DIPH

The Data-Informed Platform for Health

Structured district decision-making using local data

MONITORING REPORT
Cycle 3: November 2016 – March 2017

South 24 Parganas
West Bengal, India

DATA INFORMED PLATFORM FOR HEALTH

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THE WEST BENGAL UNIVERSITY OF HEALTH SCIENCES Estt:2003

KNOWLEDGE TO ACTION phfi PUBLIC HEALTH FOUNDATION OF INDIA

IDEAS Evidence to improve maternal & newborn health

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

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LIST OF TABLES

LIST OF ABBREVIATIONS

ASHA	Accredited Social Health Activist
AWW	Anganwadi worker
BMOH	Block medical officer of health
BPHN	Block public health nurse
CD	Child Development
CDPO	Child development project officer
CINI	Child in Need Institute
CMOH	Chief medical officer of health
DEO	Data entry operator
DIPH	Data Informed Platform for Health
DPC	District programme co-ordinator
DPO	District programme officer
DSM	District statistical manager
Dy. CMOH	Deputy chief medical officer of health
HMIS	Health Management Information System
ICDS	Integrated Child Development Services
IDSP	Integrated Disease Surveillance Programme
IEC	Information, education and communication
MCTS	Mother and Child Tracking System
NGO	Non-governmental organisation
PHN	Public health nurse
PIP	Programme Implementation Plan
PRD	Panchayat and Rural Development
S24PGS	South 24 Parganas
WHO	World Health Organization

1. INTRODUCTION

Data Informed Platform for Health (DIPH)	
Cycle No.	3
District	South 24 Parganas Health District
Duration	November 2016 – March 2017
Theme	Diagnosis and management of dengue cases
Steps involved	Step 1 **Assess:** Based on the *National Guidelines for Clinical Management of Dengue Fever* (Department of Health and Family Welfare, 2015), the DIPH stakeholders assessed gaps in service provision. Theme selection, in consultation with the non-health departments, was 'Diagnosis and management of dengue cases' for Cycle 3 of the DIPH. As the non-health departments do not maintain data to the theme indicators, the situation assessment only used data from the health department. Step 2 **Engage:** The primary responsibility for Cycle 3 was with the health department, while the departments of Child Development (CD), Panchayat and Rural Development (PRD) and the district administration shared the supportive responsibilities. Majority of participants were from the health department. The deputy chief medical officer of health-II (Dy. CMOH-II) became the theme leader for Cycle 3. Non-governmental organisations (NGOs) and 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; workforce; supplies and technology; health information; finance; and policy and governance. They identified six problems distributed evenly across the six World Health Organization (WHO) building blocks. They formulated seven actionable solutions to address the six problems, in keeping with cycle duration and capacity of the district administration. Step 4 **Plan:** The stakeholders developed seven action points (and nine indicators) to achieve the target and assigned responsibilities across departments within a given time frame. Six responsibilities were with the Department of Health and Family Welfare. The remaining responsibility was with the CD. Step 5 **Follow-up:** The stakeholders attended three meetings before the Step 5 meeting to facilitate the follow-up of the action plan. Out of the seven action points, five action points (71%) had completed within the specified timeline. The remaining two 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 1B: Health system capacity assessments	Theme leader of the DIPH Cycle 3	11 November 2016
2	**Step 2: Engage** Form 2: Engage	Theme leader of the DIPH Cycle 3	11 November 2016
3	**Step 3: Define** Form 3: Define	Theme leader of the DIPH Cycle 3	15 November 2016
4	**Step 4: Plan** Form 4: Plan	Theme leader of the DIPH Cycle 3	08 December 2016
5	**Step 5: Follow-up** Form 5: Follow-up	Theme leader of the DIPH Cycle 3	16 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, South 24 Parganas (S24PGS)	December 2016 – March 2017
7	**In-Depth Interviews with Stakeholders** District programme co-ordinator (DPC)	Interviewed by the DIPH research team, S24PGS	02 February 2017
	District statistical manager (DSM)		15 February 2017

3. FINDINGS

The 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 adhered to the *National Guidelines for Clinical Management of Dengue Fever* (Department of Health and Family Welfare, 2015) and identified the theme for Cycle 3 as 'Diagnosis and management of dengue cases'. Development of the theme was in consultation with the non-health departments; however, the non-health departments do not maintain data regarding the identified theme. Compared to the previous cycles, the stakeholders are aware of the significance of data and occasionally they highlighted the health issues with the support of statistical information.

> "Identification of health issues and prioritisation of an important health concern for a cycle is one of the good aspect of DIPH. It helps to meet a health target in the district within a specific timeline." (DSM, S24PGS)

3.1.2 Challenges in data utilisation

The challenges of data utilisation also continued to Cycle 3. Timely availability and completeness of data from all relevant departments is still a major concern. Also, data on human resources, trainings conducted and infrastructure are not stored systematically. There is no data-sharing from private providers and NGOs, other than those who enrolled with government programmes. There therefore, needs to be improvement in data-sharing between departments.

> "By doing data analysis, issues have identified, but the question is who will address those issues? We are not getting time to analysis [sic] data properly, DIPH team helps us by doing data analysis in a systematic way." (DPC, S24PGS)

3.1.3. Proposed solutions

The chief medical officer of health (CMOH) suggested a regular verification of data at block level before sending it for compilation at the district. Also, the monthly review of selected data elements, as part of the DIPH process at district level reproductive and child health meetings, enable the health department to identify gaps. There needs to be similar verification by non-health departments.

Table 1: Utilisation of data at district level

Purpose	Indicators		Response (Yes/No and proportion)	Source of information
Whether the DIPH study led to the 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 the Health Management Information System (HMIS) data? (Y/N)	Yes[1]	Form 1B
		2. Whether the DIPH cycle theme selection used any data from non-health departments? (Y/N)	No[2]	Form 1B
		3. Whether the DIPH cycle theme selection was based on health policy and programme directives? (Y/N)	Yes[3]	Form 1A
	B. Data-based monitoring of the action points for the primary theme of the DIPH	4. (Number of action points on which progress is being monitored by data) / (total number of action points for the primary theme of the DIPH)	7/7 = 100[4]	Form 5
	C. Revision of district programme	5. Whether stakeholders suggested a revision/addition	No[5]	Form 4

[1] As per the Integrated Disease Surveillance Programme (IDSP), the Forms 'P' and 'S' collect data on dengue. (See Form 1.B, Sl. No. 2.1.)
[2] The theme selection did not use data from other departments because they do not collect any data on the discussed theme.
[3] The present gap analysis focuses on the *National Guidelines for Clinical Management of Dengue Fever* (Department of Health and Family Welfare, 2015).
[4] Data monitoring occurred for all the action points during Cycle 3. (See Form 5.)
[5]The stakeholders could not identify any addition or revision to the health system data in the given DIPH cycle. (See Form 4.)

	data elements for the primary theme of the DIPH	to the health system data in the given DIPH cycle? (Y/N)		
		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)	0/0[6]	Form 5
	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[7]	Form 1B
		8. Whether the health system data on the specified theme area is up-to-date as per the given DIPH cycle? (Y/N)	No[8]	Form 1B

3.2 Interaction among stakeholders

Facilitating multi-stakeholder co-operation is one of the main objectives of the DIPH. However, the existing bureaucratic framework and rigid hierarchies pose several challenges.

3.2.1 Interaction between health and non-health departments

The identified theme falls under the direct responsibility of the health department. Hence, majority of participants are from the health department. The participation from non-health departments is poor. No one from the departments of CD and PRD participated in Steps 4 and 5 Cycle 3 meetings. The health department holds responsibility for six (out of seven) action points.

3.2.2 Interaction between the health department and NGOs

A few NGOs are working in the district; however, they are not part of any decision-making process. The NGO, Child in Need Institute (CINI) is currently working with the district health department and therefore, invited to the DIPH meeting. Their district co-ordinator formally attended the meeting, but did not take part in any discussions.

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

The district has a significant share of urban population catered by private for-profit providers. However, there is no interaction between government departments and the private sector on a regular basis. The health department has limited interaction with private providers to provide/renew licences for private clinics/maternity homes.

Table 2: Interactions among stakeholders

[6] The stakeholders found no relevant data element to be included in the health database as per the prepared action plan. (See Form 5.)

[7] The data for indicators are not readily available on time from the DSM. In addition, the data on human resources, trainings conducted and infrastructure are not updated timely and stored systematically. These data are from different forms and were incomplete. (See Form 1B.)

[8] The epidemiologist at the IDSP handles the data related to the theme. But the data is not updated. (See Form 1B, Sl. No. 2.1.)

Purpose	Indicators		Response (Yes/No, proportions)	Sources of information
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)	86/90 = 95.6[9]	Form A.2
		2. (Number of representatives from the health department present in the planning actions meeting) / (total number of DIPH participants in the planning actions meeting)	82/86 = 95.4[10]	Form A.2
		3. (Number of representatives from non-health departments present in the planning actions meeting) / (total number of DIPH participants in the planning actions meeting)	3/86 = 3.4[11]	Form A.2
		4. (Number of representatives from NGOs present in the planning actions meeting) / (total number of DIPH participants in the planning actions meeting)	1/86 = 1.2[12]	Form A.2
		5. (Number of representatives from private for-profit organisations in the planning actions meeting) / (total	0/86 (Nil)[13]	Form A.2

[9] The participation involved calculating the invitee list and attendant list of Steps 4 and 5 meetings, along with the Record of Proceedings. (See Form A.2.1, Sl. No. C1-C2 and Form A.2.2, Sl. No. C1-C2.)
[10] Majority of representatives are from the health department. (See Form A.2.1, Sl. No. C2 and Form A.2.2, Sl. No. C2.)
[11] The non-health departments invited are CD-Integrated Child Development Services (ICDS), PRD and district administration. (See Form A.2.1, Sl. No. C2 and Form A.2.2, Sl. No. C2.)
[12] NGOs are not formally part of any district-level meeting. However, as CINI works with the district they took part in the meeting. (See Form A.2.1, Sl. No. C2 and Form A.2.2, Sl. No. C2.)
[13] None invited from the private sector for the DIPH meeting. They are not formally part of any district-level meeting. (See Form A.2.1, Sl. No. C2 and Form A.2.2, Sl. No. C2.)

		number of DIPH participants in the planning actions meeting)		
	F. Responsibilities assigned to stakeholders[14]	6. (Number of action points with responsibilities of the health department) / (total number of action points for the primary theme of the DIPH)	6/7 = 85.7[14]	Form 4
		7. (Number of action points with responsibilities of non-health departments) / (total number of action points for the primary theme of the DIPH)	1/7 =14.3[14]	Form 4
		8. (Number of action points with responsibilities of NGOs) / (total number of action points for the primary theme of the DIPH)	0/7 (Nil)[15]	Form 4
		9. (Number of action points with responsibilities of private for-profit organisations) / (total number of action points for the primary theme of the DIPH)	0/7 (Nil)[15]	Form 4
	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[16]	**10. List of facilitating factors**	1. District magistrate is keen to improve the health status of the district and actively support the DIPH 2. Good rapport between the DIPH research team and district stakeholders 3. Presence of an NGO in the district	In-Depth Interviews with Stakeholders

[14] For each action point, the DIPH stakeholders, based on their responsibilities, assigned a person from the department (health, non-health, NGO and private for-profit organisations) responsible for completing the action points within the designated time frame. The health department personnel were responsible for six action points. (See Form 4, column: 'Person responsible'.)

[15] There is one action point chosen for CD. (See Form 4.)

[16] Extracted from in-depth interviews with stakeholders. (See Form A.3.)

		11. List of challenging factors	1. The DIPH still considered as a health department activity 2. Shortage of staff 3. Timely availability of data and issues with quality	In-Depth Interviews with Stakeholders

3.3. Progress with action points

The theme leader reviewed the monthly progress reports from the blocks and provided feedback to accomplish the action plan.

3.3.1 Action points accomplished

All seven action points started during the cycle period and five actions points had completed by the Step 5 meeting.

- Sensitisation of Accredited Social Health Activists (ASHAs).
- Involvement of anganwadi workers (AWWs) for sensitisation of dengue.
- Orientation of data entry operators (DEOs) for IDSP reporting from blocks.
- Supervision by block medical officers of health (BMOHs).
- Issue an order through the district magistrate for co-ordination and involvement of the district programme officer (DPO) at the ICDS in the dengue programme.

3.3.2 Action points ongoing

Two action points are continuing to the next cycle:

- Sample testing for identification of cases by dengue test kit
- Funds for dengue-related activities as required for information, education and communication (IEC) materials, house-to-house surveys, mobility for supervision, daily reporting format, etc.

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)	7/7 = 100[17]	Form 5
	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)	5/7 = 71.4[18]	Form 5
		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)	1/1 = 100[19]	Form 5
		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)	480,000/900,000 = 59.89[20]	Form 5
		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 (Nil)[21]	Form 5
		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)	0/0 (Nil)[22]	Form 5

[17] All seven action points started within the timeline. (See Form 5, Part B, columns: 'Action points'; 'Timeline for completion'; and 'Status of action points'.)
[18] Five action points completed as per the action plan. The 'ongoing' ones will continue to the next cycle. (See Form 5, Part B, columns: 'Action points'; 'Timeline for completion'; and 'Status of action points'.)
[19] There is one written directive as per action plan. A letter issued by the district magistrate of S24PGS Revenue District, advised the CD authorities for their support and active involvement in the dengue programme.
[20] The state government has assigned funds for the dengue programme.
[21] The selected theme did not require procurement of any medicine.
[22] There are no demands for any equipment for the selected theme.

		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 (Nil)[23]	Forms 4 and 5
		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 (Nil)[24]	Forms 4 and 5
		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)	6,742/9,773= 68.9[25]	Forms 4 and 5
	J. Factors influencing the achievements as per action points of the DIPH primary theme[26]	**10. List of facilitating factors**	1. Active interest of district magistrate 2. The selected themes are aligning with the ongoing initiatives in the district 3. Persistent follow-up by the DIPH research team	In-Depth Interviews with Stakeholders
		11. List of challenging factors	1. Lack of co-ordination between different stakeholder departments 2. Delays in implementation of action points 3. Require hand-holding by the DIPH research team	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

- Timely availability of data is a challenge.
- There is no effective mechanism to ensure verification of data.
- Data-sharing does not happen between health and non-health departments, NGOs and

[23] As mentioned in Form 4, under 'Material resources required', there is no specific demand for IEC materials in the action plan. (See Form 4.)
[24] As per the action plan, there was no demand for staff recruitment.
[25] There is training for ASHA and AWWs staff suggested by the action plan. (See Form 5.)
[26] Extracted from in-depth interviews with stakeholders. (See Form A.3.)

private for-profit organisations.

3.4.2 Facilitators within the district

- The DIPH research team could build and maintain a good rapport with stakeholders.
- The stakeholders are now familiar with the DIPH process and this resulted in better participation.
- An official letter by the district magistrate ensuring participation of all stakeholder departments.

3.4.3 Challenges within the district

- Lack of manpower cuts across departments. The DEO is a contractual post in the health department whereas there are no DEOs for CD-ICDS.
- Time constraint in bringing district-level officers in a common platform is very difficult due to their involvement in several ongoing programmes in the district. The cycle duration – three to four months − is not enough to achieve the target.
- Availability and quality of data.
- Though the dependence on the DIPH research team reduced from Cycle 1, the stakeholders still require regular follow-up by the research co-ordinator.
- Though the interdepartmental co-ordination is improving very slowly, the major share of responsibilities are still with the health department.
- Involvement of NGOs and private for-profit organisations is unmet.

3.4.4 Possible solutions

- There is a need to verify the quality of data and implementation of action points. The stakeholders suggested joint monitoring system and combined field visits to facilitate this.
- To consider themes that involve more participation by non-health departments.
- To involve sub-district level stakeholders such as BMOHs, block public health nurses (BPHNs), child development project officers (CDPOs) during Steps 4 and 5 for better implementation of the action plan.

REFERENCES

Department of Health and Family Welfare 2015, *District Programme Implementation Plan 2015/16*, Government of India, South 24 Parganas.

Department of Health and Family Welfare 2015, *National Guidelines for Clinical Management of Dengue Fever*, WHO−India, New Delhi viewed on 10 November 2016, http://pbhealth.gov.in/Dengue-National-Guidelines-2014%20Compressed.pdf

ANNEXES

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

Form 1A: Document and database checklist

Sl. No.	Document	Availability (Y/N)	Source
1: Policy and planning documents			
1.1: State level			
1.1.1	Guidelines for clinical management of dengue fever (2015)	Yes	http://pbhealth.gov.in/Dengue-National-Guidelines-2014%20Compressed.pdf
1.1.2	Guidelines for utilisation of annual contingency grant provided under NVBDCP for operationalisation of Apex Referral Laboratories for prevention and control of arboviral diseases – 2014	Yes	http://nvbdcp.gov.in/Doc/Final-expenditure-guidelines-Den-Chik-JE.pdf
1.1.3	Guidelines for integrated vector management for control of dengue / dengue haemorrhagic fever	Yes	http://nvbdcp.gov.in/Doc/dengue_1_.%20Director_Desk%20DGHS%20meeting%20OCT%2006.pdf
1.1.4	State Health Plan / Programme Implementation Plan (PIP)	Yes	http://nrhm.gov.in/nrhm-in-state/state-program-implementation-plans-pips/west-bengal.html
1.1.5	Health on the march	Yes	http://www.wbhealth.gov.in/medical-directory/Health%20On%20the%20March%202015.pdf
1.1.6	Indian Public Health Standards	Yes	http://health.bih.nic.in/docs/guidelines/guidelines-community-health-centres.pdf
1.2: District level			
1.2.1	District Health Plan / PIP	Yes	DPC
1.2.2	Financial Management Report	Yes	District accounts manager
2: Management and services provision			
2.1: Health department			
2.1.1	IDSP	Yes	IDSP data manager; IDSP website for district stakeholders http://idsp.nic.in/index.php
2.2: Non-health departments			

2.2.1	PRD	No	
2.2.2	CD-ICDS	No	
2.3: Private sector (private for-profit organisations and NGOs)			
2.3.1	NGOs working for dengue detection and treatment	No	
3: Large scale district level surveys			
3.1	District Census Handbook	Yes	http://www.censusindia.gov.in/2011census/dchb/1917_PART_B_DCHB_SOUTH%20TWENTY%20FOUR%20PARGANAS.pdf
3.2	District Level Household and Facility Survey	Yes	State officials; https://www.google.co.in/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwj8k_eM_7vQAhVFuI8KHUxJB4wQFggbMAA&url=https%3A%2F%2Fnrhm-mis.nic.in%2FDLHS4%2FState%2520and%2520District%2520Factsheets%2FWest%2520Bengal%2FDistrict%2520Factsheets%2FSouth%252024%2520Parganas.pdf&usg=AFQjCNESzyMYD323S_-MonCvlkDcxNzeew&sig2=EPwQZJZEetfNFk76mnNrNA
3.3	Ongoing survey report for S24PGS Health District, 4-15 November 2016	Yes	District vector-borne disease consultant, district epidemiologist

Form 1B: Health system capacity assessments

1.	Information about the district			
	District demographic details	**Information**	**Source**	**Source details**
1.1	Total area (square km)	9,960	District Census Handbook	http://www.censusindia.gov.in/2011census/dchb/1917_PART_B_DCHB_SOUTH%20TWENTY%20FOUR%20PARGANAS.pdf
1.2	Total population	8,161,961	District Census Handbook	http://www.censusindia.gov.in/2011census/dchb/1917_PART_B_DCHB_SOUTH%20TWENTY%20FOUR%20PARGANAS.pdf
1.3	Number of women in reproductive age group (15-49 years)	1,644,815	District Health Plan / PIP	Eligible Couple Contraceptive Register
1.4	Number of under-five children	1,025,679	District Census Handbook	http://www.censusindia.gov.in/2011census/dchb/1917_PART_B_DCHB_SOUTH%20TWENTY%20FOUR%20PARGANAS.pdf
1.5	Rural population (%)	74.4	District Census Handbook	http://www.censusindia.gov.in/2011census/dchb/1917_PART_B_DCHB_SOUTH%20TWENTY%20FOUR%20PARGANAS.pdf
1.6	Scheduled Caste population (%)	30.2	District Census Handbook	http://www.censusindia.gov.in/2011census/dchb/1917_PART_B_DCHB_SOUTH%20TWENTY%20FOUR%20PARGANAS.pdf

1.7	Scheduled Tribe population (%)	1.2	District Census Handbook	http://www.censusindia.gov.in/2011census/dchb/1917_PART_B_DCHB_SOUTH%20TWENTY%20FOUR%20PARGANAS.pdf
1.8	Population density (persons/square km)	819	District Census Handbook	http://www.censusindia.gov.in/2011census/dchb/1917_PART_B_DCHB_SOUTH%20TWENTY%20FOUR%20PARGANAS.pdf
1.9	Total literacy (%)	77.5	District Census Handbook	http://www.censusindia.gov.in/2011census/dchb/1917_PART_B_DCHB_SOUTH%20TWENTY%20FOUR%20PARGANAS.pdf
1.10	Female literacy (%)	71.4	District Census Handbook	http://www.censusindia.gov.in/2011census/dchb/1917_PART_B_DCHB_SOUTH%20TWENTY%20FOUR%20PARGANAS.pdf

1.11	**Key NGOS**	
	Name of the NGO	Contact details
1.12	**Key private for-profit organisations**	
	Name of the organisation	Contact details

2	**Expected coverage for the identified theme**						
	Theme	**Coverage indicators**		Current status	Expected status	**Gap**	**Source**
2.1	Diagnosis and management of dengue cases	2.1.1	Dengue cases from July to November 2016 (or week 27 to week 45) to total dengue cases (from week 1 to week 45; IDSP − P Form)	99.56%	-	-	IDSP

2	Expected coverage for the identified theme						
	Theme	**Coverage indicators**		Current status	Expected status	**Gap**	**Source**
		2.1.2	Fever with rash cases from July to November 2016 (or week 27 to week 45) to total fever with rash cases (from week 1 to week 45; IDSP – S Form)	15.47%	-	-	IDSP

3 Theme:- Diagnosis and management of dengue cases				
	Details	**Sanctioned (2014/15)**	**Available / functional**	**Gap**
3.1 Infrastructure				
3.1.1	Sub-Centres	593	593	0
3.1.2	Primary Health Centres	32	32	0
3.1.3	Block Primary Health Centres	5	5	0
3.1.4	Rural hospital	12	12	0
3.1.5	Sub-divisional hospital	2	2	0
3.1.6	State general hospital	4	4	0
3.1.7	District hospital	1	1	0
3.1.8	Blood Bank/Blood Storage Unit	7	3	4
3.2 General resources				
3.2.1 Finance				

3.2.1.a	For IEC materials, flex banners, miking, reporting format and sensitisation	860,790	860,790	0
3.2.2 Supplies				
3.2.2.a	IEC materials, flex banners, pamphlets, etc.	164,850	164,850	0
3.2.3 Technology				
3.2.3.a	Diagnostic kit IgM test (MAC-ELISA test) and NS1 ELISA test	220,871	220,871	0
3.3 Human resources				
3.3.1	ASHAs	3,158	2,228	930
3.3.2	First Auxiliary Nurse Midwives	593	574	19
3.3.3	Second Auxiliary Nurse Midwives	593	445	148
3.3.4	DEOs	32	27	5
3.3.5	General duty medical officer	53	116	-63
3.3.6	Lab technician	14	41	-27
3.3.7	Pharmacist	15	39	-24
3.3.8	Panchayat members	1,460	1,460	0

Form 4: Plan

Theme:	Diagnosis and management of dengue cases
Total number of action planned	8
Responsibilities of different stakeholders	
Department of Health and Family Welfare	6
CD	1

	Action points	Responsible stakeholder	Indicator	Target (in number)	Timeline
1.Service delivery					
1.1.1	Sensitisation of ASHAs	Department of Health and Family Welfare **Person responsible:** BPHN / public health nurse (PHN)	**a.** Proportion of training sessions (for sensitising ASHAs on dengue) conducted (%)	96	March 2017
			b. Proportion of ASHAs attended training (%)	2,005	
2.Workforce					
2.1.1	Involvement of AWWs for sensitisation of dengue	CD **Person responsible:** CDPO / ICDS supervisor	**a.** Proportion of AWWs attended training (%)	7,768	March 2017
			b. Proportion of AWWs participated in health camps, miking, IEC and behaviour change communication (%)	7,283	
3. Supplies and technology					

3.1.1	Sample testing for identification of cases by dengue test kit	Department of Health and Family Welfare **Person responsible:** District epidemiologist	**a.** Proportion of samples tested positive for dengue (%) — 50	March 2017
4. Health information				
4.1.1	Orientation of DEOs for IDSP reporting from blocks	Department of Health and Family Welfare **Person responsible:** BMOH / BPHN	**a.** Proportion of training conducted on DEOs for IDSP reporting (%) — 2	March 2017
4.1.2	Supervision by BMOHs	Department of Health and Family Welfare **Person responsible:** BMOH	**a.** Proportion of IDSP reports checked by BMOH (%) — 48	March 2017
5. Finance				
5.1.1	Funds for dengue-related activities as required for IEC materials, house-to-house surveys, mobility for supervision, daily reporting format, etc.	Department of Health and Family Welfare **Person responsible:** BMOH	**a.** Proportion of funds released (Indian Rupees) for dengue-related IEC materials, house-to-house surveys, mobility for supervision, daily reporting format, etc. (%) — 900,000	March 2017
6. Policy and governance				

6.1.1	Issue an order through the district magistrate for co-ordination and involvement of DPO-ICDS in dengue programme	Department of Health and Family Welfare **Person responsible:** Dy. CMOH-II	**a.**	Order issued by the district magistrate for co-ordination and involvement of CD in dengue programme (%)	1	March 2017

Form 5: Follow-up

Part A	
Theme:	Diagnosis and management of dengue cases
Number of meetings for the respective theme:	3

1. Major stakeholders involved in each meeting

Sl. No.	Date	Number of participants
Meeting 1	13 December 2016	45 participants: Dy. CMOH-II, district vector-borne disease consultant, district epidemiologist-IDSP, DPC, BMOHs, BPHNs
Meeting 2	21 December 2016	58 participants: Dy. CMOH-II, district vector-borne disease consultant, district epidemiologist-IDSP, DPC, BMOHs, BPHNs
Meeting 3	1 March 2017	46 participants: Dy. CMOH-II, IDSP data manager, BMOHs, BPHNs

2. Comparison of key coverage indicator(s) in the DIPH cycle — **Time 0** | **Time 1** | **Time 2** | **Time 3** | **Graph**

		Date	November 2016	December 2016	January 2017	February 2017	View Graph
2.1.1	Dengue cases from July to November 2016 (or week 27 to week 45) to total dengue cases (from week 1 to week 45; IDSP – P Form)		99.56	79.3	0	0	
2.1.2	Fever with rash cases from July to November 2016 (or week 27 to week 45) to total fever with rash cases (from week 1 to week 45; IDSP – S Form)		15.47	13.75	0	0	

Part B		
Total action points − Planned	7	
Total action points − Not started	0	

Part B

Total action points − Planned	7	
Total action points − Ongoing not on target	0	
Total action points − Ongoing on target	2	
Total action points − Completed	5	

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	Sensitisation of ASHAs	**a.** Proportion of training sessions (for sensitising ASHAs on dengue) conducted (%)	96	69.79	BPHN / PHN	March 2017	Completed		
		b. Proportion of ASHAs attended training (%)	2,005	89.98					
2.	**Workforce**								
2.1.1	Involvement of AWWs for sensitisation of dengue	**a.** Proportion of AWWs attended training (%)	7,768	92.56	CDPO / ICDS supervisor	March 2017	Completed		
		b. Proportion of AWWs participated in health camps, miking, IEC and behaviour change communication (%)	7,283	94.03					

3.	**Supplies and technology**							
3.1.1	Sample testing for identification of cases by dengue test kit	**a.**	Proportion of samples tested positive for dengue (%)	50	8	District epidemiologist	March 2017	Ongoing – on target		
4.	**Health information**							
4.1.1	Orientation of DEOs for IDSP reporting from blocks	**a.**	Proportion of training conducted on DEOs for IDSP reporting (%)	2	0	BMOH / BPHN	March 2017	Completed		
4.1.2	Supervision by BMOHs	**a.**	Proportion of IDSP reports checked by BMOH (%)	48	89.58	BMOH	March 2017	Completed		
5.	**Finance**							
5.1.1	Funds for dengue-related activities as required for IEC materials, house-to-house surveys, mobility for supervision, daily reporting format, etc.	**a**	Proportion of funds released (Indian Rupees) for dengue-related IEC materials, house-to-house surveys, mobility for supervision, daily reporting format, etc. (%)	900,000	59.89	BMOH	March 2017	Ongoing – on target		
6.	**Policy and governance**							
6.1.1	Issue an order through the district magistrate for co-ordination and involvement of	**a.**	Order issued by the district magistrate for co-ordination and	1	0	Dy. CMOH-II	March 2017	Completed		

	DPO-ICDS in dengue programme	involvement of CD in dengue programme (%)					

A.2: Record of Proceedings – Summary Tables

Form 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	5 minutes	2.35 pm – 2.40 pm	Total 25 minutes
A.2 Form 4	20 minutes	2.40 pm – 3.00 pm	
B. Stakeholder leadership			
B.1 Agenda circulated/invitations sent		DIPH research team	
B.2 Chair of sessions		CMOH, S24PGS Health District	
B.3 Nominee / volunteer	1. Completing data forms	Antara Bhattacharya	
	2. Presenting summary	Sayan Ghosh	
	3. Theme leader	Dy. CMOH-III	
	4. Record of proceedings	Antara Bhattacharya	
C. Stakeholder participation			
C.1 Number of stakeholders invited	Health department	30	CMOH, Dy. CMOH-III, District maternity and child health officer, DPC, BMOH (12 blocks), PHN (2), BPHN (12 blocks)
	Non-health departments	2	Public health programme co-ordinator, DPO
	NGO/private sector	1	Co-ordinator, CINI
	District administration	-	
C.2 Percentage of stakeholder participation (to those invited)	Health department	93% (28)	
	Non-health departments	0% (0)	
	District administration	-	
	NGO/private sector	100% (1)	
	Total	88% (29)	
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	Action points	
	Dy. CMOH-III	Action points	
	BMOH, Kultali	Action points	
D.2 Non-health departments	PRD		
	ICDS		
D.3 NGO/private sector	-		
D.4 District administration	-		
E. Responsibilities delegated to non-health departments and NGOs*			
Type of activities shared	ICDS		
	PRD		
	NGO		
F. Co-operation/communication between stakeholders*			
G. Data utilisation			
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.

Form A.2.2: Record of Proceedings – summary of DIPH Step 5			
A. Time taken for each session			
Session	***Time allotted***	***Actual time taken***	***Remarks***
A.1 Briefing	5 minutes	12.30 pm – 12.35 pm (5 minutes)	Total time taken 40 minutes
A.2 Form 5	20 minutes	12.35 pm – 1.10 pm (35 minutes)	
B. Stakeholder leadership			
B.1 Agenda circulated/invitations sent		DIPH research team	
B.2 Chair of sessions		District magistrate, S24PGS	
B.3 Nominee / volunteer	1.Completing data forms	Antara Bhattacharya	
	2.Presenting summary	Antara Bhattacharya	
	3. Theme leader	Dy. CMOH-III	
	4. Record of proceedings	Antara Bhattacharya	
C. Stakeholder participation			
C.1 Number of stakeholders invited	Health department	54	Dy. CMOH-I, -II, -III, District maternity and child health officer, Assistant chief medical officer of health, Superintendent, BMOH, BPHN, PHN, District Programme Management Unit
	Non-health departments	-	
	NGO/Private sector	-	
	District administration	3	Swasthya Karmadhyaksha, district magistrate, additional district magistrate
C.2 Percentage of stakeholder participation (to those invited)	Health department	100% (54)	
	Non-health departments	0% (0)	
	District administration	100% (3)	
	NGO/private sector	0% (0)	
	Total	100% (57)	
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-I (acting CMOH)	Data validation by BMOHs is needed	
D.2 Non-health departments	PRD	Non applicable	
	ICDS	Non applicable	
D.3 NGO/private sector		Non applicable	
D.4 District administration		-	
E. Responsibilities delegated to non-health departments and NGOs*			
Type of activities shared	ICDS		
	PRD		
	NGO	Non applicable	
F. Co-operation/communication between stakeholders*			
Most communication and decisions are from higher officials since the Samity meeting is also a district review meeting			
G. Data utilisation			
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: Monitoring Format with Definitions

A.3.1: Monitoring framework[27]

Purpose	Indicators	Definition	Sources of information
I. Utilisation of data at district level Whether the DIPH study led to the 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 MCTS*	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*	Form 1A: Database and document checklist

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

- HMIS including Mother and Child Tracking System (MCTS) 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 on: (i) health system data, e.g. from HMIS and health policy/programme documents from which the theme-specific information is from Form 1A; and (ii) monitoring the progress of action points using the specified DIPH format.

		or circular issued by the district/state government	
	B. Data-based monitoring of the action points for the primary theme of the DIPH	**4. (Number of action points on which progress is being monitored by data) / (total number of action points for the primary theme of DIPH)** **Action points:** a specific task taken to achieve a specific objective *In DIPH context: a specific action, arisen from the stakeholder discussions during Steps 3 and 4, to achieve the target of the given DIPH cycle*	Form 5: Follow-up
	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 the health system data forms, pertaining to all six WHO 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	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	Form A.2: Record of Proceedings – Summary Tables

different sectors (health, non-health and NGO/private for-profit organisations)		**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; 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 present 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 present 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 present 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 present 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.**	In-Depth Interviews with Stakeholders
		11. List of challenging factors **1.** **2.**	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.**	In-Depth Interviews with Stakeholders
		11. List of challenging factors **1.** **2.**	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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