health (DIPH)

Informed Consent Form

Namaste! We are from the Public Health Foundation of India. We would like to invite you to participate in a research project on Data Informed Platform for Health (DIPH), part of IDEAS project, which is jointly being conducted with London School of Hygiene and Tropical Medicine. The DIPH is a framework to bring together district-level data on maternal and newborn health (MNH) from diverse public and private sources, for decision making, planning & appraisal of MNH programmes. We are developing this framework in two districts in West Bengal.

We address you because of your professional position as one of the key stakeholders in the district level health planning. We request you to participate in an in-depth interview to understand the current status of health data sharing at the district level and its utilization in decision making and planning. Your participation will facilitate design of the DIPH framework to be piloted in your district.

We would like to assure you that any information obtained from you that can be identified with you as individual person will remain confidential and will not be disclosed. Provided that you agree, we will record the interview in order to save the information.

You can refuse to answer any question and stop the interview as you wish. Your participation is absolutely voluntary. If you have any questions now, we will answer them. If you have any questions later, you can contact us : Dr. Sanghita Bhattacharyya, Senior Public Health Specialist, PHFI, Telephone: +91-9958797983

Do you agree to join the interview today? Yes ☐ No ☐

Do you agree to audio record the interview? Yes ☐ No ☐

_____ _____

Date **Name & Signature of Respondent**

_____ _____

Date **Name & Signature of Investigator**

In- depth Interview Guide

Respondent details:
Date and time of interview: _____
Name: _____
Gender: _____
Designation: _____
Department: _____
Duration of service in the district: _____
Previous position: _____
Qualification: _____
Years of experience in your present department: _____
Membership in committees pertaining to health: _____

QUESTIONS	GUIDANCE
Objective 1: Understand the nature of interaction between different departments at district level	**Definition:** How the non- health departments (those providin MNCH services and part of DHS) interact with the Health department in terms of their frequency of participation in DH their interaction in the district in organizing trainings, monitoring visits, sharing of physical and human resources, sharing of data for planning at other levels in the district.
1.What functions does your department/organization perform? What are the health related functions?	**Probe**: MNCH functions [Antenatal, delivery care, postnatal, postpartum family planning, immunization, newborn care, child and maternal nutrition, early childhood development]
2.Tell us something about the DHS' functioning.?	**Probe**: • Members; • leadership; • year & mode of constitution; • roles and functions; • frequency of meetings; • who convenes meetings, • who keeps minutes and records • Role of sub committees – purpose; permanent or temporary; process of formation; structure; functions
3.What is your department's role in DHS?	**Probe:** • Who participates; • what documents do you share; • any role in convening, record keeping or facilitating meetings
4.Is there any interaction between your department and other departments in the district in relation to the MNCH functions performed by you?	**Probe**: For each department: Health, ICDS, Panchayati Raj, education Nature of interaction: • sharing of physical and human resources; • data sharing; • joint monitoring visits; • organizing trainings

Objective 2: Understand the nature and type of data used for decision making at the district level.	**Definition:** What type of compiled data at the district level are shared in DHS meeting [both health and non- health department], the nature of data [input, process or outcome data], the data flow, frequency of compilation and analysis.
5.Does your department collect data relevant to MNCH? [Data pertaining to antenatal, delivery care, postnatal, postpartum family planning, immunization, newborn care, child and maternal nutrition, early childhood development]	**Probe**: • Nature of data collected (input / process / outcome) • format (whether paper-based or online); • frequency of collection, • who collects and maintains; • quality of data (whether any gaps are perceived)
6.From the data that your department collects, what data is routinely shared with other departments in forums like DHS?	**Probe**: • DH&FWS and any other forums; • levels at which data shared with other departments; • Indicators shared; • template for data sharing; • who compiles • format (online/paper based); • frequency of sharing
7. Is the data shared by your department utilized for plannin and resource allocation? If yes, then which data and how?	**Probe**: • Data utilized for planning; • process of decision making around data; • kind of decisions taken around data (fund allocation; infrastructure; supplies; HR; any other)
8. Other than the current data being used for planning, what more data do you feel should be included which can help DHS in decision making around staff recruitment, training, infrastructure, supplies and health awareness programmes?	**Probe:** • What indicators should be included; • are they being collected already;- which department collects; frequency of collection of these indicators; quality of these indicators • Why is such data not already being used, if available
Objective 3: Understand how district level resources are being allocated for health.	**Factors deciding resource allocation for health in district.-** The primary deciding factors based on which resources are allocated at the district level [like whether it is based on priorities set at the state/ center, political factors and local health issues]
9. What is the process for identifying priorities for fund allocation for MNCH at the district level?	**Probe**: • The district health planning process; • role of DHS; • linkage with sub-district bodies; • linkage with state plan implementation; • timeline for planning
10.How are district level resources being allocated for MNCH	**Probe**: • Areas on which decisions can be taken at the district level; • Priorities set at the state/ center; • political and community influences in decision makin
11.Are private sector [registered nursing homes, delivery centres and private sector professional associations like FOGSI and IAP) and NGOs part of the DH&FWS? If not then why?	**Probe** (for both private sector and NGOs): • Existing involvement in decision making; • Level at which they are engaged in the district. • Need for current membership of DHS

Observation of DH&FWS

Objective: To understand the actual functioning of the DH&FWS
Method: Participant observation of 1 meetings in each district.

General observations:

Complete record of proceedings and official minutes
Roles and responsibilities of the participants
Nature of decision making and follow up actions

- *Verbal behavior and interactions:* Who speaks to whom and for how long; who initiates interaction; languages or dialects spoken; tone of voice
- *Physical behavior and gestures:* What people do, who does what, who interacts with whom, who is not interacting
- *Human traffic:* People who enter, leave, and spend time
- *People who stand out:* Identification of people who receive a lot of attention from others (dominant speakers; Chair)

Checklist
Objective 1: Understand the nature of interaction between different departments at district level
Functioning of DHS: • Participants (department-wise) • Any other participants other than the members participated • Who is the Chair / Secretary / Record keeper
Interaction between departments -in terms of discussion on issues: • Data sharing; • discussion on joint planning, • monitoring visit; • training
Objective 2: Understand the nature and type of data used for decision making at the district level.
Type of MNCHN data shared: [Data pertaining to antenatal, delivery care, postnatal, postpartum family planning, immunization, newborn care, child and maternal nutrition, early childhood development] Department-wise data shared
Any discussion on fund allocation based on data.
Whether data has been used for planning of staff recruitment, training, infrastructure, supplies and health awareness programmes?
Objective 3: Understand how district level resources are being allocated for health.
What decisions have been taken on resource allocation in the meeting? How have the decision been arrived at? • Based on data • Based on previous meeting plan • Directive from centre/state • Political or community influence
Any discussion on functioning of private sector and NGOs • Monitoring of their activities • Data sharing • Regulation