DIPH

The Data-Informed Platform for Health

Structured district decision-making using local data

MONITORING REPORT
Cycle 3: October 2016 – March 2017

North 24 Parganas
West Bengal, India

DATA INFORMED PLATFORM FOR HEALTH

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North 24 Parganas, West Bengal, India

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ACKNOWLEDGEMENTS

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IDEAS Evidence to improve maternal & newborn health

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LIST OF ABBREVIATIONS

ADM-D	Additional District Magistrate-Development
ASHA	Accredited Social Health Activist
AYUSH	Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy
AWW	Anganwadi worker
BMOH	Block medical officer of health
BPHN	Block public health nurse
CD	Child Development
CDPO	Child development project officer
CMOH	Chief medical officer of health
DIPH	Data Informed Platform for Health
DMCHO	District maternity and child health officer
DPO	District programme officer
DRDC	District Rural Development Cell
DSM	District statistical manager
DWSC	District Water and Sanitation Cell
Dy. CMOH	Deputy chief medical officer of health
GPRP	Gram Panchayat resource person
HMIS	Health Management Information System
ICDS	Integrated Child Development Services
IEC	Information, education and communication
Jt. BDO	Joint block development officer
MCH	Maternal and child health
MGNREGA	Mahatma Gandhi National Rural Employment Guarantee Act
N24PGS	North 24 Parganas
NGO	Non-governmental organisation
ODF	Open defecation free
PHPC	Public health programme co-ordinator
PIP	Programme Implementation Plan
PRD	Panchayat and Rural Development
SHG	Self-help group
VHSNC	Village Health Sanitation and Nutrition Committee
ZLO	Zonal leprosy officer

1. INTRODUCTION

Data Informed Platform for Health (DIPH)		
Cycle no.	3	
District	North 24 Parganas	
Duration	October 2016 – March 2017	
Theme	Strengthen Open Defecation Free Programme	
Steps involved	Step 1	**Assess:** Based on the operational guidelines (Government of West Bengal, 2015) and the 2011 census district data (Directorate of Census Operations, 2011), the DIPH stakeholders assessed gaps in service provision and selected the theme in consultation with the health and Child Development (CD) departments: 'Strengthen Open Defecation Free (ODF) Programme' for Cycle 3 of the DIPH. As the CD and health departments do not maintain data to the theme indicators, the situation assessment only used data from the Panchayat and Rural Development (PRD) department.
	Step 2	**Engage:** The primary responsibility for Cycle 3 was with the PRD, while the departments of health and CD and district administration shared the supportive responsibilities. Majority of participants were from the health, CD and PRD departments. The theme leader of Cycle 3 was the public health programme co-ordinator (PHPC). Though an non-governmental organisation (NGO) received an invitation to take part in the DIPH, they did not attend. Major private for-profit organisations did not receive an official invitation to take part in the DIPH process.
	Step 3	**Define:** The DIPH district stakeholders prioritised action points to achieve the targets based on: service delivery; health information; and policy and governance. They identified six problems with 33% under 'service delivery', 17% under 'health information' and 50% under 'policy and governance'. They formulated 13 actionable solutions to address the six problems, in keeping with the cycle duration and capacity of the district administration.
	Step 4	**Plan:** The stakeholders developed 13 action points (and 19 indicators) to achieve the target and assigned responsibilities across departments within a given time frame. The PRD had majority of the responsibilities (46%) while the district administration (23%), District Rural Development Cell (DRDC) (15%), School Education department (8%) and Department of Health and Family Welfare (8%) shared the remaining responsibilities.
	Step 5	**Follow-up:** The stakeholders attended two meetings before the Step 5 meeting to facilitate follow-up of the action plan. Out of the 13 action points, six action points (46%) had completed within the specified timeline. The remaining action points received a new timeline. The theme leader monitored the progress through monthly reports (from district personnel responsible for each action point).

2. METHODS

Sl. No	Data sources	Lead among DIPH stakeholders	Time frame
1	**Step 1**: **Assess** Form 1A: Document and database checklist Form 1A.1: Data extraction from state and district health policy documents Form 1B: Health system capacity assessments	Theme leader of the DIPH Cycle 3	26 October 2016
2	**Step 2: Engage** Form 2: Engage	Theme leader of the DIPH Cycle 3	26 October 2016
3	**Step 3: Define** Form 3: Define	Theme leader of the DIPH Cycle 3	26 October 2016
4	**Step 4: Plan** Form 4: Plan	Theme leader of the DIPH Cycle 3	2 November 2016
5	**Step 5: Follow-up** Form 5: Follow-up	Theme leader of the DIPH Cycle 3	8 March 2017
6	**Record of Proceedings – Summary Tables** Form A.2.1: Record of Proceedings – summary for DIPH Step 4 Form A.2.2: Record of Proceedings – summary for DIPH Step 5	Recorded by the DIPH research team, North 24 Parganas (N24PGS)	October 2016 – March 2017
7	**In-depth Interviews with Stakeholders** Form A.3.1: District co-ordinator, District Water and Sanitation Cell (DWSC)	Interviewed by the DIPH research team, N24PGS	10 March 2016
	Form A.3.2: Child development project officer (CDPO), Gaighata sub-district		13 March 2016
	Form A.3.3: Block medical officer of health (BMOH), Barasat-I sub-district		14 March 2016

3. FINDINGS

Monitoring of the DIPH implementation process focused on four themes:

1. Utilisation of data at district level
2. Interaction among stakeholders such as co-operation in decision-making, planning and implementation
3. Follow-up to ensure accomplishment of action points
4. Sustainability perspective by the DIPH stakeholders

3.1 Utilisation of data at district level

3.1.1 Status of data utilisation

The DIPH stakeholders assessed the operational guidelines (Government of West Bengal, 2015) and the 2011 census district data (Directorate of Census Operations, 2011) to identify the theme for Cycle 3: 'Strengthen ODF Programme'. The district was declared free from open defecation on 29 September 2016 and to sustain this initiative the stakeholders wanted to use the DIPH platform to improve the sanitation status of the district. Therefore, theme identification involved using data from the PRD (non-health department).

> "ODF, brand name is *Nirmal Uttar* under *Mission Nirmal Bangla* is now priority of N24PGS district. So, we need to put thrust on this issue for better output." (District magistrate, N24PGS)

Hence, during Cycle 3, the DIPH was providing support in the ODF initiative by preparing a sustainable plan with regular follow-ups that contributed positive results for the ODF sustainability aspect of the district.

3.1.2 Challenges in data utilisation

The district stakeholders observed that there is a lack of current data on the sanitation component for the district. So they preferred the 2011 census district data, which was the only data source in this context (Directorate of Census Operations, 2011).

> "Lack of baseline data is the major problem of N24PGS district. It hinders the planning and monitoring process of ODF initiative in the district. The district wants DIPH to help by developing a database in this regard to better the planning and decision-making. Structuration of data in this particular aspect is very much important." (Additional district magistrate-development [ADM-D], N24PGS)

Apart from the above, the routine data on district demography, infrastructure, supplies and human resources were available in the district. These are collected from all the other concerned departments (district administration, health, CD, DRDC and the School Education department).

3.1.3. Proposed solutions

The current programme data on the ODF initiative, especially 'households having access to sanitary toilets' was not available in the district. The district did not have any mechanism for collection of such real-time data. They were only collecting data on construction of sanitary toilets for poor rural households in the district. Therefore, the 2011 census district data was the only option in this situation (Directorate of Census Operations, 2011). So, the stakeholders planned a survey during the DIPH cycle period.

Table 1: Utilisation of data at district level

Purpose	Indicators		Response (Yes/No and proportion)	Source of information
Whether the DIPH study lead to the utilisation of the health system data or policy directive at district level for decision-	A. Selection of the primary theme for the current DIPH cycle	1. Whether the DIPH cycle theme selection was based on the Health Management Information System (HMIS) data? (Y/N)	No[1]	Form 1B: Health system capacity assessments
		2. Whether the DIPH cycle theme selection used any data from non-health departments? (Y/N)	Yes[2]	Form 1B: Health system capacity assessments
		3. Whether the DIPH cycle	Yes[3]	Form 1A.1: Data

[1] The health department does not maintain any data regarding the selected theme for Cycle 3. (See Form 1B.)
[2] The district recommended to use the 2011 census district data for theme selection (Directorate of Census Operations, 2011). There was no other data available for the district. The coverage indicator selected was: 'Proportion of households having access to sanitary toilets, mostly within the premises (%)' which was 82%. (See Form 1B)
[3] District public health policy and programme directive (Government of West Bengal, 2015) emphasises to reduce open defecation in rural Bengal. The district was declared as an ODF district in September 2016 and it

Purpose	Indicators		Response (Yes/No and proportion)	Source of information
making?		theme selection was based on health policy and programme directives? (Y/N)		extraction from state and district health policy documents
	B. Data-based monitoring of the action points for the primary theme of the DIPH	4. (Number of action points for which progress is being monitored using data) / (total number of action points for the primary theme of the DIPH)	13/13 = 100[4]	Form 5: Follow-up
	C. Revision of district programme data elements for the primary theme of the DIPH	5. Whether the stakeholders suggested a revision/addition to health system data in the given DIPH cycle? (Y/N)	No[5]	Form 4: Plan
		6. (Number of data elements added in the health database as per the prepared action plan) / (total number of additional data elements suggested for the primary theme of the DIPH)	No[5]	Form 5: Follow-up
	D. Improvement in the availability of health system data	7. Whether the health system data required on the specified theme as per the given DIPH cycle was made available to the assigned person in the given DIPH cycle? (Y/N)	No[5]	Form 1B: Health system capacity assessments
		8. Whether the health system data on the specified theme area is up-to-date as per the given DIPH cycle? (Y/N)	Not applicable[6]	Form 1B: Health system capacity assessments

3.2 Interaction among stakeholders

Good interdepartmental co-ordination is the strength of the district. The district administration was directly involved in the DIPH process. There are several platforms where interdepartmental interactions take place regularly, such as meetings by the Public Health Standing Committee and District Health Society. Another important meeting is the Monthly Convergence meeting – here interactions among district and sub-district officials from different departments occur every month. However, the DIPH has so far strengthened the existing forum/meetings and utilised them to discuss issues in a more flexible manner. During

was the priority of the district to prepare a sustainable plan to achieve sustainability of the ODF Programme as Nirmal Uttar under Mission Nirmal Bangla. (See Form 1A.1.)

[4] Progress of all action points are monitored using data. (See Form 5.)

[5] Instead of using the health system data, the 2011 census district data was used (Directorate of Census Operations, 2011). The health system data is not required for the specified theme as per the given DIPH cycle. (See Form 1B.)

[6] The theme-specific data collection was from the 2011 census district database (Directorate of Census Operations, 2011). (See Form 1B.)

Cycle 3, the development of an action plan and its follow-up accompanied the existing Monthly Convergence Meeting of the district.

3.2.1 Interaction between health and non-health departments

Unlike the previous cycles, theme selection was by the non-health department (PRD). Officials from the Department of Health and Family Welfare acted as a secondary stakeholder during Cycle 3. Out of the total participants in the DIPH meetings, 51% were from the non-health departments and 49% was from the health department. An official order by the district magistrate and the meetings called by the ADM-D helped improve the attendance from different departments in the meetings. Swasthya Karmadakshya (Zilla Parishad), the district project officer (DPO) from the Integrated Child Development Services (ICDS) at the CD and the PHPC at the PRD from non-health departments actively participated throughout the DIPH process.

3.2.2 Interaction between the health department and NGOs

Stakeholders do not take care of NGO involvement. However, a district-level NGO (Hijli Inspiration), working on ODF in the district, was given an invitation to attend the DIPH step meetings. But they could not attend due to other engagements in their ongoing programmes.

On the other hand, sub-district-level sanitation marts (54 NGOs) are working on ODF issues. Even though they received no invitation to attend the DIPH step meetings, they supported the sub-district administration to achieve the targets on sustainability of the ODF initiative.

> "There are many NGOs working in the district. The district has failed to involve them in the current theme. However, block-level sanitation marts are involved in the existing ODF initiatives at sub-district level that helps to achieve target of ODF." (District co-ordinator, DWSC)

3.2.3 Interaction between the health department and private for-profit organisations

Like NGOs, the involvement of private for-profit organisations had been neglected. There was no such organisation working on ODF.

> "Health care institutions, like private nursing home/hospitals should be involved in the DIPH process. Many factories/corporate sectors are working in the district so, corporate social responsibility is another option, the district must think about it." (District co-ordinator, DWSC)

Table 2: Interactions among stakeholders

Purpose	Indicators		Response (Yes/No, proportions)	Sources of information
Whether the DIPH study ensured	E. Extent of stakeholder participation	1. (Number of DIPH stakeholders present in the planning actions meeting) /	156/202 = 77.2[7]	Form A.2: Record of Proceedings –

[7] The participation involved calculating the invitee list and attendance list of Steps 4 and 5, along with the Record of Proceedings. (See Forms A.2.1 and A.2.2, Sl. No. C1-C2.)

Purpose	Indicators		Response (Yes/No, proportions)	Sources of information
involvement of stakeholders from different sectors (health, non-health and NGO/private for-profit organisations)		(total number of DIPH stakeholders officially invited in the planning actions meeting)		Summary Tables
		2. (Number of representatives from the health department present in the planning actions meeting) / (total number of DIPH participants in the planning actions meeting)	76/156 = 48.7[8]	Form A.2: Record of Proceedings – Summary Tables
		3. (Number of representatives from non-health departments present in the planning actions meeting) / (total number of DIPH participants in the planning actions meeting)	79/156 = 50.6[9]	Form A.2: Record of Proceedings – Summary Tables
		4. (Number of representatives from NGOs present in the planning actions meeting) / (total number of DIPH participants in the planning actions meeting)	0/156 = Nil[10]	Form A.2: Record of Proceedings – Summary Tables
		5. (Number of representatives from private for-profit organisations present in the planning actions meeting) / (total number of DIPH participants in the planning actions meeting)	0/156 = Nil[11]	Form A.2: Record of Proceedings – Summary Tables
	F. Responsibilities assigned to stakeholders	6. (Number of action points with responsibilities of the health department) / (total number of action points for the primary theme of the DIPH)	1/13 = 7.69[12]	Form 4: Plan
		7. (Number of action points with responsibilities of non-health departments) / (total number of action points for the primary theme of the DIPH)	12/13 = 92.31[12]	Form 4: Plan
		8. (Number of action points with responsibilities of	0/0 = Nil[12]	Form 4: Plan

[8] See Forms A.2.1 and A.2.2, Sl. No. C2.

[9] The non-health departments invited were CD-ICDS, PRD and district administration. (See Forms A.2.1 and A.2.2, Sl. No. C2.)

[10] An NGO (Hijli Inspiration) received an invitation to the meeting, but could not attend. (See Forms A.2.1 and A.2.2, Sl. No. C2.)

[11] No private for-profit organisation received an invitation. (See Forms A.2.1 and A.2.2, Sl. No. C2.)

[12] For each action point, the DIPH stakeholders, based on their job responsibilities, assigned a person from the department (health, non-health, NGOs and private for-profit organisations) who will be responsible for completing the action points within the designated time frame. (See Form 4, column: 'Person responsible'.)

Purpose	Indicators		Response (Yes/No, proportions)	Sources of information
		NGOs) / (total number of action points for the primary theme of the DIPH)		
		9. (Number of action points with responsibilities of private for-profit organisations) / (total number of action points for the primary theme of the DIPH)	0/0 = Nil[12]	Form 4: Plan
	G. Factors influencing co-operation among health, non-health and NGO/private for-profit organisations to achieve the specific action points in the given DIPH cycle	**10. List of facilitating factors**	1. Direct involvement of the district administration played an important role to improve public health targets of the district 2. Active participation of the theme leader and other line departments adds value to the development of the action plan and its regular follow-up procedure 3. Convergence among the line departments has improved as part of the DIPH process. Furthermore, the action plan has been prepared through joint participation of all departments and joint intervention helps reach the health targets efficiently 4. Interdepartmental co-ordination in terms of implementation of action points has been improved due to the introduction of the DIPH digital interface	Form A.3: In-depth Interviews with Stakeholders
		11. List of challenging factors	1. Availability of data is the main challenge and the district has realised the essentiality of data for the development of the action plan as well as for policy making 2. Implementation of action points and its timely follow-up sometimes do not occur due to time constraint caused by huge workloads for line department officials 3. The DIPH is very much district-centred, this	Form A.3: In-depth Interviews with Stakeholders

Purpose	Indicators		Response (Yes/No, proportions)	Sources of information
			should provide support for sub-district officials and Panchayat functionaries for better outputs 4. Engagement of NGOs and private for-profit organisations is not taken care of by the district 5. Involvement of Panchayat members and self-help groups (SHGs) is not up to the mark during this cycle	

3.3 Progress with action points

3.3.1 Action points accomplished

All 13 action points started during the cycle period with six action points accomplished by the meeting in Step 5.

1. Baseline survey of rural population by frontline workers (finalisation and printing of baseline survey format, training of sub-districts/Panchayat officials and frontline workers to implement the baseline survey).
2. Capacitate sub-district officials to monitor the public health programme including Uttar Nirmal (ODF Programme).
3. Monitoring 15% of Village Health Sanitation and Nutrition Committees (VHSNCs) sessions (second Saturday) by sub-district officials and public representatives to monitor access and usage of sanitary latrines at community level.
4. Regular monitoring of Uttar Nirmal by sub-district, Gram Panchayat officials and public representatives through attending Sub-Centre Convergence Meetings (third Saturday) (about 30%), Gram Panchayat Convergence Meetings (fourth Saturday) and Sub-District Convergence Meetings (second Tuesday).
5. Development of web-based digital interface for tracking of access and use of latrines and waste management under Uttar Nirmal along with other public health indicators.
6. Issuance of directive by the chief medical officer of health (CMOH) for medical officers/nurses to instruct all patients to use sanitary toilets and maintain personal hygiene by enlisting in the patients' medical prescriptions.

3.3.2 Action points ongoing

Seven action points are continuing:

1. Capacitate Zilla Parishad representatives to monitor the public health programme including Uttar Nirmal (ODF Programme)
2. Capacitate circle inspectors of school to monitor the Uttar Nirmal (ODF Programme) under the School Health Programme

3. Issuance of guidelines/directives under signature of the district magistrate and Sabhadipoti to include teachers of Primary, Upper Primary, Secondary and Higher Secondary School in VHSNC to promote hygiene and sanitation education among schoolchildren
4. Issuance of directive on social awareness campaigns for community behaviour change by students and teachers through student forum
5. Issuance of directive to introduce questionnaires in group development evaluation of SHGs
6. Issuance of directive by the project director (DRDC) to ensure the involvement of the Gram Panchayat resource person (GPRP) and AYUSH (Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy) doctors at Gram Panchayat level SHGs monthly meetings (second Saturday)
7. Issuance of directive by the district magistrate to ensure the involvement of GPRP and AYUSH doctors at Gram Panchayat level Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) wages points

3.3.3 Action points not started

All action points started during the cycle period.

Table 3: Progress with action points

Purpose	Indicators		Response (Yes/No, proportions)	Sources of information
Are the action points planned for the DIPH primary theme achieved?	H. Action points initiated	1. (Number of primary theme-specific action points initiated within the planned date) / (total number of primary theme-specific action points planned within the specific DIPH cycle)	13/13 = 100[13]	Form 5: Follow-up
	I. Action points achieved	2. (Number of primary theme-specific action points completed within the planned date) / (total number of primary theme-specific action points planned within the specific DIPH cycle)	6/13 = 46.15[14]	Form 5: Follow-up
		3. (Number of written directives/letters issued by the district/state health authority as per action plan) / (total number of written directives/letters by the district/state health authority planned as per action points of the DIPH primary theme)	0/6 = 0[15]	Form 5: Follow-up
		4. (Amount of finance sanctioned for the primary theme-specific	0/0[16]	Form 5: Follow-up

[13] All action points started during the specified period. (See Form 5, 'Action points', 'Timeline' and 'Status of action points'.)
[14] Out of 13 action points, six action points had completed during the specified timeline. (See Form 5, column: 'Status of action points'.) The district requested to continue Cycle 3 for a further three months to address all action points.
[15] Six written directives/letters need issuing in this context. Out of the six action points, one action point has completed, but a written directive not issued. The CMOH has given a verbal directive to all BMOHs during the Management Information and Evaluation System meeting in January 2017. (See Forms 4 and 5, 'Action points', 'Indicators'.)
[16] There was no request for finance. (See Forms 4 and 5, 'Action points', 'Indicators'.)

		action points) / (total amount of finance requested as per action points of the DIPH primary theme)		
		5. (Units of specific medicine provided for the primary theme-specific action points) / (total units of specific medicine requested as per action points of the DIPH primary theme)	0/0[17]	Form 5: Follow-up
		6. (Units of specific equipment provided for the primary theme-specific action points) / (units of specific equipment requested as per action points of the DIPH primary theme)	0/0[18]	Form 5: Follow-up
		7. (Units of specific IEC materials provided for the primary theme-specific action points) / (total units of specific IEC materials requested as per action points of the DIPH primary theme)	0/0[19]	Form 4: Plan and Form 5: Follow-up
		8. (Number of human resources recruited for the primary theme-specific action points) / (total human resources recruitment needed as per action points of the DIPH primary theme)	0/0[20]	Form 4: Plan and Form 5: Follow-up
		9. (Number of human resources trained for the primary theme-specific action points) / (total human resources training requested as per action points of the DIPH primary theme)	48/ 129 = 37.20[21]	Form 4: Plan and Form 5: Follow-up
	J. Factors influencing the achievements as per action points of the DIPH primary theme	**10. List of facilitating factors**	1. Active participation of the theme leader and direct involvement of the district administration played an important role in follow-up of action points effectively 2. Progress of all indicators is visible to all stakeholders through digital interface. This helped the district officials to monitor the progress effectively 3. Working relationship	Form A.3: In-Depth Interviews with Stakeholders

[17] The selected theme did not require procurement of any medicine. (See Forms 4 and 5, 'Action points', 'Indicators'.)

[18] There was no demand for any equipment. (See Forms 4 and 5, 'Action points', 'Indicators'.)

[19] There was no specific demand for information, education and communication (IEC) materials in the action plan. (See Forms 4 and 5, 'Action points', 'Indicators'.)

[20] There was no demand for human resource recruitment. (See Forms 4 and 5, 'Action points', 'Indicators'.)

[21] Training of Zilla Parishad members, sub-district officials and circle inspectors of school are included in the action plan. The joint block development officer (Jt. BDO), BMOH, sanitation supervisor and CDPO received training on the public health programme including Uttar Nirmal (ODF Programme). But the Zilla Parishad members and the circle inspectors of school are not yet trained. (See Form 5, 'Action points', 'Indicators'.)

			and interaction among the health department and non-health departments has improved during the implementation of the action points and follow-up procedure. Hence, co-ordination among all departments is increasing 4. Capacity building of sub-district officials helped the district to implement and monitor action points more efficiently	
		11. List of challenging factors	1. Timely follow-up of action points is sometimes not achieved because of the time constraint due to huge workloads by line department officials 2. It is difficult for the district to accomplish all action points within a time span of three to four months. This should be at least six months after the development of the action plan 3. Timely organisation of the DIPH step meetings is sometimes not possible due to district officials' involvement in different existing programmes 4. Involvement of private for-profit organisations and NGOs in the DIPH did not happen	Form A.3: In-Depth Interviews with Stakeholders

3.4 Sustainability of the DIPH

The following analysis is from in-depth interviews with stakeholders as well as observations by the DIPH research team.

3.4.1 Data source

- The current programme data on ODF was not available with the district. The stakeholders used the 2011 census district data, to start the cycle (Directorate of Census Operations, 2011). This was the only data source in the district.
- Monthly reporting system of the district was very poor. As requested by the stakeholders, monthly reporting of the DIPH from sub-districts has merged with existing reporting systems of the district. Timely reporting is a challenge.
- There is no mechanism developed for verification of data.
- The district planned for a baseline survey of the rural population during Cycle 3. This would help to prepare a database on selected public health indicators in the district.
- Except few instances, data-sharing does not happen between health and non-health departments, NGOs and private for-profit organisations.

3.4.2 Facilitators within the district

- Good rapport with stakeholders helped in effective implementation of the DIPH in the district.
- Active participation by the PHPC (DIPH theme leader) and other concerned departments are key to the smooth implementation of the DIPH in the district.
- Strong leadership of the district administration (especially the ADM-D) played a key role in the DIPH.
- Participation by non-health departments improved.
- An official letter issued by the district magistrate ensuring participation of all stakeholder departments.
- The interaction with CD-ICDS improved in Cycle 3 compared to Cycles 1 and 2. The School Education department was involved during Cycle 3.
- Support by PRD to prepare a baseline database.
- Sub-district-level stakeholders such as BMOHs, block public health nurses (BPHNs) and CDPOs engaged during Steps 4 and 5 for better implementation of the action plan.
- Introduction of digital interface helped the stakeholders, especially the theme leader to monitor progress of action points efficiently.

3.4.3 Challenges within the district

- There is a lack of manpower across all departments (especially PRD and CD-ICDS). Data entry operators from PRD are overloaded due to their involvement in existing programmes in the district, whereas there are no data entry operators for CDPOs (CD-ICDS).
- Timely follow-up did not happen for some of the action points because of the time constraint due to huge workloads by line department officials.
- It is difficult for the district to accomplish all action points within a time span of three to four months.
- Availability and quality of data.
- Engagement of NGOs and private for-profit organisations did not take place.

"Health care institutions, like private nursing home/hospitals should be involved in the DIPH process. Many factories/corporate sectors are working in the district so, corporate social responsibility is another option, the district must think about it." (District co-ordinator, DWSC)

3.4.4 Possible solutions

- District officials suggested that the duration of the cycle should be at least six months after development of an action plan and an overall time span of six to seven months for the DIPH cycle.

  "One cycle should be a minimum of six months duration to address all the action points effectively." (CDPO, Gaighata block)

- As part of the Cycle 3 action points, the district conducted a baseline survey of the rural population on selected public health indicators. This would help to prepare a database on selected public health indicators in the district.
- As suggested by the PHPC, the web portal developed for the PRD is to facilitate timely reporting of data. After functioning of the web portal, reporting as well as database management system will be improved.
- Training for sub-district officials on database management and data utilisation is required to improve data quality in the district.

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Ministry of Drinking Water and Sanitation (MDWS) 2015, *Guidelines for ODF verification,* No. S-11011/3/2015-SBM, 3 September 2015, Government of India, MDWS, Swachh Bharat Mission (Gramin) Division, New Delhi viewed on ????? http://www.mdws.gov.in/documents/guidelines

ANNEXES

A.1: DIPH Forms of Step 1 (Forms 1A, 1A.1 and 1B), Step 4 (Form 4) and Step 5 (Form 5)

Form 1A: Document and database checklist

Date of meeting: 26 October 2016
Venue of meeting: PHPC
Chairperson of meeting: ADM-D

SI. No.	Document	Availability (Y/N)	Source
1. Policy and planning documents			
1.1. State level			
1.1.1	Operational Guideline for implementing Mission Nirmal Bangla within the overall framework of Swachh Bharat Mission (Gramin) in West Bengal	Yes	District water and sanitation co-ordinator
1.1.2	Annual Implementation Plan for 2016/17	Yes	http://sbm.gov.in/sbmreport/Report/Monitoring/SBM_GetAIPDetails.aspx
1.2. District level			
1.2.1	Handbook – A journey towards Nirmal Uttar	Yes	District water and sanitation co-ordinator
1.2.2	Programme Implementation Plan (PIP) 2014/19, N24PGS	Yes	District water and sanitation co-ordinator
2. Management and services provision			
2.1. Health departments			
2.1.1	Eligible Couple Contraceptive Register	Yes	District statistical manager (DSM)
2.2. Non-health department			
2.2.1	VHSNC level monitoring data	Yes	PHPC
2.2.2	Details of Human Resource – ICDS	Yes	DPO
2.3: Private sector (private for-profit organisations and NGOs)			
2.3.1	List of NGOs working at sub-district-level sanitation mart	Yes	District water and sanitation co-ordinator
3. Large scale district level surveys			

3.1	District Census Handbook 2011	Yes	http://www.censusindia.gov.in/2011census/dchb/1911_PART_B_DCHB_NORTH%20TWENTY%20FOUR%20PARGANAS.pdf
3.2	Swachh Survekshan Report – Gramin 2016	Yes	http://sbm.gov.in/SBMGUpload/Swachh%20Survekshan%20Report%20Eng.PDF
3.3	District Level Household Survey-4	Yes	https://nrhm-mis.nic.in/SitePages/DLHS-4.aspx?RootFolder=%2FDLHS4%2FState%20and%20District%20Factsheets%2FWest%20Bengal%2FDistrict%20FactsheetsandFolderCTID=0x012000742F17DFC64D5E42B681AB0972048759andView={F8D23EC0-C74A-41C3-B676-5B68BDE5007D}
3.4	Survey Report by Hijli Inspiration	Yes	District water and sanitation co-ordinator
3.5	District Demography	Yes	http://north24parganas.gov.in/n24p/page.php?nm=Demography

Form 1A.1: Data extraction from state and district health policy documents

A. Filled by: PHPC
B. Date: 26 October 2016

PART A	
Document title:	Operational Guideline for implementing Mission Nirmal Bangla within the overall framework of Swachh Bharat Mission (Gramin) in West Bengal
Date of release:	01 April 2015
Goal as stated in the document:	Achieve ODF Rural Bengal by 02 October 2019
Action points specified by the document:	
• Complete access to and use of toilets by everybody, everywhere and every time • Appropriate facilities for menstrual hygiene and disposal of menstrual waste, especially in schools and community toilets • Hand washing with soap, after defecation, before handling food and before feeding • Safe collection, preservation and serving of drinking water	

Form 1B: Health system capacity assessments

Date of meeting: 26 October 2016
Venue of meeting: PHPC
Chairperson of meeting: ADM-D

1.	**Information about the district**			
	District demographic details	**Information**	**Source**	**Source details**
1.1	Total area (square km)	4,094	District Demography	http://north24parganas.gov.in/n24p/page.php?nm=Demography
1.2	Total population	10,009,781	District Census Handbook 2011	http://www.censusindia.gov.in/2011census/dchb/1911_PART_B_DCHB_NORTH%20TWENTY%20FOUR%20PARGANAS.pdf
1.3	Number of women in reproductive age group (15-49 years)	396,403	Eligible Couple Contraceptive Register	DSM
1.4	Number of under-five children	957,973	District Census Handbook 2011	http://www.censusindia.gov.in/2011census/dchb/1911_PART_B_DCHB_NORTH%20TWENTY%20FOUR%20PARGANAS.pdf
1.5	Rural population (%)	42.7	District Census Handbook 2011	http://www.censusindia.gov.in/2011census/dchb/1911_PART_B_DCHB_NORTH%20TWENTY%20FOUR%20PARGANAS.pdf
1.6	Scheduled Caste population (%)	21.7	District Census Handbook 2011	http://www.censusindia.gov.in/2011census/dchb/1911_PART_B_DCHB_NORTH%20TWENTY%20FOUR%20PARGANAS.pdf
1.7	Scheduled Tribe population (%)	2.6	District Census Handbook 2011	http://www.censusindia.gov.in/2011census/dchb/1911_PART_B_DCHB_NORTH%20TWENTY%20FOUR%20PARGANAS.pdf
1.8	Population density (persons/square km)	2,445	District Census Handbook 2011	http://www.censusindia.gov.in/2011census/dchb/1911_PART_B_DCHB_NORTH%20TWENTY%20FOUR%20PARGANAS.pdf
1.9	Total literacy (%)	84.9	District Census Handbook 2011	http://www.censusindia.gov.in/2011census/dchb/1911_PART_B_DCHB_NORTH%20TWENTY%20FOUR%20PARGANAS.pdf
1.10	Female literacy (%)	80.3	District Census Handbook 2011	http://www.censusindia.gov.in/2011census/dchb/1911_PART_B_DCHB_NORTH%20TWENTY%20FOUR%20PARGANAS.pdf

1.11	Key NGOs	
	Name of NGO	**Contact details**
1.11.1	Hijli Inspiration	Ms. Chandreyee Das Mobile: +91 9830 0284 96 Email: chandreyee@inspiration-india.org Website: www.inspiration-india.org

1.12	Key private for-profit organisations	
	Name of organisation	**Contact details**
	-	-

2	Expected coverage for the identified theme					
	Theme	**Coverage indicators**	**Current Status**	**Expected Status**	**Gap**	**Source**
2.1	Strengthen ODF Programme	2.1.1 Proportion of households having access to sanitary toilets, mostly within the premises (%)	82.42	100	17.58	District Census Handbook 2011

3. Theme:- Strengthen ODF Programme				
	Details	**Sanctioned (2014/15)**	**Available/ functional**	**Gap**
3.1 Infrastructure				
3.1.1	Gram Panchayat Office	199	199	0
3.1.2	Sanitary Mart	54	54	0
3.1.3	Office of Panchayat Samity	22	22	0
3.1.4	Sub divisional office	4	4	0
3.1.5	DWSC	1	1	0
3.1.6	District Public Health Cell	1	1	0
3.2 General resources				
3.2.1 Finance				
3.2.1.a	Construction of Individual Household Latrine in Lakhs (PIP 2014/19)	19,114	12,185	6,930
3.2.1.b	Community Sanitary Complex in Lakhs (PIP 2014/19)	444	283	161
3.2.1.c	Solid and Liquid Waste Management in Lakhs (PIP 2014/19)	4,000	2,546	1,454

3.2.1.d	Administrative charges	471	301	171
3.2.1.e	IEC, capacity building and start up activities in Lakhs (PIP 2014/19)	1,178	751	427
3.2.2 Supplies				
3.2.2.a	Individual Household Latrine	982,385	983,844	-1,459
3.2.2.b	Community sanitary complex	200	200	0
3.2.3 Technology				
3.2.3.a	Swachh Bharat Mission (Gramin)-MIS	1	1	0
3.3 Human resources				
3.3.1	Accredited Social Health Activists (ASHAs)	4,084	3,078	1,006
3.3.2	Anganwadi workers (AWWs)	10,245	9,604	641
3.3.3	Panchayat Swasthya Sanchalok	199	199	0
3.3.4	First Auxiliary Nurse Midwives	848	717	131
3.3.5	Second Auxiliary Nurse Midwives	636	593	43
3.3.6	Panchayat Pradhan	199	199	0
3.3.7	Medical Officer – AYUSH	99	88	11
3.3.8	Trained Sanitary Manson	848	848	0
3.3.9	Teacher Assigned for School Health Programme	1,032	1,032	0
3.3.10	Block sanitation supervisor	22	20	2

Form 4: Plan

Date of meeting: 02 November 2016
Venue of meeting: Titumir Bhawan, Zilla Parishad, N24PGS
Chairperson of meeting: District magistrate
Theme leader of Cycle 3: PHPC

Theme: Strengthen ODF Programme

Total number of action planned: 13

Responsibilities of different stakeholders:

PRD	6
District administration	3
Department of Health and Family Welfare	1
DRDC	2
School Education department	1

Sl. No.	Action points	Responsible stakeholder	Indicator	Target (in number)	Timeline
1. Service delivery					
1.1.1	Baseline survey of rural population by frontline workers (finalisation and printing of baseline survey format, training of sub-districts / Panchayat officials and frontline workers to implement the baseline survey)	District administration **Person responsible:** ADM-D	a. Proportion of joint meetings conducted to finalise the baseline survey format (%) Description: Number of joint meetings conducted with district officials to finalise the baseline survey format / number of district level meetings planned	1	December 2016
			b. Proportion of printed baseline survey forms circulated to sub-districts (%) Description: Number of baseline survey formats printed and circulated to sub-districts / estimated target for printing of forms	69,996	
			c. Proportion of trainings organised for sub-district officials to conduct the survey (%) Description: Number of trainings for sub-district officials to conduct the survey / number of trainings planned	1	
			d. Proportion of frontline workers trained for conducting the baseline	6,912	

Sl. No.	Action points	Responsible stakeholder	Indicator	Target (in number)	Timeline
			survey (%) Description: Number of frontline workers trained for conducting the survey / total number of frontline workers		
			e. Proportion of households surveyed (%) Description: Number of households surveyed / total number of households	649,992	
1.2.1	Capacitate Zilla Parishad representatives to monitor public health programme including Uttar Nirmal (ODF Programme)	PRD **Person responsible:** PHPC	a. Proportion of Zilla Parishad representatives capacitated (%) Description: Number of Zilla Parishad representatives capacitated / total number of Zilla Parishad representatives	57	December 2016
1.2.2	Capacitate sub-district officials to monitor the public health programme including Uttar Nirmal (ODF Programme)	PRD **Person responsible:** PHPC	a. Proportion of sub-district officials capacitated (Jt. BDO, BMOH, sanitation supervisor and CDPO) (%) Description: Number of sub-district officials capacitated / estimated target (Jt. BDO, BMOH, sanitation supervisor and CDPO)	48	December 2016
1.2.3	Capacitate circle inspectors of school to monitor the Uttar Nirmal (ODF Programme) under the School Health Programme	PRD **Person responsible:** PHPC	a. Proportion of circle inspectors of school capacitated (%) Description: Number of circle inspectors of school capacitated / estimated target (circle inspectors of school)	24	Monthly; January 2017
1.2.4	Monitoring 15% of VHSNCs sessions (second Saturday) by sub-district officials and public representatives to monitor access and usage of sanitary latrines at community level	PRD **Person responsible:** PHPC	a. Proportion of VHSNCs sessions (second Saturday) monitored (%) Description: Number of VHSNCs sessions (second Saturday) monitored / number of sessions planned to be monitored	864	Monthly; January 2017
1.2.5	Regular monitoring	PRD	a. Proportion of Sub-	360	Monthly;

Sl. No.	Action points	Responsible stakeholder	Indicator	Target (in number)	Timeline
	of Uttar Nirmal by sub-district, Gram Panchayat officials and public representatives through attending Sub-Centre Convergence Meetings (third Saturday) (about 30%), Gram Panchayat Convergence Meetings (fourth Saturday) and Sub-District Convergence Meetings (second Tuesday)	**Person responsible:** PHPC	Centre Convergence Meetings (third Saturday) monitored (%) Description: Number of Sub-Centre Convergence Meetings (third Saturday) monitored / number of Sub-Centre meetings planned to be monitored		January 2017
			b. Proportion of Gram Panchayat Convergence Meetings (fourth Saturday) monitored (%) Description: Number of Gram Panchayat Convergence Meetings (fourth Saturday) monitored / number of meetings planned to be monitored	324	
			c. Proportion of Sub-District Convergence Meetings (second Tuesday) monitored (%) Description: Number of Sub-District Convergence Meetings (second Tuesday) monitored / number of meetings planned to be monitored	36	
2. Workforce					
3. Supplies and technology					
4. Health information					
4.1.1	Development of web-based digital interface for tracking of access and use of latrines and waste management under Uttar Nirmal along with other public health indicators	PRD **Person responsible:** PHPC	a. Completion of primary phase of web-based digital interface for data tracking (%) Description: Primary phase for development of web-based digital interface for data tracking completed	1	December 2016
5. Finance					
6. Policy and governance					
6.1.1	Issuance of guidelines / directives under the signature of the district magistrate and Sabhadipoti to include teachers of Primary, Upper Primary, Secondary	District administration **Person responsible:** District magistrate	a. Number of orders issued by the district magistrate to all sub-districts and Gram Panchayats Description: Number of orders issued by the district magistrate to all	1	November 2016

Sl. No.	Action points	Responsible stakeholder	Indicator	Target (in number)	Timeline
	and Higher Secondary School in VHSNC to promote hygiene and sanitation education among schoolchildren		sub-districts and Gram Panchayats		
6.1.2	Issuance of directive on social awareness campaigns for community behaviour change by students and teachers through student forum	School Education department **Person responsible:** District inspector	a. Number of directives issued by the district inspector to all educational institutions Description: Number of directives issued by the district inspector to all educational institutions	1	November 2016
6.2.1	Issuance of directive to introduce questionnaires in group development evaluation of SHGs	DRDC **Person responsible:** Project director, DRDC	a. Number of directives issued by the project director to all sub-districts and Gram Panchayats Description: Number of directives issued by the project director to all sub-districts and Gram Panchayats	1	December 2016
6.2.2	Issuance of directive by the project director (DRDC) to ensure the involvement of GPRP and AYUSH doctors at Gram Panchayat level SHGs monthly meetings (second Saturday)	DRDC **Person responsible:** Project director, DRDC	a. Number of directives issued by the project director to all sub-districts and Gram Panchayats Description: Number of directives issued by the project director to all sub-districts and Gram Panchayats	1	December 2016
6.2.3	Issuance of directive by the district magistrate to ensure the involvement of GPRP and AYUSH doctors at Gram Panchayat level MGNREGA wages points	District administration **Person responsible:** District magistrate	a. Proportion of orders issued by the district magistrate to all sub-districts and Gram Panchayats Description: Number of orders issued by the district magistrate to all sub-districts and Gram Panchayats	1	December 2016
6.3.1	Issuance of directive by the CMOH for medical officers / nurses to instruct all patients to use sanitary toilets and maintain personal hygiene by enlisting	Department of Health and Family Welfare **Person responsible:** CMOH	a. Proportion of directives issued by the CMOH to the superintendents of all hospitals Description: Number of directives issued by	1	November 2016

Sl. No.	Action points	Responsible stakeholder	Indicator	Target (in number)	Timeline
	in patients' medical prescriptions		CMOH to the superintendents of all hospitals		

Form 5: Follow-up

Date of meeting: 08 March 2017
Venue of meeting: Titumir Bhawan, Zilla Parishad, N24PGS
Chairperson of meeting: Swasthya Karmadakshya
Theme leader of Cycle 3: PHPC

Part A

Theme: Strengthen ODF Programme
Number of meeting for the respective theme: 3

1. Major stakeholders involved in each meeting		
Sl. No.	**Date**	**Participants**
Meeting 1	9 December 2016	59 participants: Swasthya Karmadakshya (Health)-Zilla Parishad, CMOH, District maternity and child health officer (DMCHO), deputy chief medical officer of health-III (Dy. CMOH-III), Dy. CMOH-I, district public health and nursing officer, DPO-ICDS, PHPC-Zilla Parishad, DSM, BMOHs and BPHNs, Jt. BDOs and CDPOs
Meeting 2	27 January 2017	12 participants: Swasthya Karmadakshya (Health)-Zilla Parishad, Swasthya Karmadakshya (women development)-Zilla Parishad, CMOH, DMCHO, Dy. CMOH-I, -II, DPO-ICDS, zonal leprosy officer (ZLO), district tuberculosis officer, PHPC-Zilla Parishad, district co-ordinator sanitation
Meeting 3	8 March 2017	75 participants: Sabhadhipoti, Swasthya Karmadakshya (Health)-Zilla Parishad, Dy. CMOH-II, -III,, ZLO, DPO-ICDS, PHPC-Zilla Parishad, district water and sanitation co-ordinator, BMOHs and BPHNs, Jt. BDOs and CDPOs

2. Comparison of key coverage indicator(s) in the DIPH cycle		**Time 0**	**Time 1**
	Date	District Census 2011	February 2017
2.1.1	Proportion of households having access to sanitary toilets, mostly within the premises (%)	82.42	89.03

Part B

Total action points − Planned	13
Total action points − Not started	0
Total action points − Ongoing not on target	7
Total action points − Ongoing on target	0
Total action points − Completed	6

Sl. No.	Action points	Indicators	Target (in number)	Progress of indicators (%)	Person responsible	Timeline	Status of action points	Further follow-up suggestions	
								Timeline	Change in responsibility
1. Service delivery									
1.1.1	Baseline survey of rural population by frontline workers (finalisation and printing of baseline survey format, training of sub-districts / Panchayat officials and frontline workers to implement the baseline survey)	a. Proportion of joint meetings conducted to finalise the baseline survey format (%)	1	0	ADM-D	December 2016	Completed	-	-
		b. Proportion of printed baseline survey forms circulated to sub-districts (%)	69,996	97.33					
		c. Proportion of trainings organised for sub-district officials to conduct the survey (%)	1	0					
		d. Proportion of frontline workers trained for conducting the baseline survey (%)	6,912	94.14					
		e. Proportion of households surveyed (%)	649,992	99.89					
1.2.1	Capacitate Zilla Parishad representatives to monitor public health programme including Uttar	a. Proportion of Zilla Parishad representatives capacitated (%)	57	0	PHPC	December 2016	Ongoing − not on target	April 2017	Same

Sl. No.	Action points	Indicators	Target (in number)	Progress of indicators (%)	Person responsible	Timeline	Status of action points	Further follow-up suggestions	
								Timeline	Change in responsibility
	Nirmal (ODF Programme)								
1.2.2	Capacitate sub-district officials to monitor the public health programme including Uttar Nirmal (ODF Programme)	a. Proportion of sub-district officials capacitated (Jt. BDO, BMOH, sanitation supervisor and CDPO) (%)	48	100	PHPC	December 2016	Completed	-	-
1.2.3	Capacitate circle inspectors of school to monitor the Uttar Nirmal (ODF Programme) under the School Health Programme	a. Proportion of circle inspectors of school capacitated (%)	24	0	PHPC	Monthly; January 2017	Ongoing – not on target	April 2017	Same
1.2.4	Monitoring 15% of VHSNCs sessions (second Saturday) by sub-district officials and public representatives to monitor access and usage of sanitary latrines at community level	a. Proportion of VHSNCs sessions (second Saturday) monitored (%)	864	89	PHPC	Monthly; January 2017	Completed	-	-
1.2.5	Regular monitoring of Uttar Nirmal by sub-district, Gram Panchayat officials and public representatives through attending Sub-Centre Convergence	a. Proportion of Sub-Centre Convergence Meetings (third Saturday) monitored (%)	360	80.28	PHPC	Monthly; January 2017	Completed	-	-
		b. Proportion of Gram Panchayat Convergence Meetings (fourth Saturday) monitored (%)	324	81.79					
		c. Proportion of Sub-District Convergence Meetings	36	91.67					

Sl. No.	Action points	Indicators	Target (in number)	Progress of indicators (%)	Person responsible	Timeline	Status of action points	Further follow-up suggestions	
								Timeline	Change in responsibility
	Meetings (third Saturday) (about 30%), Gram Panchayat Convergence Meetings (fourth Saturday) and Sub-District Convergence Meetings (second Tuesday)	(second Tuesday) monitored (%)							
2. Workforce									
3. Supplies and technology									
4. Health information									
4.1.1	Development of web-based digital interface for tracking access and use of latrines and waste management under Uttar Nirmal along with other public health indicators	a. Completion of primary phase of web-based digital interface for data tracking (%)	1	0	PHPC	December 2016	Completed	-	-
5. Finance									
6. Policy and governance									
6.1.1	Issuance of guidelines / directives under the signature of the district magistrate and Sabhadipoti to include teachers of Primary, Upper	a. Number of orders issued by the district magistrate to all sub-districts and Gram Panchayats	1	0	District magistrate	November 2016	Ongoing – not on target	May 2017	Same

Sl. No.	Action points	Indicators	Target (in number)	Progress of indicators (%)	Person responsible	Timeline	Status of action points	Further follow-up suggestions	
								Timeline	Change in responsibility
	Primary, Secondary and Higher Secondary School in VHSNC to promote hygiene and sanitation education among schoolchildren								
6.1.2	Issuance of directive on social awareness campaigns for community behaviour change by students and teachers through student forum	a. Number of directives issued by the district inspector to all educational institutions	1	0	District inspector	November 2016	Ongoing – not on target	May 2017	Same
6.2.1	Issuance of directive to introduce questionnaires in group development evaluation of SHGs	a. Number of directives issued by the project director to all sub-districts and Gram Panchayats	1	0	Project director, DRDC	December 2016	Ongoing – not on target	May 2017	Same
6.2.2	Issuance of directive by the project director (DRDC) to ensure the involvement of GPRP and AYUSH doctors at Gram Panchayat level SHGs monthly meetings (second Saturday)	a. Number of directives issued by the project director to all sub-districts and Gram Panchayats	1	0	Project director, DRDC	December 2016	Ongoing – not on target	May 2017	Same
6.2.3	Issuance of	a. Proportion of orders issued	1	0	District	December	Ongoing –	May	Same

Sl. No.	Action points	Indicators	Target (in number)	Progress of indicators (%)	Person responsible	Timeline	Status of action points	Further follow-up suggestions	
								Timeline	Change in responsibility
	directive by the district magistrate to ensure the involvement of GPRP and AYUSH doctors at Gram Panchayat level MGNREGA wages points	by the district magistrate to all sub-districts and Gram Panchayats			magistrate	2016	not on target	2017	
6.3.1	Issuance of directive by the CMOH for medical officers / nurses to instruct all patients to use sanitary toilets and maintain personal hygiene by enlisting in patients' medical prescriptions	a. Proportion of directives issued by the CMOH to the superintendents of all hospitals	1	0	CMOH	November 2016	Completed	May 2017	Same

A.2: Record of Proceedings – Summary Tables

A.2.1: Record of Proceedings – summary for DIPH Step 4			
A. Time taken for each session			
Session	***Time allotted***	***Actual time taken***	***Remarks***
A.1 Briefing	30 minutes	11:30 am − 12:00 noon	
A.2 Form 4	60 minutes	12:10 pm − 1:10 pm	
B. Stakeholder leadership			
B.1 Agenda circulated / invitation send		District administration and PRD	
B.2 Chair of sessions		CMOH, N24PGS	
B.3 Nominee/ volunteer	1. Completing data forms	Mr Debashis Mukharjee (PRD office staff) supported by DIPH research team to enter information in the digital interface	
	2. Presenting summary	Mr Subimal Dutta (Theme Leader)	
	3. Theme leader	Mr Subimal Dutta PHPC	
	4. Record of proceedings	Zakir Hossain	
C. Stakeholder participation			
C.1 Number of stakeholders invited	Health department	50	• CMOH, N24PGS Health District • CMOH, Bashirhat Health District • Dy. CMOH-III, N24PGS Health District • Dy. CMOH-III, Basirhat Health District • DMCHO, N24PGS Health District • DSM, N24PGS Health District • BMOHs from 22 sub-districts • BPHNs from 22 sub-districts
	Non-health departments	47	• DPO-ICDS, N24PGS • PHPC, Zilla Parishad, N24PGS • Swasthya Karmadakshya • Jt. BDOs from 22 sub-districts • CDPOs from 22 sub-districts
	NGO/private for-profit organisations	1	• Hijli Inspiration
	District administration	1	• ADM-D
C.2 Percentage of stakeholder participation (to those invited)	Health department	84% (42)	• ADM-D informed that some officials could not attend the meeting – the reason unknown
	Non-health departments	79.59% (38)	
	District administration	100% (1)	
	NGO/private for-profit organisations	0 (0%)	• Hijli Inspiration did not attend the meeting – the reason unknown
	Total	81% (81)	

D. Stakeholder involvement (*Note: Record everyone's viewpoint; if someone did not raise any concern, record it also)*			
D.1 Issues discussed by health department representatives	CMOH	• Sustainability of ODF Programme is now a priority of the district • Will support district administration and PRD whenever intervention is required	
	DMCHO	• Availability of data is important for policy decision-making and development of sustainability plan. Need to think about it	
	BMOHs	• Frontline workers is their strength to accumulate data from community	
	BPHN	• Will provide training to frontline workers	
D.2 Non-health departments	PRD	• Current data on public health issues are not available, need baseline survey • Web-based reporting system is highly required • Need to strengthen VHSNC as well • Training on Zilla Parishad members are also required	
	ICDS	• AWWs can be utilised to accumulate data from community • Will support district administration and PRD whenever intervention is required	
D.3 NGO/private for-profit organisations		None	
D.4 District administration		• Need to conduct baseline survey of rural population and develop a district database • ODF issue needs to be discussed during various meetings conducted at sub-districts, Gram Panchayats, Sub-Centres and VHSNCs • Implement and follow-up of all action points is required	
E. Responsibilities delegated to non-health departments and NGOs*			
Type of activities shared	ICDS	• AWW will support ASHAs during conducting baseline survey • ICDS will provide training for AWWs	
	PRD	• Support district / block administration during conducting baseline survey • Capacitate Zilla Parishad representatives, circle inspectors of school and sub-	

		district officials to monitor the public health programme including Uttar Nirmal (ODF Programme) • Monitoring of VHSNCs sessions (second Saturday), Sub-Centre Convergence Meetings (third Saturday) and Gram Panchayat Convergence Meetings (fourth Saturday) • Development of web-based digital interface for tracking on access and use of latrines and waste management under Uttar Nirmal	
	District administration	• Rural baseline survey will be conducted in support with ASHAs and AWWs • Need to issue some order / policy decision for effective implementation of all action points • Monthly follow-up of all action points during Standing Committee meeting is essential	
	NGO	None	
F. Co-operation/communication between stakeholders*			
Action plan was discussed and finalised with each stakeholder's approval			
G. Data utilisation			
Data on human resources, number of routine meetings by VHSNCs (second Saturday), Sub-Centres (third Saturday), Gram Panchayats (fourth Saturday), Panchayat Samity (second Tuesday) and stipulated number of households to be surveyed were used for setting indicators			
H. Suggestion for Developing a Decision-Making guide modification (*Note: suggestions with justifications on forms, process***)**			
No suggestion from stakeholders			

* Some of these sections are specific to certain DIPH steps only.

A.2.2: Record of Proceedings – summary for DIPH Step 5			
A. Time taken for each session			
Session	***Time allotted***	***Actual time taken***	***Remarks***
A.1 Briefing	15 minutes	11.30 am – 11.45 am	
A.2 Form 5	1 hour 30 minutes	11:45 am – 1.15 pm	
B. Stakeholder leadership			
B.1 Agenda circulated/invitations sent		District administration and PRD	
B.2 Chair of sessions		Swasthya Karmadakshya	
B.3 Nominee/ volunteer	1. Completing data forms	Mr Subimal Dutta (Theme Leader) supported by the DIPH research team	
	2. Presenting summary	Swasthya Karmadakshya	
	3. Theme leader	Mr Subimal Dutta	
	4. Record of proceedings	Zakir Hossain	
C. Stakeholder participation			
C.1 Number of stakeholders invited	Health department	51	CMOH, N24PGS CMOH, Bashirhat Dy. CMOH-II, -III, N24PGS DMCHO, N24PGS District public health and nursing officer, N24PGS ZLO, N24PGS BMOHs and BPHNs of all 22 blocks
	Non-health departments	51	Swasthya Karmadakshya Nari-o-Sisu Karmadakshya Deputy secretary PHPC District co-ordinator, DWSC DPO-ICDS Officer in Charge-Health Jt. BDOs and CDPOs of all 22 blocks
	NGO/private for-profit organisations	0	Not invited
	District administration	1	ADM-D, N24PGS
C.2 Percentage of stakeholder participation (to those invited)	Health department	66.66% (34/51)	
	Non-health departments	80.39% (41/51)	
	District administration	0 (0/1)	
	NGO/private for-profit organisations	0	Not invited
	Total	72.81% (75/103)	
D. Stakeholder involvement (*Note: Record everyone's viewpoint; if someone did not raise any concern, record it also)*			
D.1 Issues discussed by health department representatives	Dy. CMOH-III Dy. CMOH-II	• Discussed the one action point that had completed on time: 'Issuance of directive by the CMOH for medical officers / nurses to instruct all patients to use sanitary toilets and maintain personal hygiene by enlisting in patients' medical	• Health officials and frontline workers are providing support on ODF initiative. They have successfully completed the baseline survey on the rural population in the district

		prescriptions'	
D.2 Non-health departments	PRD	• Out of 13 action points six action points had completed and seven action points are ongoing • The district completed the survey work of ten lakhs population (approximately) • Need another three months to complete all action points	• Thanks given to all involved departments for their support on ODF
	CD-ICDS	• In Cycle 3, action points are not assigned to CD-ICDS directly as they have a supporting role	• AWWs completed the baseline survey efficiently • CDPOs are very efficient in providing support on ODF
D.3 NGO/private for-profit organisations		Non applicable	Not invited
D.4 District administration		Non applicable	Not attended
E. Responsibilities delegated to non-health departments and NGOs*			
Type of activities shared	CD-ICDS PRD District administration NGO/private for-profit organisations	• Responsibilities assigned earlier remain the same. No changes made during the meeting • Timeline of seven action points have extended until April 2017	
F. Co-operation/communication between stakeholders*			
Discussion on action points prepared earlier along with timeline and status Change in responsibilities, timeline of action points made in co-operation with all stakeholders			
G. Data utilisation			
Data reported by sub-district officials (performances) have shown through digital interface Graphical presentation made it more interesting			
H. Suggestion for Developing a Decision-Making guide modification (*Note: suggestions with justifications on forms, process*)			
No suggestions			

* Some of these sections are specific to certain DIPH steps only.

A.3: Transcripts of In-Depth Interviews with Stakeholders

Form A.3.1: In-depth interview with the district co-ordinator, DWSC	
IDI label	117_GSN_ZH_10Mar2017
Interviewer	Zakir Hossain
Note taker	Zakir Hossain
Transcriber	Zakir Hossain
Respondent details	
Date and time of interview	10 March 2017
Name of the participant	Mr Pradipta Dubey
Gender	Male
Designation	District co-ordinator, DWSC
Department	PRD (DWSC)
Duration of service in the district	2 years 3 months
Previous position	Young professional, programme co-ordinator
Qualification	Masters in Rural Development and Management
Years of experience in the present department	3 years 6 months
Membership in committees pertaining to health	District Water and Sanitation Committee Janaswasthya-O-Paribesh Sthayee Samity

1. How are health-related decision-making processes under the DIPH happening in your district? Probe:

a. General impression
b. If there is any difference observed on how health-related decision-making is conducted prior to the DIPH and on how it is been conducted presently through the DIPH.

The theory of DIPH is a unique concept for me.

DIPH is happening in the district in a convergence mode with all departments through different meetings.

2. Are you finding the DIPH process useful? If yes, then which aspects are you finding particularly useful? Probe for each steps:

a. Conducting situation analysis for health system problems
b. Prioritisation of health-related problems at district level
c. Development of action plan
d. Follow-up of action plan.

Yes, DIPH process is very much useful and effective for the district.

It provides us a structured system of data management, sharing of data among the stakeholders for decision-making. It also helps the district to identify public health issues, critical gaps and based on the same necessary measurement has been taken accordingly.

However, all steps of the DIPH are equally important, but development of an action plan and its follow-up procedure are very crucial.

3. What are the key themes covered in the last DIPH cycle?

Strengthen ODF Programme.

4. What progress through the DIPH have you made to improve the health targets/status

in your district? Probe: Please elaborate how the DIPH is useful in:

a. Identifying the health issue to focus on
b. Development of action plan
c. Follow-up of action plan.

Sustainability of ODF Programme under Mission Nirmal Bangla was the priority of the district. So, we prepared a sustainability plan under the DIPH process to improve the health targets/status of the district. In this context, the progress of the DIPH made remarkable changes by strengthening the ODF Programme as well.

5. Did the DIPH process help in using data to identify priorities of the district?

The DIPH helps the district to think about the availability of baseline data on public health components. So, the district has planned to conduct a survey to prepare a baseline database as a part of the DIPH process. This database helps to identify priorities of the district in the near future.

6. Whether data is used in monitoring the progress of the action plan in your district?

Introduction of digital interface helps us to monitor the progress of the action plan in your district. Now we can see our plan in a single click through the DIPH web portal.

7. Did the DIPH process lead to any change in the working relationship and interaction between the health department and government non-health departments? Probe:

a. Did the process help in joint participation in identifying priorities for the district, developing plan and joint monitoring of the plan?
b. Is data shared between the departments?
c. Did frequency of interaction increase since the last DIPH?

The DIPH has been providing support to N24PGS district since last one year. During this process, interdepartmental co-ordination among health and non-health departments (especially CD, PRD), data-sharing and data management system have been improved. Now, this good co-ordination can be visible during development of action plans, follow-ups, which increase the health performance of the district.

8. Did the maternal and child health (MCH) NGO sector achieve involvement through the DIPH process? Probe:

a. What are the challenges in bringing the MCH NGO sector in joint planning for health issues in the district?
b. How can these issues be solved?

There are many NGOs working in the district and sub-districts. The district has failed to involve them in the current theme. However, block-level sanitation marts are involved in the existing ODF initiatives at sub-district level that help to achieve the target of ODF.

9. Did the private sector achieve involvement through the DIPH process? Probe:

a. What are the challenges in bringing the private sector in joint planning for health issues in the district?
b. How can these issues be solved?

Health care institutions, like private nursing home/hospitals should be involved in the DIPH

process. Many factories/corporate sectors are working in the district so, corporate social responsibility is another option, the district must think about it.

10. What are the challenges faced during the implementation process of the last DIPH cycle? Probe: describe challenges in terms of (BUT not limited to):

a. Dedicating time to conduct the DIPH
b. Availability of data to monitor progress
c. Active involvement of different government departments, district administration, NGO and private sector.

Lack of baseline data has created difficulties for the district. We have overcome this situation by conducting baseline survey of district rural population.

Sometimes sub-district officials and Panchayat functionaries are not able to understand the plan activities and what to be done by them. Need some simplification of the whole process for them. This is very much district-centred, we should provide support for sub-district officials and Panchayat functionaries as well.

Involvement of NGOs and private sectors are very poor.

11. Any suggestions how any of the steps involving the DIPH cycle can be improved (name them)? Probe: BUT not limited to:

a. Frequency of the cycle
b. Engagement of all stakeholders.

Need some clarity on the whole DIPH process for sub-district officials and Panchayat functionaries and their specific role for effective implementation of the DIPH is very much needed. Need some simplification of the whole process for them also. If the district stakeholders have found that performances of some sub-district are low, then we should analysis the reason of such low performances and provide support to them accordingly.

Involvement of NGOs and private sectors need to be improved.

12. Any suggestions how the DIPH process can be better implemented in your district?

Probe: BUT not limited to:

a. Frequency of the cycle
b. Engagement of all stakeholders.

After completion of each theme the district needs to follow-up the same continuously. Otherwise we can't achieve the ultimate public health goal in the district.

Special district level cell/committee is required for follow-up purpose.

The role of IEC in public health initiatives is very important. Systematic comprehensive plan of IEC is very much required for the district. DIPH should think about this.

Form A.3.2: In-depth interview with the CDPO	
IDI label	118_GSN_ZH_13Mar2017
Interviewer	Zakir Hossain
Note taker	Zakir Hossain
Transcriber	Zakir Hossian
Respondent details	
Date and time of interview	13 March 2017
Name of the participant	Nimai Chandra Roy
Gender	Male
Designation	CDPO, Gaighata sub-district
Department	CD
Duration of service in the district	15 years
Previous position	CDPO
Qualification	B.Com (Honours)
Years of experience in the present department	18 years
Membership in committees pertaining to health	Block Monitoring and Selection Committee Nari-O-Sisu Sthayee Samity Janaswasthya-O-Paribesh Sthayee Samity

1. How are health-related decision-making processes under the DIPH happening in your district? Probe:
a. General impression
b. If there is any difference observed how health-related decision-making is conducted prior to the DIPH and how it is being conducted presently through the DIPH.

The DIPH is happening in your district through district-level convergence meeting under leadership of ADM-D. After that, CDPOs have discussed all the action points during fourth Saturday Convergence meetings at Gram Panchayats for implementation. Progress of the DIPH is also discussed during ICDS monthly meeting under leadership of the DPO.

Yes, he [CDPO] observed differences between existing plan and plan prepared under the DIPH process. During the DIPH procedure, plan has been prepared through joint participation of all departments and joint intervention helps us to reach our health targets very efficiently.

2. Are you finding the DIPH process useful? If yes, then which aspects are you finding particularly useful? Probe for each steps:
a. Conducting situation analysis for health system problems
b. Prioritisation of health-related problems at district level
c. Development of action plan
d. Follow-up of action plan.

It's a system where the district administration, PRD, CD are working jointly, hence it's very useful and essential.

Convergence among departments is very useful and now it is strengthening. As part of implementation of action points, reporting system has been improving simultaneously.

3. What are the key themes covered in the last DIPH cycle?

ODF Programme under Mission Nirmal Bangla towards sustainability.

4. What progress through the DIPH have you made to improve the health targets/status

in your district? Probe: Please elaborate how the DIPH is useful in:
a. Identifying the health issue to focus on
b. Development of action plan
c. Follow-up of action plan.

Sub-district level convergence has been strengthened and it resulted to identify the key issues of the district. As the theme of Cycle 3 is concerned, now we are fulfilling our necessities to achieve the sustainability of the ODF Programme in the district.

5. Did the DIPH process help in using data to identify priorities of the district?

Under the DIPH process, the district has realised the importance of essentiality and availability of programme data for policy-level decision-making. So, as guided by district administration they have conducted a baseline survey in selected public health indicators. We are hopeful that it will help us to prioritise our health issues in the district.

6. Whether data is used in monitoring the progress of the action plan in your district?

Not always data is being used to monitor the progress of the action points. But, now they are trying to monitor the progress by using data.

7. Did the DIPH process lead to any change in the working relationship and interaction between the health department and government non-health departments? Probe:
a. Did the process help in joint participation in identifying priorities for the district, developing plan and joint monitoring of the plan?
b. Is data shared between the departments?
c. Did frequency of interaction increase since the last DIPH?

Working relationship and interaction between health department and government non-health departments have been strengthened. It has improved.

8. Did the MCH NGO sector achieve involvement through the DIPH process? Probe:
a. What are the challenges in bringing the MCH NGO sector in joint planning for health issues in the district?
b. How can these issues be solved?

He [CDPO] has engaged some local NGOs at his area of operation to create awareness on open defecation. The NGOs are helping them very much. This intervention needs to be strengthen.

9. Did the private sector achieve involvement through the DIPH process? Probe:
a. What are the challenges in bringing the private sector in joint planning for health issues in the district?
b. How can these issues be solved?

No private sector is working in the sub-district.

10. What are the challenges faced during the implementation process of the last DIPH cycle? Probe: describe challenges in terms of (BUT not limited to):

a. Dedicating time to conduct the DIPH
b. Availability of data to monitor progress
c. Active involvement of different government departments, district administration, NGO and private sector.

Involvement of Panchayat members and SHGs is not up to the mark on ODF Programme. The frontline workers are in with heavy workload and they are not getting proper incentive/honorarium. Lack of sufficient human resource is also a challenge.

11. Any suggestions how any of the steps involving the DIPH cycle can be improved (name them)? Probe: BUT not limited to:
a. Frequency of the cycle
b. Engagement of all stakeholders.

Involvement of Panchayat members and SHGs need to be improved.

More training of sub-district officials and Panchayat functionalities are needed. Refresher training is also required for refreshment.

12. Any suggestions how the DIPH process can be better implemented in your district?
Probe: BUT not limited to:
a. Frequency of the cycle
b. Engagement of all stakeholders.

One cycle should be at least a minimum of six months duration to address all the action points effectively.

Some additional monitory incentive for the frontline workers will motivate them to deliver their duties more effectively.

Form A.3.3: In-depth interview with the BMOH	
IDI label	119_GSN_ZH_14Mar2017
Interviewer	Zakir Hossain
Note taker	Zakir Hossain
Transcriber	Zakir Hossain
Respondent details	
Date and time of interview	14.03.17
Name of the participant	Dr Pintu Ramlal Pal
Gender	Male
Designation	BMOH, Barasat-I
Department	Health
Duration of service in the district	8 years
Previous position	Second medical officer
Qualification	MBBS
Years of experience in the present department	15 years
Membership in committees pertaining to health	Block Health and Family Welfare Samity Roogy Kalyan Committee Child Protection Committee Swasthya-O-Paribesh Sthayee Samity Monitoring Committee

1. How are health-related decision-making processes under the DIPH happening in your district? Probe:

a. General impression

b. If there is any difference observed how health-related decision-making is conducted prior to the DIPH and how it is being conducted presently through the DIPH.

The DIPH is implementing in the district through different meetings in the district. Plan prepared under the DIPH has been implementing in the nine Gram Panchayats of Barasat-I sub-district. These are discussed with frontline workers in different meetings at Gram Panchayats, Sub-Centre for effective implementation.

After started implementation of the DIPH some differences has observed. Now a comprehensive plan has been prepared in participation of all departments.

2. Are you finding the DIPH process useful? If yes, then which aspects are you finding particularly useful? Probe for each steps:

a. Conducting situation analysis for health system problems

b. Prioritisation of health-related problems at district level

c. Development of action plan

d. Follow-up of action plan.

Yes, the DIPH process is useful. It helps in the planning procedure in the district. Data-sharing is the important aspect of the DIPH and it is now happening in the district regularly, even in the grassroots level. Development of action plan is also very important.

3. What are the key themes covered in the last DIPH cycle?

Sustainability of Mission Nirmal Bangla, ODF Programme.

4. What progress through the DIPH have you made to improve the health targets/status in your district? Probe: Please elaborate how the DIPH is useful in:

a. Identifying the health issue to focus on
b. Development of action plan
c. Follow-up of action plan.

The DIPH is the theme based approach that helps to improve most prioritised health targets of the district. Now we are achieving sustainability of ODF Programme.

5. Did the DIPH process help in using data to identify priorities of the district?

Now it is very easy to identify health issues to be prioritised by using data and data analysis to monitor progress that ultimately reflecting in the health-related performances of the district.

6. Whether data is used in monitoring the progress of the action plan in your district?

Data analysis and monitoring of progress are happening in his [BMOH] areas. We use data during discussion in various meetings to identify the progress of action points. But, field monitoring through field visit has reduced due to shortage of mobility support.

7. Did the DIPH process lead to any change in the working relationship and interaction between the health department and government non-health departments? Probe:
a. Did the process help in joint participation in identifying priorities for the district, developing plan and joint monitoring of the plan?
b. Is data shared between the departments?
c. Did frequency of interaction increase since the last DIPH?

Working relationship and interaction between the health department and government non-health departments have improved under the DIPH process. Co-ordination among all departments is increasing. We are very much hopeful in this aspect of the DIPH.

8. Did the MCH NGO sector achieve involvement through the DIPH process? Probe:
a. What are the challenges in bringing the MCH NGO sector in joint planning for health issues in the district?
b. How can these issues be solved?

NGOs have not involved in the DIPH. They should involve in the DIPH process to achieve grand success.

9. Did the private sector achieve involvement through the DIPH process? Probe:
a. What are the challenges in bringing the private sector in joint planning for health issues in the district?
b. How can these issues be solved?

No private sectors are working in his [BMOH] area. He [BMOH] doesn't have any idea.

10. What are the challenges faced during the implementation process of the last DIPH cycle? Probe: describe challenges in terms of (BUT not limited to):
a. Dedicating time to conduct the DIPH
b. Availability of data to monitor progress
c. Active involvement of different government departments, district administration, NGO and private sector.

Sometimes, action points that developed at district level are not peculating to frontline workers properly. In this context, official communications are not coming properly.

Involvement of Panchayat members is not up to the mark. Involvement of NGOs has not been taken care of.

11. Any suggestions how any of the steps involving the DIPH cycle can be improved (name them)? Probe: BUT not limited to:
a. Frequency of the cycle
b. Engagement of all stakeholders.

Involvement of Panchayat members and NGOs needs to be improved.

12. Any suggestions how the DIPH process can be better implemented in your district?
Probe: BUT not limited to:
a. Frequency of the cycle
b. Engagement of all stakeholders.

Frequency of one cycle should be at least for six months.

A.4: Monitoring Format with Definitions

A.4.1: Monitoring framework[22]

Purpose	Indicators	Definition	Sources of information
I. Utilisation of data at district level Whether the DIPH study led to utilisation of the health system data or policy directive at district level for decision-making?	A. Selection of the primary theme for the current DIPH cycle	**1. Whether the DIPH cycle theme selection was based on HMIS data? (Y/N)** **Health system data:** statistical information collected either routinely or periodically by government institutions on public health issues. This includes information related to provision and management of health services. This data can be from the health department and/or non-health departments *In the West Bengal context, the main data sources will include HMIS and the Mother and Child Tracking System*	Form 1B: Health system capacity assessments
		2. Whether the DIPH cycle theme selection used any data from non-health departments? (Y/N) **Non-health departments:** government departments, other than the health department, which directly or indirectly contributes to public health service provision *In the West Bengal context, this includes PRD and CD*	Form 1B: Health system capacity assessments
		3. Whether the DIPH cycle theme selection was based on health policy and programme directives? (Y/N) **Health policy:** refers to decisions that are undertaken by the state/national/district to achieve specific health care plans and goals. It defines a vision for the future which in turn helps to establish targets and points of reference for the short- and medium-term health programmes **Health programme:** focused health interventions for a specific time period to create improvements in a very specific health domain *In the DIPH West Bengal context: any health-related directives/guidelines/ government orders in the form of an official letter or circular issued by the district/state government*	Form 1A.1: Data extraction from state and district health policy documents
	B. Data-based monitoring of the action	**4. (Number of action points on which progress is being monitored by data) / (total number of action points for the**	Form 5: Follow-up

[22]For prototyping in West Bengal, India, there is only one primary theme selected for each DIPH cycle.

- HMIS including the Mother and Child Tracking System data, health policy/programme directive or both.
- The action points are on the requirements for achieving the primary theme of the given DIPH cycle.
- The prioritisation of the action points is on the feasibility as per stakeholder's decision.
- The monitoring plan of any given DIPH cycle is based on: (i) health system data, e.g. from HMIS and health policy/programme documents from which the theme-specific information is from Forms 1A and 1A.1; and (ii) monitoring the progress of action points using the specified DIPH format.

	points for the primary theme of the DIPH	**primary theme of DIPH)** **Action points:** a specific task taken to achieve a specific objective *In the DIPH context: a specific action, arisen from the stakeholder discussions during Steps 3 and 4, to achieve the target of the given DIPH cycle*	
	C. Revision of district programme data elements for the primary theme of the DIPH	**5. Whether stakeholders suggested a revision/addition to health system data in the given DIPH cycle? (Y/N)**	Form 4: Plan
		6. (Number of data elements added in the health database as per the prepared action plan) / (total number of additional data elements requested for the primary theme of the DIPH) **Data elements:** operationally, refers to any specific information collected in health system data forms, pertaining to all six World Health Organization health system building blocks (demographic, human resources, finance, service delivery, health outcome, governance)	Form 5: Follow-up
	D. Improvement in the availability of health system data	**7. Whether the health system data required on the specified theme as per the given DIPH cycle was made available to the assigned person in the given DIPH cycle? (Y/N)** **Assigned person:** as per the cycle-specific DIPH action plan; this can be the theme leader, DSM, or any other stakeholder who is assigned with the responsibility of compiling/reporting of specified data	Form 1B: Health system capacity assessments
		8. Whether the health system data on the specified theme area is up-to-date as per the given DIPH cycle? (Y/N) ***Up-to-date data*** ***a)*** If monthly data, then the previous complete month at the time of Step 1 of the DIPH cycle ***b)*** If annual data, then the complete last year at the time of Step 1 of the DIPH cycle	Form 1B: Health system capacity assessments
II. Interactions among stakeholders: co-operation in decision-making, planning and implementation Whether the DIPH study ensured involvement of stakeholders from different sectors (health, non-health and NGO/private for-profit organisations)	E. Extent of stakeholder participation	**1. (Number of DIPH stakeholders present in the planning actions meeting) / (total number of DIPH stakeholders officially invited in the planning actions meeting)** *Participants in Steps 4 and 5* **DIPH stakeholders***:* public and private sector departments, organisations and bodies relevant for the specific cycle of the DIPH **Officially invited**: stakeholders formally being invited to participate for the specific DIPH cycle *In the West Bengal context, for example:* • *Public sector stakeholders: Department of Health and Family Welfare; PRD; and CD* • *Private sector stakeholders: NGOs;*	Form A.2: Record of Proceedings – Summary Tables

		nursing homes; and large hospitals owned by private entities	
		2. (Number of representatives from the health department present in the planning actions meeting) / (total number of DIPH participants in the planning actions meeting) *Participants in Steps 4 and 5*	Form A.2: Record of Proceedings – Summary Tables
		3. (Number of representatives from non-health departments present in the planning actions meeting) / (total number of DIPH participants in the planning actions meeting) *Participants in Steps 4 and 5*	Form A.2: Record of Proceedings – Summary Tables
		4. (Number of representatives from NGOs present in the planning actions meeting) / (total number of DIPH participants in the planning actions meeting) *Participants in Steps 4 and 5*	Form A.2: Record of Proceedings – Summary Tables
		5. (Number of representatives from private for-profit organisations present in the planning actions meeting) / (total number of DIPH participants in the planning actions meeting) *Participants in Steps 4 and 5*	Form A.2: Record of Proceedings – Summary Tables
	F. Responsibilities assigned to stakeholders	**6. (Number of action points with responsibilities of the health department) / (total number of action points for the primary theme of the DIPH)**	Form 4: Plan
		7. (Number of action points with responsibilities of non-health departments) / (total number of action points for the primary theme of the DIPH)	Form 4: Plan
		8. (Number of action points with responsibilities of NGOs) / (total number of action points for the primary theme of the DIPH)	Form 4: Plan
		9. (Number of action points with responsibilities of private for-profit organisations) / (total number of action points for the primary theme of the DIPH)	Form 4: Plan
	G. Factors influencing co-operation among health, non-health and NGO/private for-profit organisations to achieve the specific action points in the given DIPH cycle	**10. List of facilitating factors** **1.** **2.**	Form A.3: In-Depth Interviews with Stakeholders
		11. List of challenging factors **1.** **2.**	Form A.3: In-Depth Interviews with Stakeholders

III. Follow-up: Are the action points planned for the DIPH primary theme achieved?	H. Action points initiated	**1. (Number of primary theme-specific action points initiated within the planned date) / (total number of primary theme-specific action points planned within the specific DIPH cycle)**	Form 5: Follow-up
	I. Action points achieved	**2. (Number of primary theme-specific action points completed within the planned date) / (total number of primary theme-specific action points planned within the specific DIPH cycle)**	Form 5: Follow-up
		3. (Number of written directives/letters issued by the district/state health authority as per action plan) / (total number of written directives/letters by the district/state health authority planned as per action points of the DIPH primary theme)	Form 5: Follow-up
		4. (Amount of finance sanctioned for the primary theme-specific action points) / (total amount of finance requested as per action points of the DIPH primary theme)	Form 5: Follow-up
		5. (Units of specific medicine provided for the primary theme-specific action points) / (total units of specific medicine requested as per action points of the DIPH primary theme)	Form 5: Follow-up
		6. (Units of specific equipment provided for the primary theme-specific action points) / (total units of specific equipment requested as per action points of the DIPH primary theme) ***Equipment*:** technical instruments, vehicles, etc. provided to achieve the DIPH action points	Form 5: Follow-up
		7. (Units of specific IEC materials provided for the primary theme-specific action points) / (total units of specific IEC materials requested as per action points of the DIPH primary theme)	Form 4: Plan Form 5: Follow-up
		8. (Number of human resources recruited for the primary theme-specific action points) / (total human resources recruitment needed as per action points of the DIPH primary theme)	Form 4: Plan Form 5: Follow-up
		9. (Number of human resources trained for the primary theme-specific action points) / (total human resources training requested as per action points of the DIPH primary theme)	Form 4: Plan Form 5: Follow-up
	J. Factors influencing the achievements as per action points of the DIPH primary theme	**10. List of facilitating factors** **1.** **2.**	Form A.3: In-Depth Interviews with Stakeholders
		11. List of challenging factors **1.** **2.**	Form A.3: In-Depth Interviews with Stakeholders

Find out more at **ideas.lshtm.ac.uk**

The Data-Informed Platform for Health is a project implemented in collaboration between the IDEAS project, the Public Health Foundation of India and the West Bengal University of Health Sciences.

The IDEAS project is based at the London School of Hygiene & Tropical Medicine and works in Ethiopia, Northeastern Nigeria and India. Funded by the Bill & Melinda Gates Foundation, it uses measurement, learning and evaluation to find out what works, why and how in maternal and newborn health programmes.

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