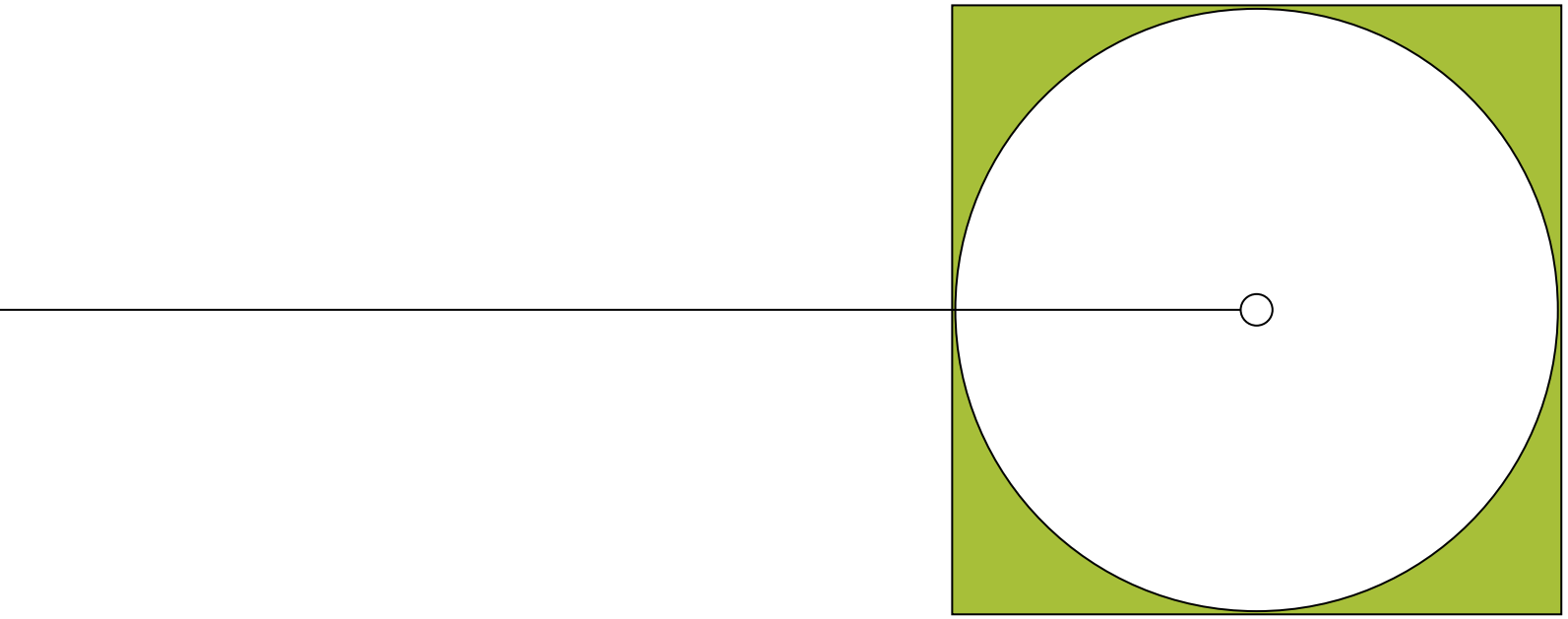
Warm welcome!
Please post your introduction in the chat
and any questions in the Zoom Q&A.
Thank you!

Please spread the word about the EN-MINI Tools on social media!
#ENminiTools #EN_BIRTH @MARCH_LSHTM @ifakarahealth @icddr_b @D4Iproject

Every Newborn – Measurement Improvement for Newborn and Stillbirth Indicators

EN-MINI Tools



Every Newborn – Measurement Improvement for Newborn and Stillbirth Indicators (EN-MINI) Tools

May 2022

USAID
FROM THE AMERICAN PEOPLE

DATA FOR impact

Our Work

Data for Impact (D4I) strengthens capacity to generate and use new high-quality health and related development sector data, use routine and other existing data, investigate program effectiveness, support adaptive management, and learn from evidence.

Generate Evidence

Use routine and other existing data and generate new data through rigorous methods tailored to budget, timeline, and context

Strengthen Capacity

Strengthen capacity through fostering collaboration, experiential learning, mentoring, and peer networks tailored to partners' needs

Ensure Data Quality

Focus on ensuring high-quality data for effective decision making and program outcome improvement

Integrate Gender

Integrate gender throughout the project to ensure high-quality data for assessment of health and gender outcomes

Promote Data Usage

Visualize and communicate data in ways that are compelling, user-friendly, and actionable

Learn

Encourage collaboration, improved results, and timely progress updates through idea exchange and shared learning

USAID FROM THE AMERICAN PEOPLE

DATA FOR impact

D4I Webinars & Series on Integration in Global Health

Today: Every Newborn – Measurement Improvement for Newborn and Stillbirth Indicators (EN-MINI) Tools

June 16: Research and Evaluation Capacity Assessment Tool and Resource Package (RECAP)

Webinar series on integration in global health, monitoring and learning:
www.data4impactproject.org/resources/webinars

For more information: https://www.data4impactproject.org/

Warm welcome!
Please post your introduction in the chat
and any questions in the Zoom Q&A.
Thank you!

Please spread the word about the EN-MINI Tools on social media!
#ENminiTools #EN_BIRTH @MARCH_LSHTM @ifakarahealth @icddr_b @D4Iproject

Every Newborn – Measurement Improvement for Newborn and Stillbirth Indicators

EN-MINI Tools

EN-MINI Tools Launch

Opening	Dr. Jessica Fehringer, Ms. Gabriela Escudero
Welcome	Dr. Barbara Rawlins, Dr. Theo Lippeveld
EN-MINI Tools co-creation	Dr. Louise Tina Day, Ms Josephine Shabani, Dr. Kim Peven, Ms. Hattie Ruysen
EN-MINI Tools: Tanzania	Ms. Josephine Shabani, Ms. Jacqueline Minja, Mr. Donat Shamba
EN-MINI Tools: Bangladesh	Ms. Shema Mhajabin, Dr. Ahmed Ehsanur Rahman,
Summary	Dr. Louise Tina Day
Roundtable discussion	MC: Prof. Joy Lawn, Dr. Allisyn Moran, Dr. Muhammad Shariful Islam, Dr. Felix Bundala, Dr. Honorati Masanja, Dr. Shams El Arifeen, Dr. Tariq Azim, Dr. Johan Sæbø, Dr. Marzia Lazzerini, Dr. Neena Khadka, Dr. Tedbabe Degefie Hailegebriel

Welcome!

Dr. Barbara Rawlins
Senior Implementation Research Advisor
USAID Bureau for Global Office of MCHN, Research and Policy Division
USA

Dr. Theo Lippeveld
Founder and member of the Routine Health Information Network (RHINO) and member of the Health Data Collaborative
Belgium

Warm welcome!
Please post your introduction in the chat
and any questions in the Zoom Q&A.
Thank you!

Please spread the word about the EN-MINI Tools on social media!
#ENminiTools #EN_BIRTH @MARCH_LSHTM @ifakarahealth @icddr_b @D4Iproject

Every Newborn – Measurement Improvement for Newborn and Stillbirth Indicators

EN-MINI Tools

EN-MINI Tools

Every **N**ewborn –
Measurement
Improvement for
Newborn and stillbirth
Indicators
Tools

Every Newborn – Birth Indicators Research Tracking in Hospitals

EN-BIRTH 2 Study Team

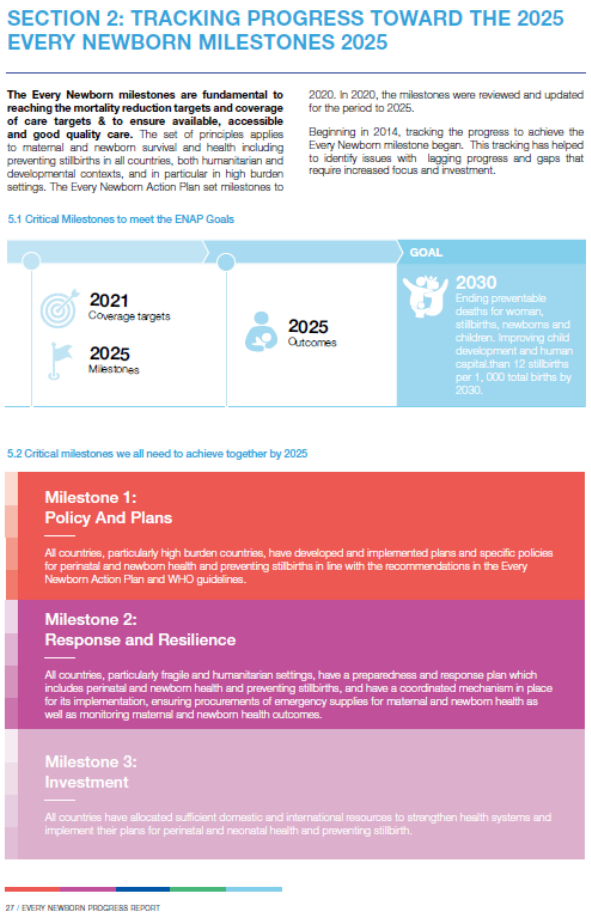
Bangladesh, icddr,b
Dr. Shams El Arifeen
Dr. Ahmed Ehsanur Rahman
Ms. Tazeen Tahsina
Mr. Anisuddin Ahmed
Mr. Qazi Sadeq-ur Rahman
Dr. Shafiqul Ameen
Ms. Aniqa Tasnim Hossain
Ms. Tamanna Majid
Ms. Shema Mhajabin

Tanzania, Ifakara Health Institute
Dr. Honorati Masanja
Dr. Nahya Salim,
Mr. Donat Shamba,
Ms. Josephine Shabani
Dr. Getrud Joseph
Ms. Jacqueline Minja
Ms. Caroline Shayo

Data for Impact / UNC
Dr. Kavita Singh Ongechi
Ms. Gabriela Escudero
Dr. Emily Weaver
Ms. Barb Knittel
Dr. David Boone

LSHTM
Dr. Louise Tina Day
Ms. Harriet Ruysen
Dr. Kimberly Peven
Prof. Joy Lawn

Every Newborn Action Plan
ENAP 2021 progress report DRAFT



SECTION 2: TRACKING PROGRESS TOWARD THE 2025 EVERY NEWBORN MILESTONES 2025

The Every Newborn milestones are fundamental to reaching the mortality reduction targets and coverage of care targets & to ensure available, accessible and good quality care. The set of principles applies to maternal and newborn survival and health including preventing stillbirths in all countries, both humanitarian and developmental contexts, and in particular in high burden settings. The Every Newborn Action Plan set milestones to 2020. In 2020, the milestones were reviewed and updated for the period to 2025.

Beginning in 2014, tracking the progress to achieve the Every Newborn milestone began. This tracking has helped to identify issues with lagging progress and gaps that require increased focus and investment.

5.1 Critical Milestones to meet the ENAP Goals

2021 Coverage targets
2025 Milestones
2025 Outcomes
GOAL
2030 Ending preventable deaths for woman, stillbirths, newborns and children. Improving child development and human capital.than 12 stillbirths per 1, 000 total births by 2030.

5.2 Critical milestones we all need to achieve together by 2025

Milestone 1: Policy And Plans
All countries, particularly high burden countries, have developed and implemented plans and specific policies for perinatal and newborn health and preventing stillbirths in line with the recommendations in the Every Newborn Action Plan and WHO guidelines.

Milestone 2: Response and Resilience
All countries, particularly fragile and humanitarian settings, have a preparedness and response plan which includes perinatal and newborn health and preventing stillbirths, and have a coordinated mechanism in place for its implementation, ensuring procurements of emergency supplies for maternal and newborn health as well as monitoring maternal and newborn health outcomes.

Milestone 3: Investment
All countries have allocated sufficient domestic and international resources to strengthen health systems and implement their plans for perinatal and neonatal health and preventing stillbirth.

27 / EVERY NEWBORN PROGRESS REPORT

Milestone 7: Data for Action

All countries are routinely tracking, collecting, and using data to track the Every Newborn mortality targets for stillbirths and neonatal deaths and the coverage targets to 2025, and the quality of care at national and sub-national levels using routine data or, if appropriate, from survey or service readiness assessments, including considering and addressing inequalities.

All countries have capacity to ensure timely procurement, equitable distribution and access, appropriate use and maintenance of essential medical commodities and products [equipment, technologies and diagnostics] to facilitate the delivery of quality affordable newborn care.

Milestone 7: Data for Action
All countries are routinely tracking, collecting and using data to track the Every Newborn mortality targets for stillbirths and neonatal deaths and the coverage targets to 2025, and the quality of care at national and sub-national levels using routine data or if appropriate from survey or service readiness assessments, including considering and addressing inequalities.

Milestone 8: Research and Innovation
All countries are advancing the generation and use of emerging evidence, including knowledge exchange, to improve maternal and newborn health and survival and ending preventable stillbirth.

Milestone 9: Accountability
All countries experience a documented shift in those social norms which may be harmful to newborns and affected parents, accompanied by elevated commitment and investment in perinatal and neonatal care, and have accountability mechanisms and stakeholder coordination in place including the participation of affected families and processes to count and review deaths.*

*This includes Maternal and Perinatal Death Surveillance and Response measures inclusive of perinatal audit, confidential inquiry or

EVERY NEWBORN PROGRESS REPORT / 28

SDG

ENAP 2021 progress report

DRAFT

Milestone 7: Data For Action

All countries are routinely tracking, collecting and using data to track the Every Newborn mortality targets for stillbirths and neonatal deaths and the coverage targets to 2025, and the quality of care at national and sub-national levels using routine data or if appropriate from survey or service readiness assessments,

- 18 indicators prioritized for routine health information systems (RHIS)
- Data gaps remain
  - **Outcomes:** stillbirth, neonatal deaths, low birthweight, gestational age
  - **Coverage and quality of care**
- Data quality?
- Data use?

Timeline		2016	2017	2018	2019
Number of countries reporting		51	74	90	93
1.	Maternal mortality	–	–	75	77
2.	Newborns with documented birth weight	–	–	66	76
3.	Low birthweight	–	–	73	76
4.	Stillbirth	–	–	66	70
5.	Preterm birth	–	–	58	64
6.	Immediate/early initiation of breastfeeding	–	–	50	59
7.	Pre-discharge neonatal mortality rate	–	–	51	56
8.	Newborn deaths by cause	–	–	46	48
9.	Birth registration	–	–	37	42
10.	Treatment of neonatal sepsis	15	20	36	40
11.	Newborn Resuscitation Performed	–	19	35	39
12.	Uterotonic for the woman immediately after birth to prevent post-partum hemorrhage	–	–	33	38
13.	Content of pre-discharge post-natal care	–	–	31	35
14.	Neonatal death registration with civil registrar	–	–	–	29
15.	Newborns that benefited from KMC	11	12	18	26
16.	Perinatal death review	–	–	–	–
17.	Use of corticosteroids for foetal lunch maturation	–	8	17	21
18	System in place to review the quality of HMIS data	–	–	–	58

Listed by highest to lowest number in 2019

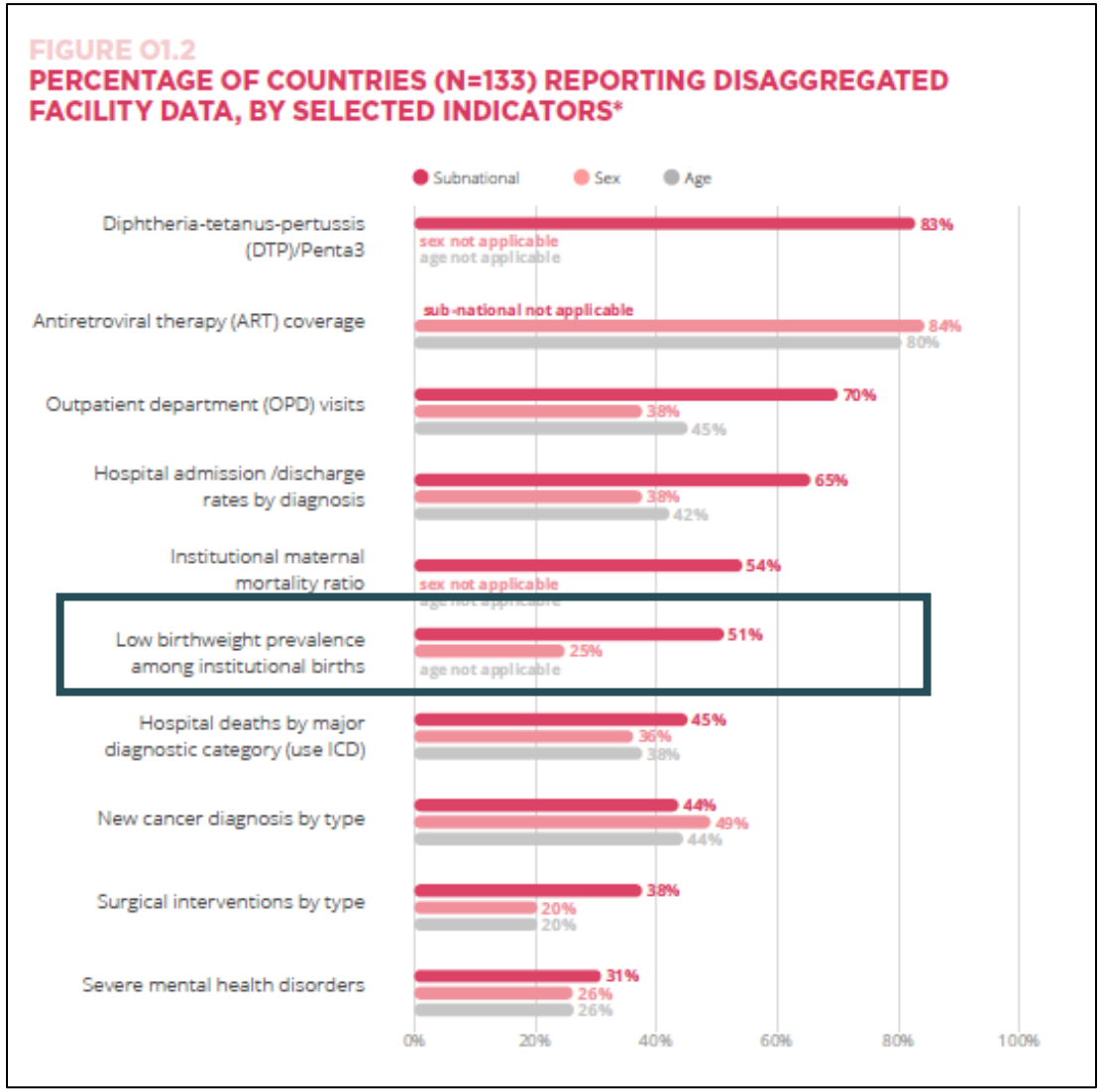
EN-MINI tools

SCORE for Health Data Technical Package

Global report on health data systems and capacity, 2020

World Health Organization

SCORE 2020 Report – Newborn Data



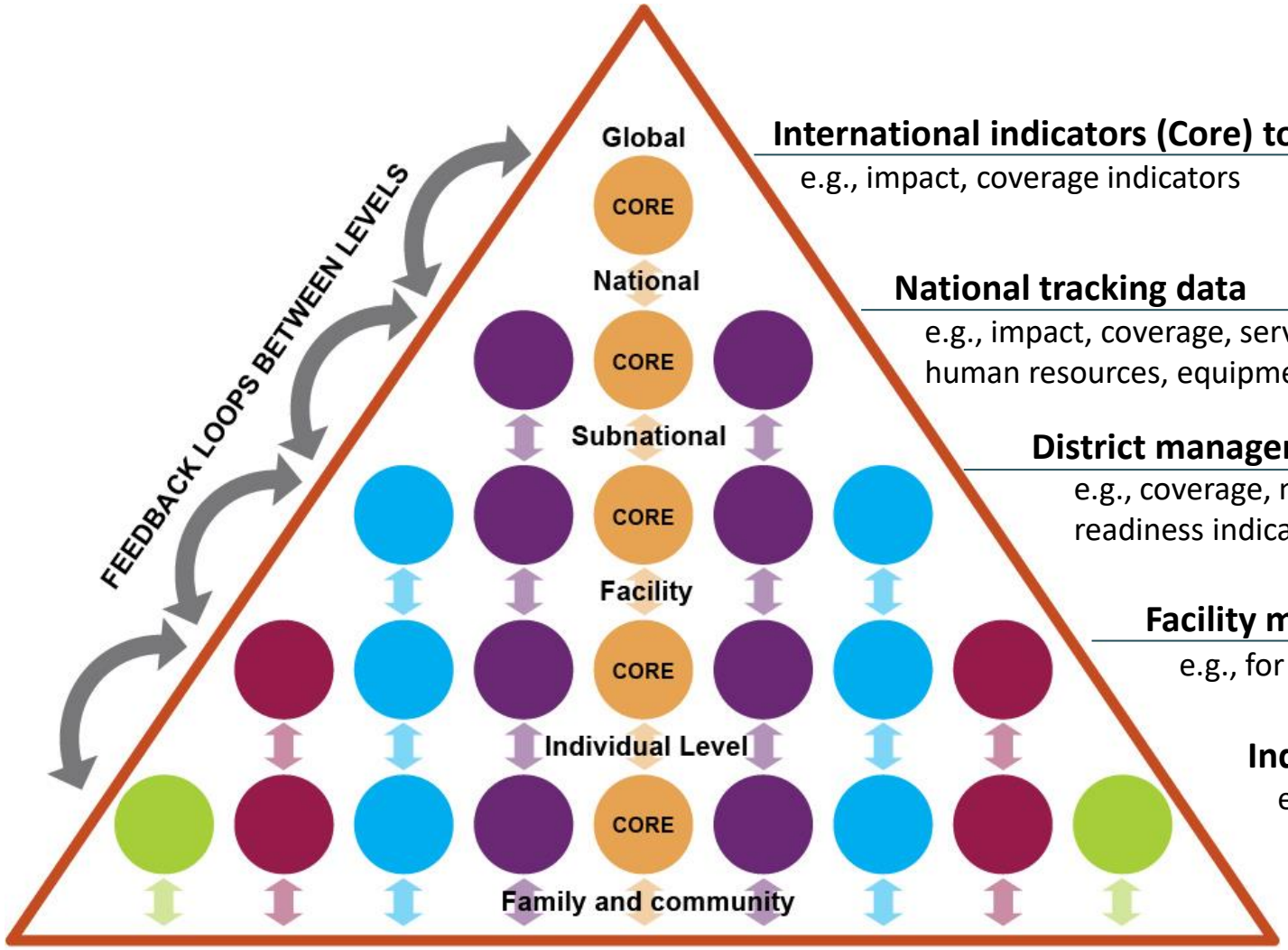
133 countries

Low birth weight prevalence

Health facility data:

- National: 74%
- Subnational: 51%
- Disaggregated by sex: 25%

Data Collection and Use by Level of the System



International indicators (Core) to track SDGs and UHC
e.g., impact, coverage indicators

Global

National tracking data
e.g., impact, coverage, service readiness indicators, human resources, equipment/drugs

National

District management
e.g., coverage, more detailed service readiness indicators, equipment/drugs

Subnational

Facility management
e.g., for quality improvement

Facility

Individual client care data
e.g., details for clinical decision, client experience of care

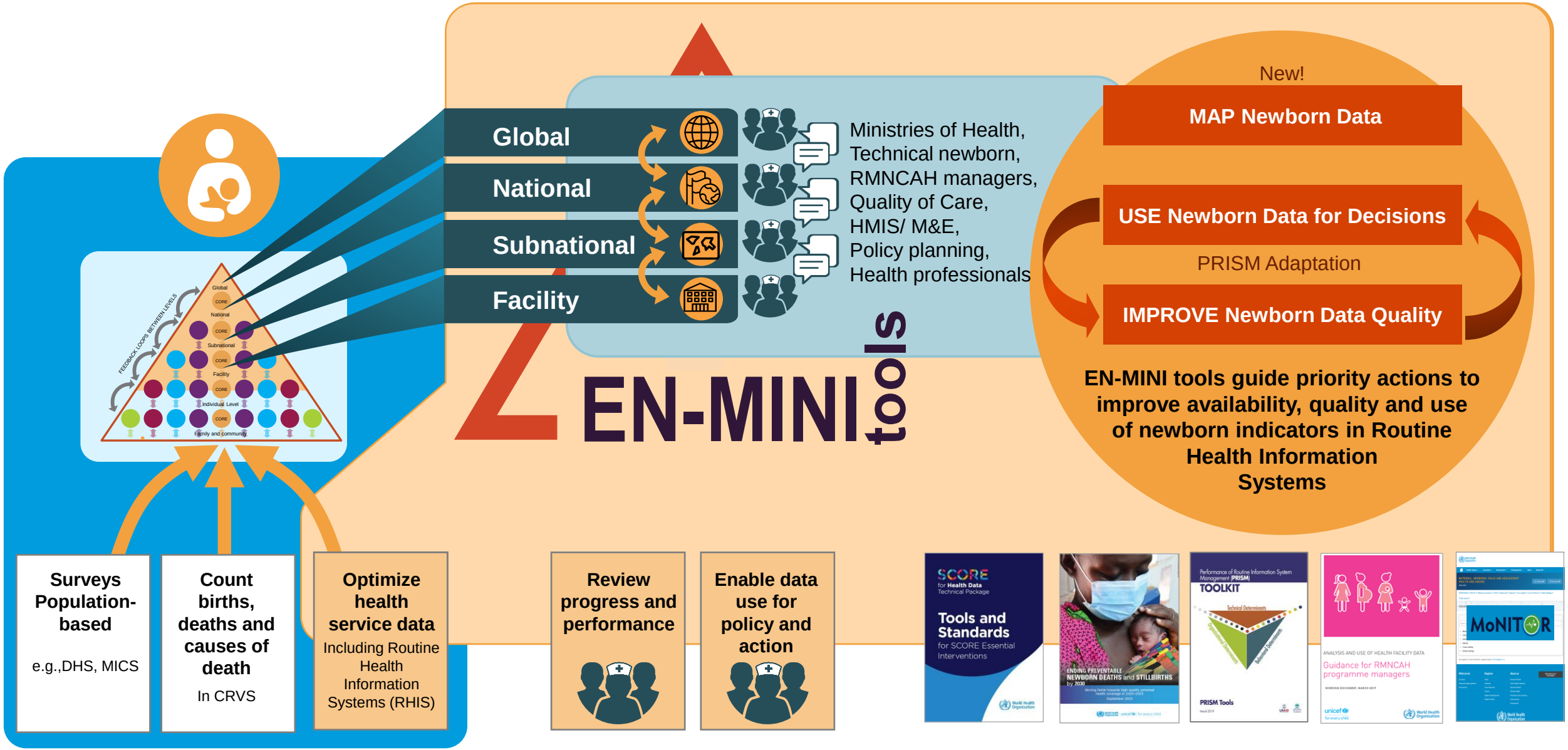
Adapted from: Day LT, Ruysen H, Gordeev VS, et al: "Every Newborn-BIRTH" protocol: observational study validating indicators for coverage and quality of maternal and newborn health care in Bangladesh, Nepal and Tanzania. Journal of Global Health 2019, 9(1).

SDG – Sustainable Development Goals, UHC – Universal Health Coverage

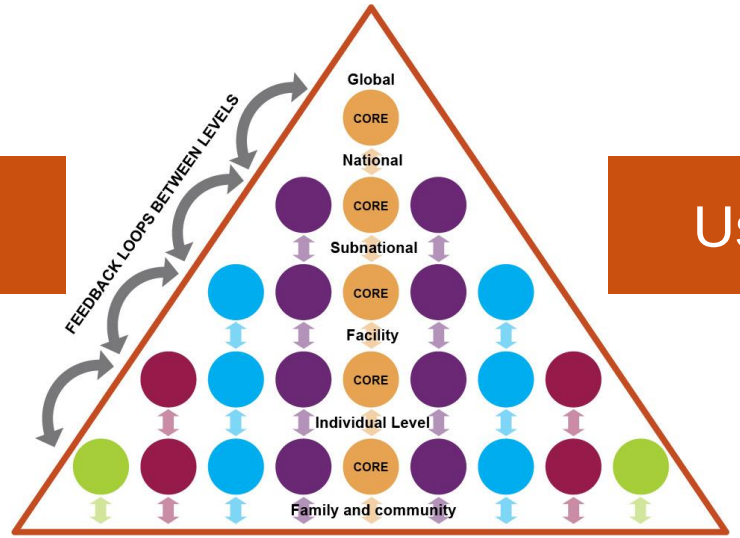
EN-MINI tools
guide priority actions to
improve availability, use, and quality of
newborn and stillbirth indicators in
routine health information systems

Every Newborn-Measurement Improvement for Newborn & Stillbirth Indicators

EN-MINI Tools for Routine Health Information Systems



Map Newborn Data



Improve Newborn Data Quality

Use Newborn Data for Decisions

New!

MAP Newborn Data

PRISM Adaptation

IMPROVE Newborn Data Quality

EN-MINI tools guide priority actions to improve availability, quality and use of newborn indicators in Routine Health Information Systems

Adapted from: Day LT, Moran AC, Jackson D, et al. (2019). Survive and Thrive: Transforming care for every small and sick newborn. Chapter 5, Figure 5.1. Geneva, Switzerland.

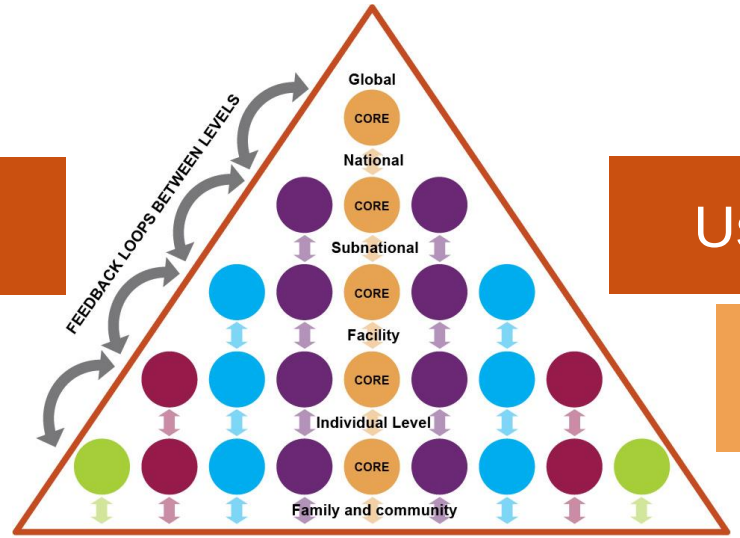
Map Newborn Data

Map Newborn Data
EN-MINI Tool 0

Improve Newborn Data Quality

RHIS Performance Diagnostic
EN-MINI-PRISM Tool 2

Facility/Office Assessment
EN-MINI-PRISM Tool 5



Use Newborn Data for Decisions

RHIS Overview
EN-MINI-PRISM Tool 1

Electronic RHIS Assessment
EN-MINI-PRISM Tool 3

Management Assessment
EN-MINI-PRISM Tool 4

Organizational/Behavioral Assessment
EN-MINI-PRISM Tool 6

Adapted from: Day LT, Moran AC, Jackson D, et al. (2019). Survive and Thrive: Transforming care for every small and sick newborn. Chapter 5, Figure 5.1. Geneva, Switzerland.

Every Newborn Action Plan Indicators

Current Status		Core Indicators	Additional indicators
Definitions clear but quantity & consistency of data lacking	***IMPACT***	1. Maternal mortality ratio 2. Stillbirth rate 3. Neonatal mortality rate	 Intrapartum stillbirth rate Low birth weight rate Preterm birth rate Small for gestational age Neonatal morbidity rates Disability after neonatal conditions
Contact point definitions clear but data on content of care are lacking	***COVERAGE:*** **Care for all mothers and newborns**	4. Skilled attendant at birth 5. Early postnatal care for mothers & babies 6. Essential newborn care (tracer, early breastfeeding)	Antenatal care Exclusive breastfeeding to six months
Gaps in definitions, requiring validation and feasibility testing for HMIS use	***COVERAGE:*** ***Complications and extra care***	7. Neonatal resuscitation 8. Kangaroo mother care 9. Treatment of serious neonatal infections 10. Antenatal corticosteroid use	Caesarean section rate Chlorhexidine cord cleansing
	INPUT: **Service readiness for Quality of Care**	Emergency obstetric care Care of small and sick newborns Quality of care with measurable norms and standards	
	Counting	Birth registration	Death registration, cause of death

Adapted from Every Newborn Action Plan. WHO, 2014. www.everynewborn.org and Mason et al Lancet 2014

Every Newborn Action Plan Indicators

EN-MINI tools

- **Pre-populated with global newborn indicators**
- **Flexible for national priority and aspirational indicators**

Core Indicators	Additional indicators
1. Maternal mortality ratio	
2. Stillbirth rate	Intrapartum stillbirth rate
3. Neonatal mortality rate	Low birth weight rate
	Preterm birth rate
	Small for gestational age
	Neonatal morbidity rates
	Disability after neonatal conditions
4. Skilled attendant at birth	Antenatal care
5. Early postnatal care for mothers & babies	Exclusive breastfeeding to six months
6. Essential newborn care (tracer, early breastfeeding)	
7. Neonatal resuscitation	Caesarean section rate
8. Kangaroo mother care	
9. Treatment of serious neonatal infections	Chlorhexidine cord cleansing
10. Antenatal corticosteroid use	
Emergency obstetric care	
Care of small and sick newborns	
Quality of care with measurable norms and standards	
Birth registration	Death registration, cause of death

Adapted from Every Newborn Action Plan. WHO, 2014. www.everynewborn.org and Mason et al Lancet 2014

Conceptual Framework EN-BIRTH 2

EN-MINI tools

Data flow /feedback

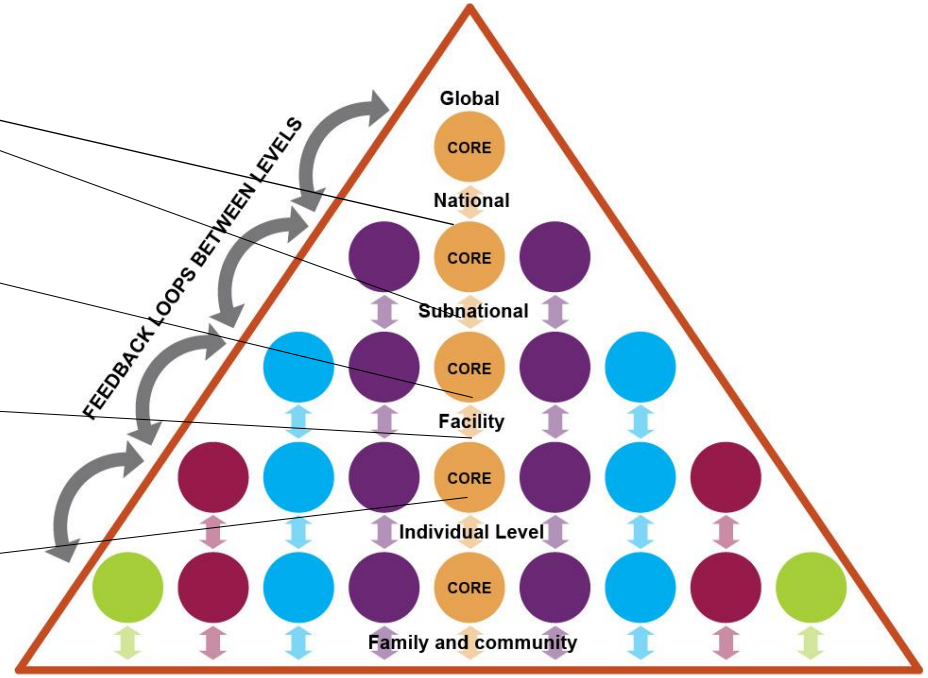
D) Electronic HIS

C) Summary form

B) Tally sheet

A) Register aggregation

Fig. 5.1 The routine data needs of different health system levels, adapted for small and sick newborns



Level of health system	Examples of indicators specific for small and sick newborns
International indicators (Core) to track SDGs and UHC Includes impact, coverage, process indicators	Neonatal mortality rate Low birth weight rate Postnatal care – newborn Immediate breast feeding rate
National tracking data	Impact, coverage, service readiness indicators, human resources, equipment/drugs
District management	Coverage, more detailed service readiness indicators, equipment/drugs
Facility management	Quality improvement process data
Individual client care	Details for clinical decisions, client experience of care

Example indicators for countries to determine reporting level

Impact: Preterm birth rate
Small for gestational age rate
Neonatal morbidity rate
Disability rates after neonatal conditions

Coverage for eligible newborns:
Treated for infection
Given kangaroo mother care
Resuscitated
Mothers received antenatal corticosteroids

Quality of care indicators

Respectful care indicators

Perinatal audit and surveillance (Maternal and Perinatal Death Surveillance and Response) indicators

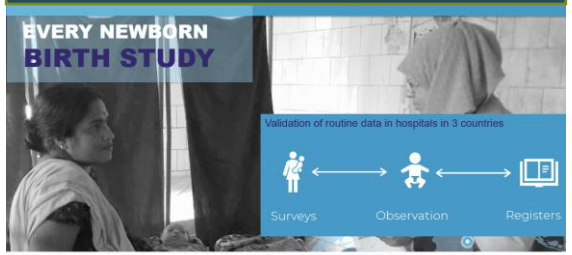
Service readiness indicators

Human resources indicators

Adapted from: Heywood and Rohde, 2000.

Every Newborn Birth Indicators Research Tracking in Hospitals EN-BIRTH

EN-BIRTH Validity Study



EN-BIRTH study publications:
https://www.lshtm.ac.uk/research/centres/march-centre/every-newborn-BIRTH

D4I Website

https://bit.ly/ENMINItools

EN-MINI Tools

Every Newborn-Measurement Improvement for Newborn & Stillbirth Indicators (EN-MINI) Tools for Routine Health Information Systems

Every newborn has the right to survive and thrive, yet 4.4 million die each year as newborns and stillbirths. Timely and accurate data on coverage, equity, and quality of care are essential to track progress towards ending preventable stillbirths, newborn deaths, and disabilities. However, the settings with the highest burden of deaths have the least data on coverage and quality of care—the "inverse data law."

EN-MINI tools were designed to advance newborn data in routine health information systems to support the Every Newborn Action Plan (ENAP). The tools are free, easy to use, and generate automated reports for sub-national and national use.

https://www.data4impactproject.org/resources/en-mini-tools/

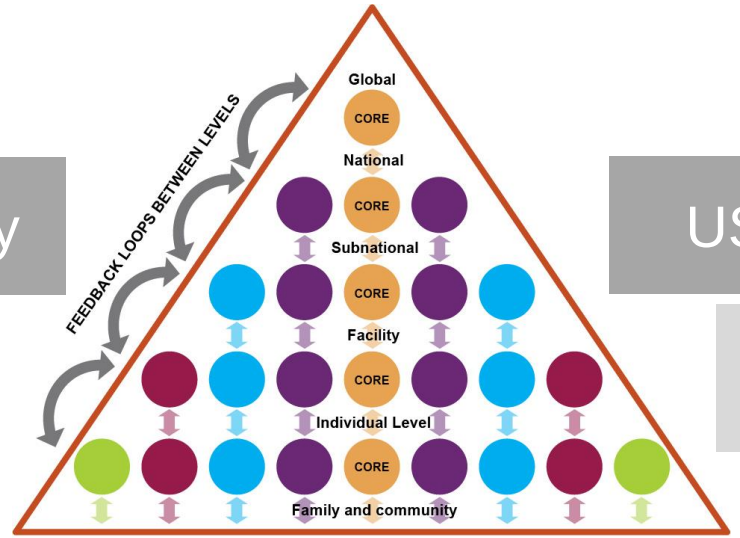
MAP Newborn Data

Map Newborn Data
EN-MINI Tool 0

IMPROVE Newborn Data Quality

RHIS Performance Diagnostic
EN-MINI-PRISM Tool 2

Facility/Office Assessment
EN-MINI-PRISM Tool 5



USE Newborn Data for Decisions

RHIS Overview
EN-MINI-PRISM Tool 1

Electronic RHIS Assessment
EN-MINI-PRISM Tool 3

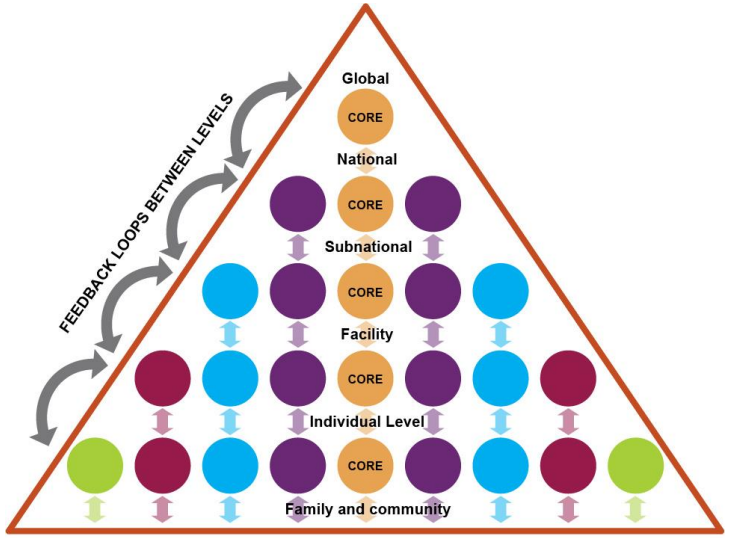
Management Assessment
EN-MINI-PRISM Tool 4

Organizational/Behavioral Assessment
EN-MINI-PRISM Tool 6

Adapted from: Day LT, Moran AC, Jackson D, et al. (2019). Survive and Thrive: Transforming care for every small and sick newborn. Chapter 5, Figure 5.1. Geneva, Switzerland.

MAP Newborn Data

Map Newborn Data
EN-MINI Tool 0



MAP Newborn Data

Tools to help you

- Find the routine newborn data in your system that can be used now to track progress
- Identify routine data gaps for what you need and want to measure
- Reduce measurement burden, especially for frontline health workers

1. Instructions

2. Background

3. Definitions

4. Data Collection

5. Troubleshooting

Newborn Indicator Definitions

Step 3.1) Pre-filled definitions: The newborn indicator definitions listed here are pre-filled based on global recommendations (WHO MoNITOR Online Indicator Toolkit as of 20 December 2021): Indicator name (column D), Indicator definition (column E), Numerator details (columns F and G), Denominator details (columns H and I), and further indicator details (e.g. indicator type, domain, continuum of care) are found in columns J through M.
Step 3.2) Check for any recent updates to global recommendations for indicator definitions (e.g. WHO MoNITOR - https://monitor.srhr.org/) and update the worksheet "3. Definitions" as needed.

Step 3.3) Adapt indicator definitions: If any setting-specific indicator definitions differ from the glol recommended definitions, edit the worksheet "3. Definitions" as needed.
Step 3.4) Add additional indicators: You can add additional indicators for your setting in more row bottom of the table by dragging down from the small handle in the bottom right corner . Do not use any cc the indicator title, numerator abbreviation, or denominator abbreviation.
Step 3.5) If adding additional indicators, be sure to complete column M "Recommendation for use" with optional, etc.

Newborn related indicators

Full indicator		Numerator		Denominator	
Indicator name	Indicator definition	Numerator	Numerator abbreviation	Denominator	Denominator abbreviati
NA		Not an indicator or data element	NA	Not an indicator or data element	NA
Institutional maternal mortality ratio (per 100 000 deliveries)	Number of maternal deaths in health facilities/institutions per 100,000 deliveries	Number of maternal deaths in health facilities/institutions	maternal deaths	Total number of women who gave birth in a facility	total deliveries (women)
Stillbirth rate in a health facility	Stillbirths [Note: Baby born with no sign of life and weighing at least 1000g or after 28 weeks gestation] This indicator should be routinely disaggregated by fresh and mascerated when possible.	Number of stillbirths	total stillbirths	Number of live births and stillbirths in facility	total births (babies)
Pre-discharge neonatal mortality rate	Percentage of babies born live in a facility who die prior to discharge	Number of babies born live in a facility who die during the first 28 days of completed days of life and die prior to discharge from the facility, per 1000 live births in a given year or period	newborn deaths predischarge	Number of babies born live in a facility	live births (babies)
Low birth weight among livebirths (%)	Percentage of live births that weigh less than 2500	Number of live-born neonates with weight less	live births <2500g	Total number of live births	live births (babies)

Newborn Indicator Definitions

We have designed the tools to be flexible to include indicators countries want to track, including the aspirational experience of care indicators as they are standardised

Step 3.1) Pre
based on globa
2021): Indicator
and G), Denom
domain, continu
Step 3.2) Che
WHO MoNITOR

ator definitions: If any setting-specific indicator definitions differ from the glob
, edit the worksheet "3. Definitions" as needed.
nal indicators: You can add additional indicators for your setting in more rows
agging down from the small handle in the bottom right corner . Do not use any co
tor abbreviation, or denominator abbreviation.
tional indicators, be sure to complete column M "Recommendation for use" with

Newborn

				Denominator	
Indicator nan			iation	Denominator	Denominator abbreviatio
Uterotonic for post-partum h	ge	gave birth in a facility who received a prophylactic uterotonic immediately after birth for prevention of postpartum hemorrhage.	gave birth in a facility who received a prophylactic uterotonic immediately after birth.	Total number of women who gave birth in a facility.	total deliveries (women)

Map Newborn Data EN-MINI Tool 0 | 1. Instructions | 2. Background | 3. Definitions | 4. Data Collection | Troubleshooting | Acknowledgements

Data Collection: List & map newborn content

List: data availability

Step 4. List

Complete columns C, D, E, F from the data source (e.g. register, tally sheet, DHIS2)

4.1) In the first row of column C, select the HMIS data level of the document you want to map from the drop down list e.g register.
4.2) Column D: Type the document name / title in (e.g. labour and delivery register).
4.3) Column E: Type the first data element name.
4.4) Column F: Type any relevant instructions or definitions that accompany the data element or indicator e.g. for a register "leave blank if not given".
4.5) Repeat same process for columns D through F (points 2-3 above) for every column/data element in the document you are mapping. Ensure the document name is spelled the same in every row.
4.6) Expand or shrink the size of the table to match the number of rows needed using the toggle in the bottom right corner of the table. Note: this worksheet can accommodate up to 6,000 rows.

Step 5 Map

5.1) Column G: select "newborn specific" if the data directly (physically) relates to the newborn (e.g. birthweight, breastfeeding), select "newborn related" if the data connects through the mother/family (e.g. mother's age, parity), select "no" if it is not related to the newborn.
5.2) If you select "no" in column G, fill "NA" for column H through column J.

5.3) If
which
indica
works
the de
5.4) I
the dr
5.5) If
definit
match
or indi
5.7) N
record

Data level Choose from drop down list	Document title Enter	Indicator/Data element (or column) name Enter	Instructions/definition associated with data element/indicator Record any instructions on document	Newborn data (specfic/related) Choose from drop down list	For newbo the data el indicator a Denominat indicator? Choose from select multipl
Electronic Health Informatio	Monthly EmONC dataset	No. of pregnant mother admitted for delivery or obstetric		related	N
Electronic Health Informatio	Monthly EmONC dataset	Number of mothers received ANC at outdoor		related	N
Electronic Health Informatio	Monthly EmONC dataset	No. of mother received ANC 1		related	N
Electronic Health Informatio	Monthly EmONC dataset	No. of mother received ANC 2		related	N
Electronic Health Informatio	Monthly EmONC dataset	No. of mother received ANC 3		related	N
Electronic Health Informatio	Monthly EmONC dataset	No. of mother received ANC 4		related	N
Electronic Health Informatio	Monthly EmONC dataset	No. of mother with delivery or obstetric complication refe		related	N
Electronic Health Informatio	Monthly EmONC dataset	No. of cases with prolonged/ obstructed labor (Complica		related	N
Electronic Health Informatio	Monthly EmONC dataset	No. of cases with ante-partum hemorrhage (Complicati		related	N
Electronic Health Informatio	Monthly EmONC dataset	No. of cases with pre-eclampsia/ eclampsia (Complicat		related	N

https://enmini.shinyapps.io/EN-MINI-mapping-tool/

Search

Map Newborn Data: EN-MINI Tool 0 - Reporting App

Choose xlsm file

Browse... No file selected

Generate report

Welcome to the Map Newborn Data: EN-MINI Tool 0 App to generate your report.

This is Step 6 of the Map Newborn Data: EN-MINI Tool 0. First complete steps 1 to 5 in the Excel file. The Excel tool can be downloaded from: https://www.data4impactproject.org/en-mini-tools/map-newborn-data/

Step 6. Click 'Browse...' on the panel to the left and upload the completed Excel file from your computer. Once the App displays 'Upload complete', Click the button: 'Generate report'. After a few seconds or a minute, a window will pop up and you can open or save the report to your computer.

The EN-MINI tools were designed and made freely available through collaborative implementation research by: The London School of Hygiene & Tropical Medicine UK, Ifakara Health Institute Tanzania, icddr,b Bangladesh, and D4I USA.

This tool was produced with the support of the United States Agency for International Development (USAID) under the terms of the Data for Impact (D4I) associate award 7200AA18LA00008, which is implemented by the Carolina Population Center at the University of North Carolina at Chapel Hill, in partnership with Palladium International, LLC; ICF Macro, Inc.; John Snow, Inc.; and Tulane University. The views expressed in this publication do not necessarily reflect the views of USAID or the United States government

USAID FROM THE AMERICAN PEOPLE

ISO 9001: 2015 certified IFAKARA HEALTH INSTITUTE research | training | services

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

MARCH MATERNAL ADOLESCENT REPRODUCTIVE & CHILD HEALTH

DATA FOR impact

icddr,b

Mapped newborn data availability in routine Health Information Systems

EN-MINI tools

EN-MINI mapping tool results - Coun

This report was generated on Sat Ja
2022.

Contents:

Section 1: Summary of RHIS newborn data mapping completed

Background

Section one of this report provides an overview of the newborn data available in your routine health information systems (RHIS) and sources mapped.

Newborn data are the indicators and data elements (indicators, numerators, and denominators) categorized into types: -newborn-specific data: related directly (physically) to the newborn -newborn-related data: connected to the newborn through the mother/family -other non-newborn data: not related to the newborn

Mapped data are summarized by the flow through the data pyramid levels (see Figure 1): Register, Tally Sheet, Summary form, and Electronic Health Information System (e.g. DHIS2). Any of these levels may be currently digitized.

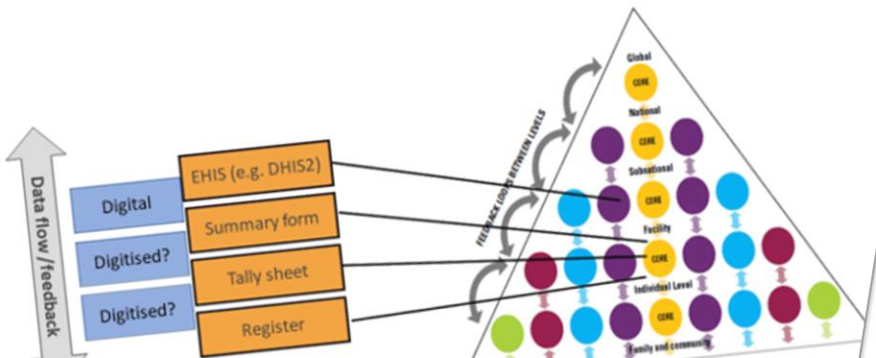
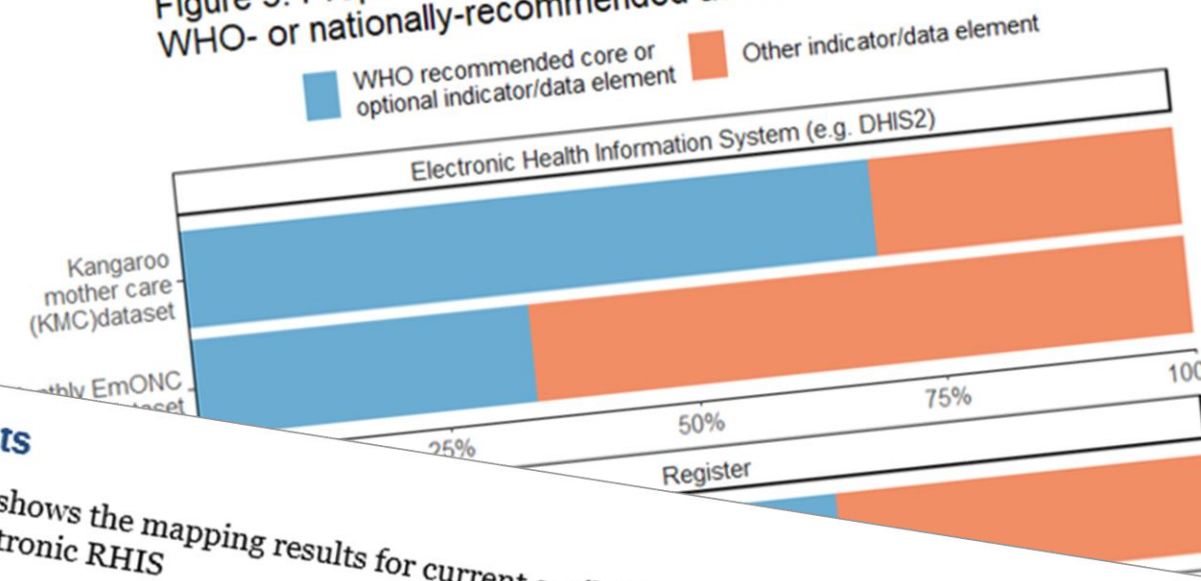


Figure 3. Proportion of newborn data WHO- or nationally-recommended as core/optional



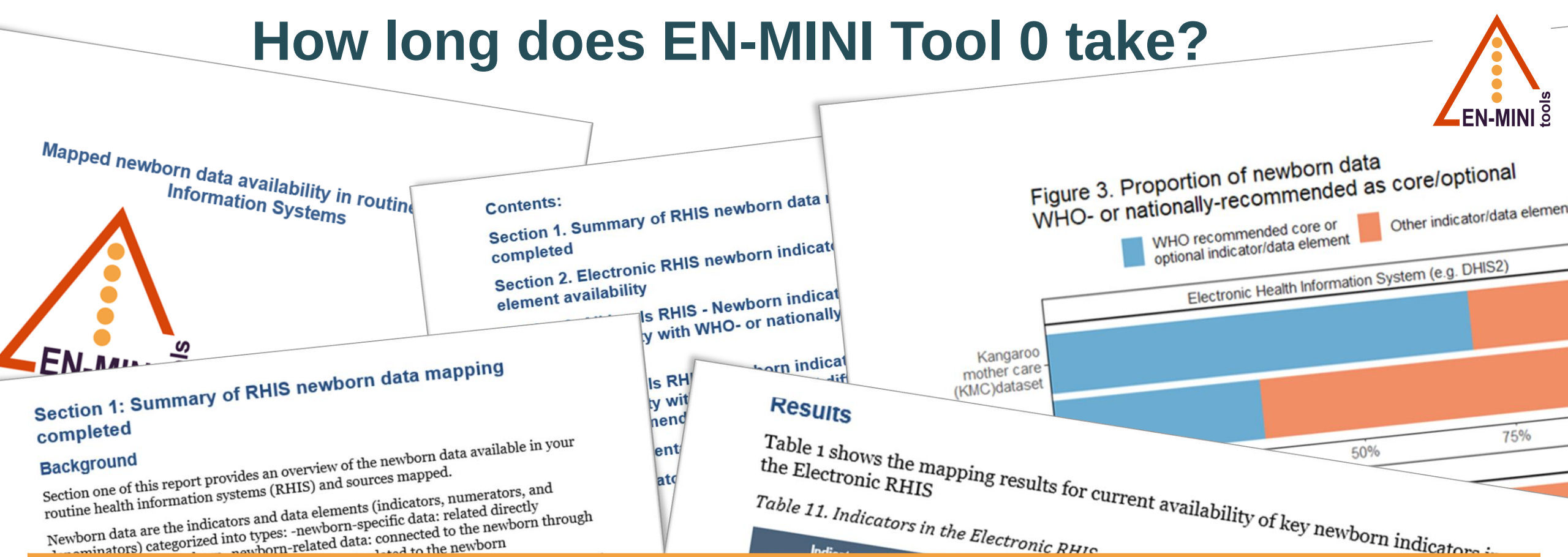
Results

Table 1 shows the mapping results for current availability of key newborn indicators in the Electronic RHIS

Table 11. Indicators in the Electronic RHIS

Indicator name	Type	Numerator	Denominator	Full indicator
Institutional maternal mortality ratio (per 100 000 deliveries)	Impact	No exact definition	At least one exact definition	Not available
Stillbirth rate in a health facility	Impact	No exact definition	Not available	Not available
Pre-discharge neonatal mortality rate	Impact	At least one exact definition	All definitions exact	Not available
Low birth weight among livebirths (%)	Impact	At least one exact definition	All definitions exact	Not available
Preterm birth (facility based)	Impact	Not available	All definitions exact	Not available
Caesarean section rate	Outcome	All definitions exact	At least one exact definition	Not available
Postnatal care for women (Facility-based)				

How long does EN-MINI Tool 0 take?



	Find documents (Hard copies/ electronic)	List data availability	Map	Generate Report
BD	Finalised hard copies of documents linked to larger data digging	4 registers, 4 DHIS2 reports Estimated 2-3 days	2 days	< 1 hour
TZ	Electronic copies available < 1 hour	6 registers, 5 Tally, 6 DHIS2 forms Estimated 1 day	1 day	< 1 hour

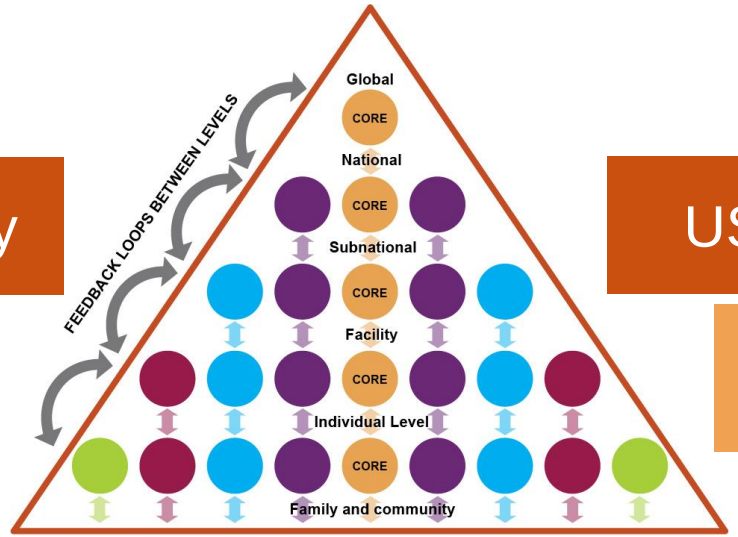
MAP Newborn Data

Map Newborn Data
EN-MINI Tool 0

IMPROVE Newborn Data Quality

RHIS Performance Diagnostic
EN-MINI-PRISM Tool 2

Facility/Office Assessment
EN-MINI-PRISM Tool 5



USE Newborn Data for Decisions

RHIS Overview
EN-MINI-PRISM Tool 1

Electronic RHIS Assessment
EN-MINI-PRISM Tool 3

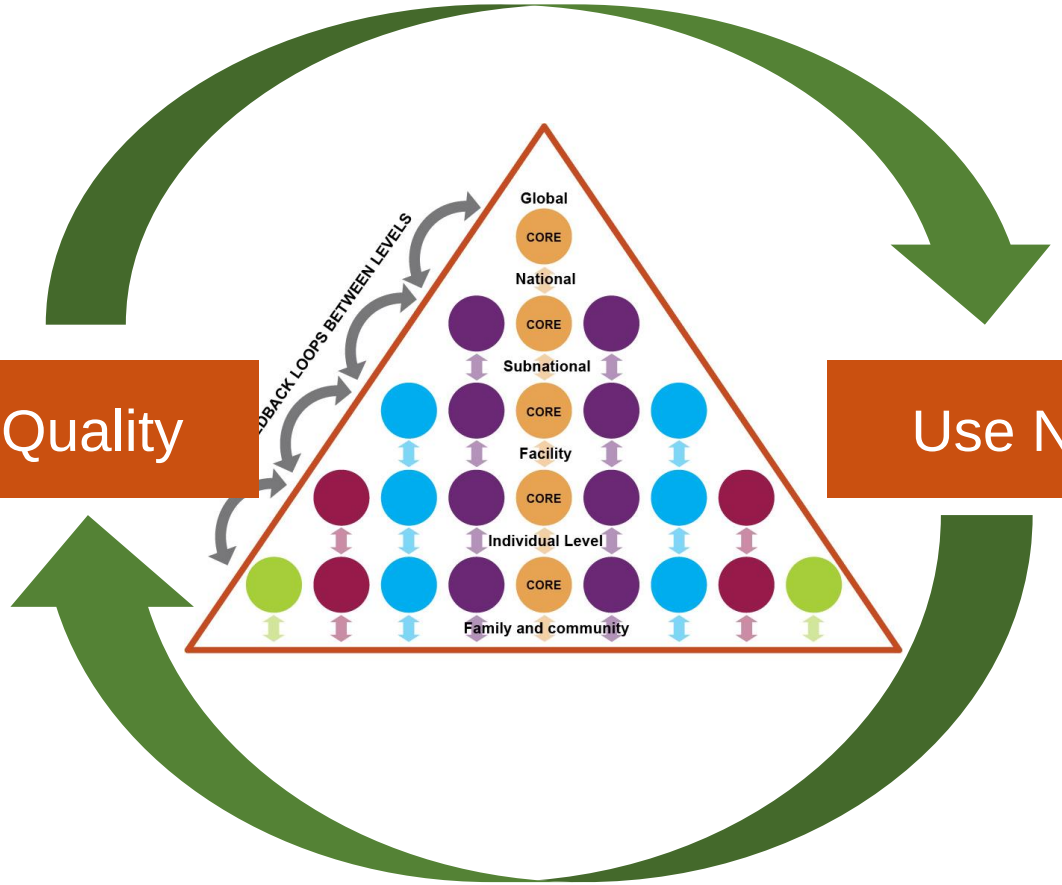
Management Assessment
EN-MINI-PRISM Tool 4

Organizational/Behavioral Assessment
EN-MINI-PRISM Tool 6

Adapted from: Day LT, Moran AC, Jackson D, et al. (2019). Survive and Thrive: Transforming care for every small and sick newborn. Chapter 5, Figure 5.1. Geneva, Switzerland.

Advancing data needs dual focus

Improve Newborn Data Quality



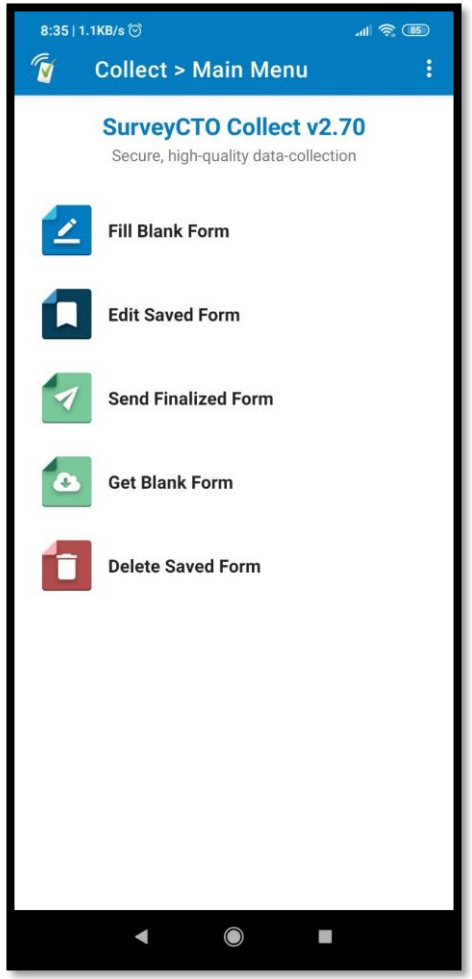
Use Newborn Data for Decisions

EN-MINI-PRISM Tools

- Performance of Routine Information System Management (PRISM) tools designed by MEASURE Evaluation
- Comprehensive assess RHIS performance
- **EN-MINI-PRISM adaptation uses priority/core newborn/stillbirth indicators**
- **User-friendly, automated analysis**

PRISM Conceptual Framework
REF: Measure Evaluation (2019), Aqil et al (2009)

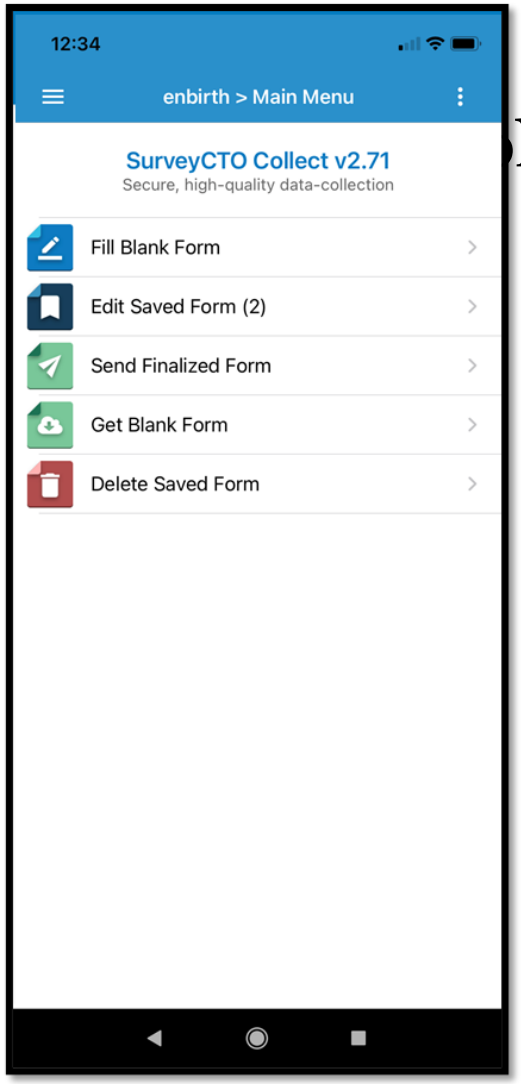
Data Collection: EN-MINI-PRISM Tools

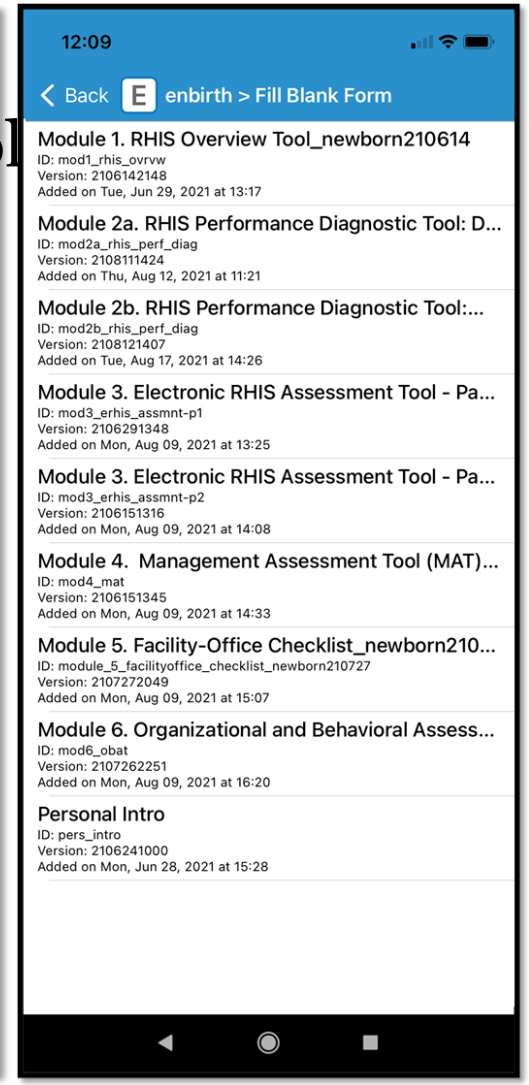


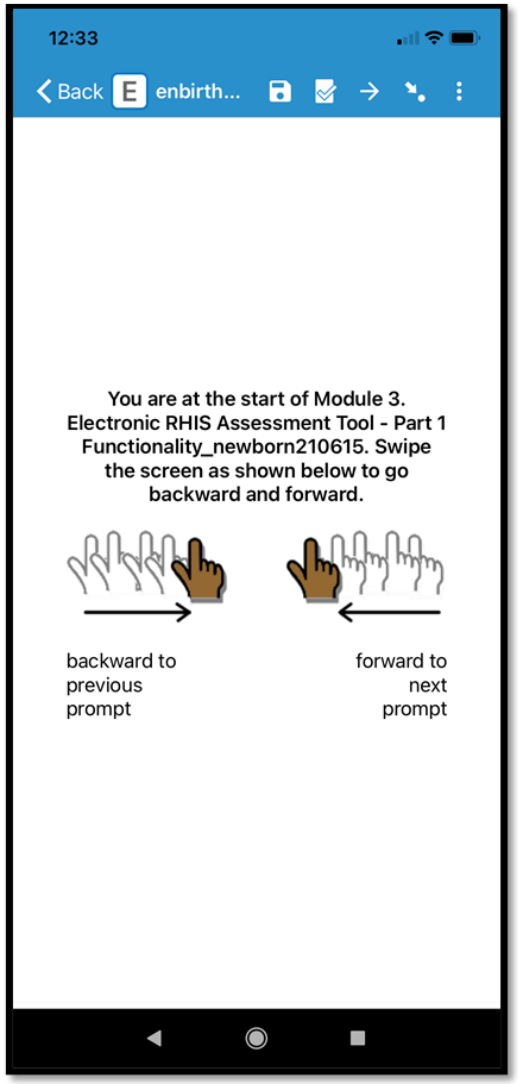
SurveyCTO

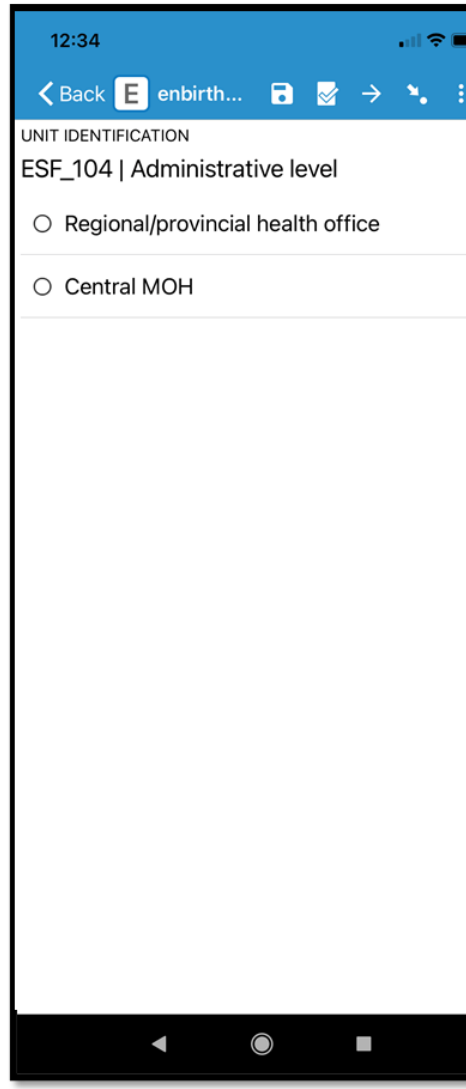
How to use the tool: Digital	Enter your data directly on SurveyCTO secure server form
	• Enter data using a smart phone or tablet • Enter your data directly on the SurveyCTO secure server • Use pre-programmed data collection forms compatible with an automated analysis process

Data Collection SurveyCTO









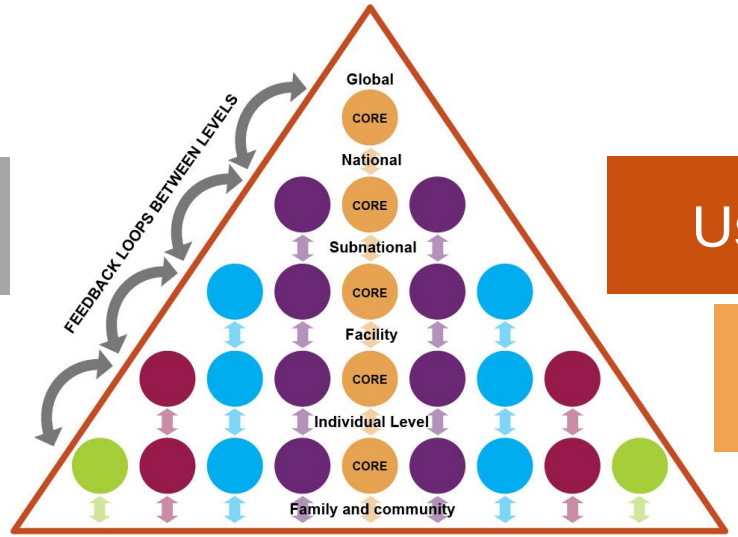
Map Newborn Data

Map Newborn Data
EN-MINI Tool 0

Improve Newborn Data Quality

RHIS Performance Diagnostic
EN-MINI-PRISM Tool 2

Facility/Office Assessment
EN-MINI-PRISM Tool 5



Use Newborn Data for Decisions

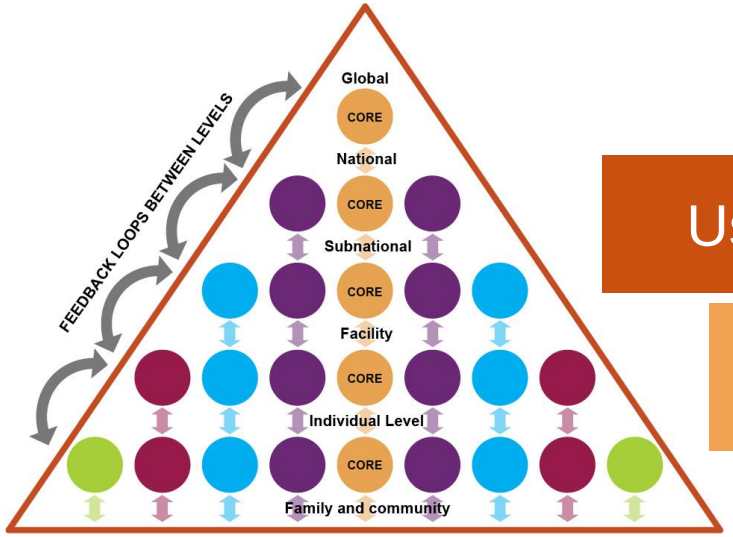
RHIS Overview
EN-MINI-PRISM Tool 1

Electronic RHIS Assessment
EN-MINI-PRISM Tool 3

Management Assessment
EN-MINI-PRISM Tool 4

Organizational/Behavioral Assessment
EN-MINI-PRISM Tool 6

Adapted from: Day LT, Moran AC, Jackson D, et al. (2019). Survive and Thrive: Transforming care for every small and sick newborn. Chapter 5, Figure 5.1. Geneva, Switzerland.



Use Newborn Data for Decisions

RHIS Overview
EN-MINI-PRISM Tool 1

Electronic RHIS Assessment
EN-MINI-PRISM Tool 3

Management Assessment
EN-MINI-PRISM Tool 4

Organizational/Behavioral Assessment
EN-MINI-PRISM Tool 6

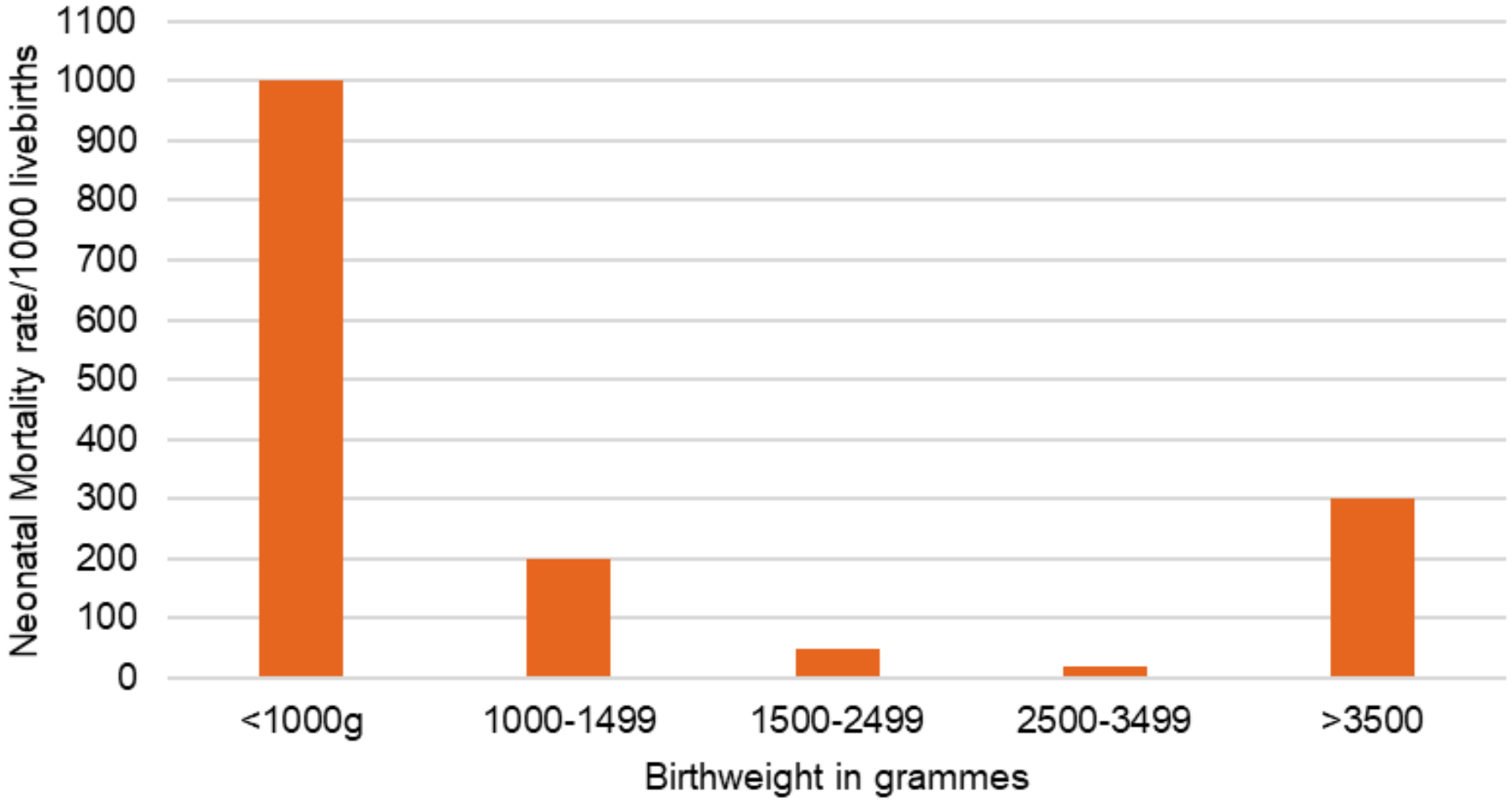
Tools to help you

- Discover who is using routine newborn data in your health system
- Find out which newborn data are in electronic data systems
- Learn what additional data users need to invest for newborns

Adapted from: Day LT, Moran AC, Jackson D, et al. (2019). Survive and Thrive: Transforming care for every small and sick newborn. Chapter 5, Figure 5.1. Geneva, Switzerland.

Example from EN-MINI-PRISM Tool 6

Neonatal mortality rates per 1000 livebirths, by birthweight categories, Kateria Hospital, Jan–Mar, 2020



Birthweight	Live births	Deaths
<1000g	1	1
1000-1499	5	1
1500-2499	140	7
2500-3499	200	4
>3500	10	3
Totals	356	16

Examples from EN-MINI-PRISM Tool 6

Dr. Akram, District Health Executive Officer, read a recent report prepared by the HIS Officer after a supervision visit made to five out of eight health facilities in the district. The supervisor cross-checked the reported data with the recorded data from the source document. The supervision report showed that the average data accuracy for the indicator—neonatal mortality rate—was only 40% and Dr. Akram felt very disturbed by it. "I need to take action," he said aloud. He set up a meeting with the entire district health team to identify the reasons for the discrepancy and think about next steps to improve data quality. He asked each health facility to meet to discuss the potential reasons for neonatal mortality rate low data accuracy, and an action plan to improve data quality. Please have that discussion now as a health facility team—what would you do?	
PSb – X1	List potential reasons for poor data quality in health facilities:
	1.
	2.
	3.
PSc – X2	Describe what major activities/actions your team in the health facility may do to improve data quality:
	1.
	2.

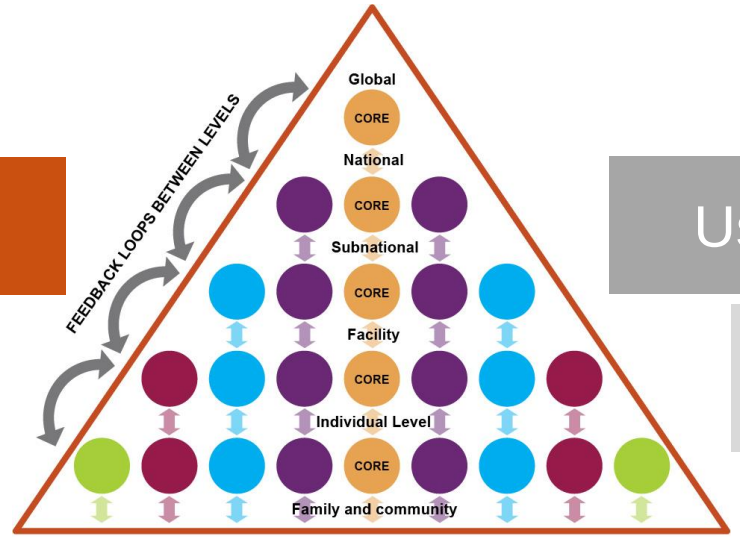
Map Newborn Data

Map Newborn Data
EN-MINI Tool 0

Improve Newborn Data Quality

RHIS Performance Diagnostic
EN-MINI-PRISM Tool 2

Facility/Office Assessment
EN-MINI-PRISM Tool 5



Use Newborn Data for Decisions

RHIS Overview
EN-MINI-PRISM Tool 1

Electronic RHIS Assessment
EN-MINI-PRISM Tool 3

Management Assessment
EN-MINI-PRISM Tool 4

Organizational/Behavioral Assessment
EN-MINI-PRISM Tool 6

Adapted from: Day LT, Moran AC, Jackson D, et al. (2019). Survive and Thrive: Transforming care for every small and sick newborn. Chapter 5, Figure 5.1. Geneva, Switzerland.

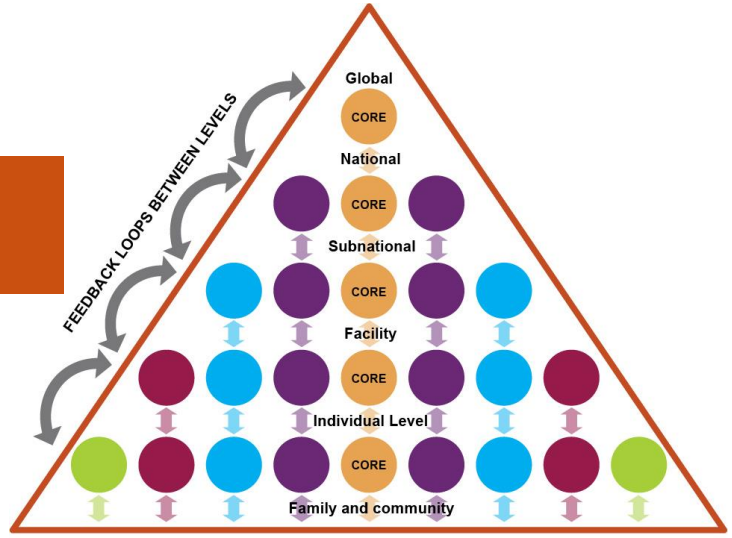
Tools to help you

- Check your newborn data quality
- Understand if feedback mechanisms are effective
- Explore what resources are needed to further improve data quality

Improve Newborn Data Quality

RHIS Performance Diagnostic
EN-MINI-PRISM Tool 2

Facility/Office Assessment
EN-MINI-PRISM Tool 5



Selected Newborn Indicators to Assess Data Quality

Type	Reason	Indicators	Care level	Prevalence
Impact:	SDG	Institutional neonatal mortality rate	3/2 (1)	Low
	ENAP	Institutional stillbirth rate	3/2 (1)	Low
	Global nutrition	Low birth weight rate	3/2/1	High
Coverage	ENAP tracker progress report	Bag-mask-ventilation	3/2/1	Low
		KMC	3/2	Low
		Early initiation of breast feeding	3/2/1	High
		Treatment of infection	3/2/1	Low
	Maternal integration	Uterotonics	3/2/1	High

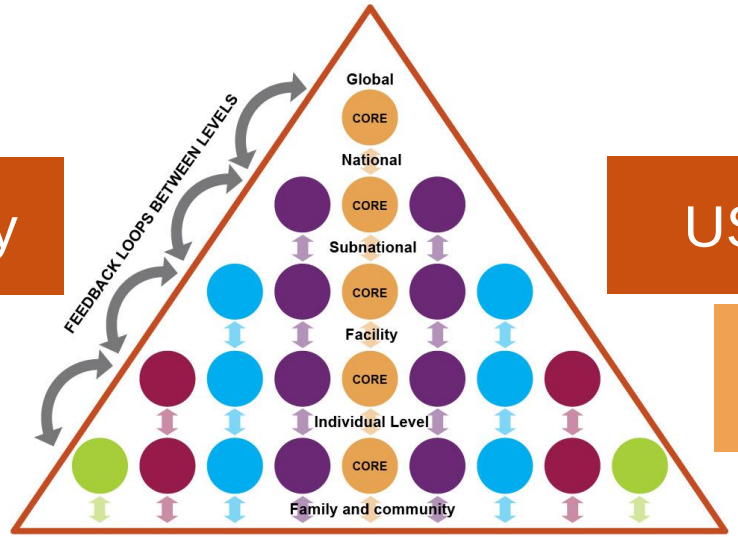
MAP Newborn Data

Map Newborn Data
EN-MINI Tool 0

IMPROVE Newborn Data Quality

RHIS Performance Diagnostic
EN-MINI-PRISM Tool 2

Facility/Office Assessment
EN-MINI-PRISM Tool 5



USE Newborn Data for Decisions

RHIS Overview
EN-MINI-PRISM Tool 1

Electronic RHIS Assessment
EN-MINI-PRISM Tool 3

Management Assessment
EN-MINI-PRISM Tool 4

Organizational/Behavioral Assessment
EN-MINI-PRISM Tool 6

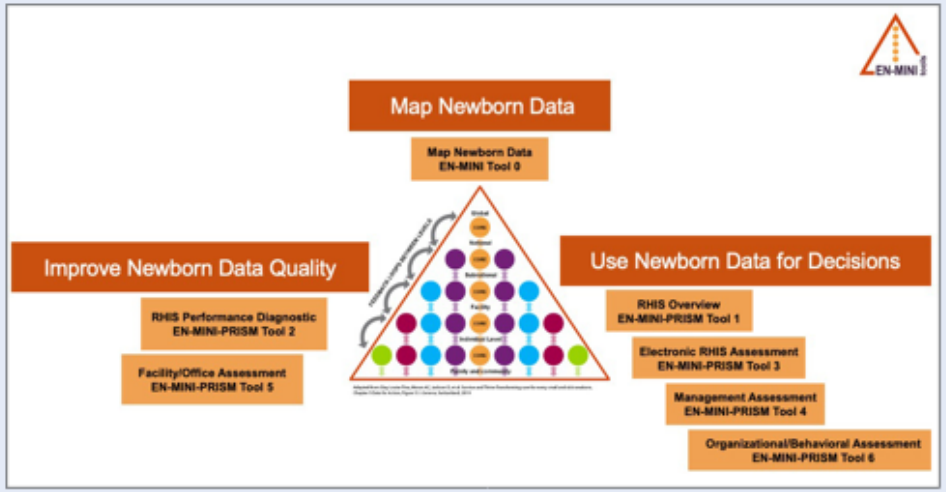
Adapted from: Day LT, Moran AC, Jackson D, et al. (2019). Survive and Thrive: Transforming care for every small and sick newborn. Chapter 5, Figure 5.1. Geneva, Switzerland.

Performance of Routine Information System Management (PRISM) | ANALYSIS TOOL

Purpose: The EN-MINI-PRISM Analysis Tool (EN-MINI-PAT) is an accompanying data analysis tool for the Every Newborn-Measurement Improvement for Newborn & Stillbirth Indicators - **Performance of Routine Information System Management** (EN-MINI-PRISM) modules adapted for newborns (EN-MINI-PRISM tools 1–6, see Figure 1 below). The purpose of this Excel-based tool is to aid in the management and analysis of EN-MINI-PRISM survey data. To use the tool, users must configure the tool's key elements (time periods of assessment, indicators, and tolerance range), as appropriate. The tool provides basic instructions on using its modules, guiding the user through the steps of EN-MINI-PRISM data importation from the SurveyCTO (https://www.measureevaluation.org/resources/publications/ms-18-143/) and Open Data Kit servers into the EN-MINIPAT, in order to conduct the basic analysis as outlined in the PRISM Analysis Guide (https://www.measureevaluation.org/resources/publications/ms-18-141). This tool was developed under the United States Agency for International Development-funded MEASURE Evaluation project in 2018 and adapted for use in 2021.

The EN-MINI-PAT tool consists of the following sheets:
- **Instructions**: Instructions on how to use features found in each section of this tool.
- **Home**: Data import and additional buttons for database and data analysis navigation.
- **Parameters:** Customizable data parameters specific to your EN-MINI-PRISM assessment, including the period for the data accuracy check and thresholds for data completeness, timeliness, and accuracy.
- **Master Facility List**: Customizable listing of all regions, districts, and facilities assessed.
- **Output sheets:** Outputs for the EN-MINI-PRISM analysis organized under the following tabs: Data quality, Use of information, Data management, Technical factors, Organizational factors, and Gender indicators.
- **Dashboard**: Review of key EN-MINI-PRISM indicators by each region, district, and facility.
- **Databases**: Data set sheets that correspond to EN-MINI-PRISM questionnaires that are designed to receive the imported data in the corresponding sheets.

Figure 1. EN-MINI



This publication was produced with the support of the United States Agency for International Development (USAID) under the terms of MEASURE Evaluation cooperative agreement AID-OAA-L-14-00004. MEASURE Evaluation is implemented by the Carolina Population Center, University of North Carolina at Chapel Hill in partnership with ICF International; John Snow, Inc.; Management Sciences for Health; Palladium; and Tulane University. Views expressed are not necessarily those of USAID or the United States government. TL-20-86

Date last updated: 1/21/2021
Version: 1.5

Tool navigation

Instructions

Data Import

Assessment Parameters

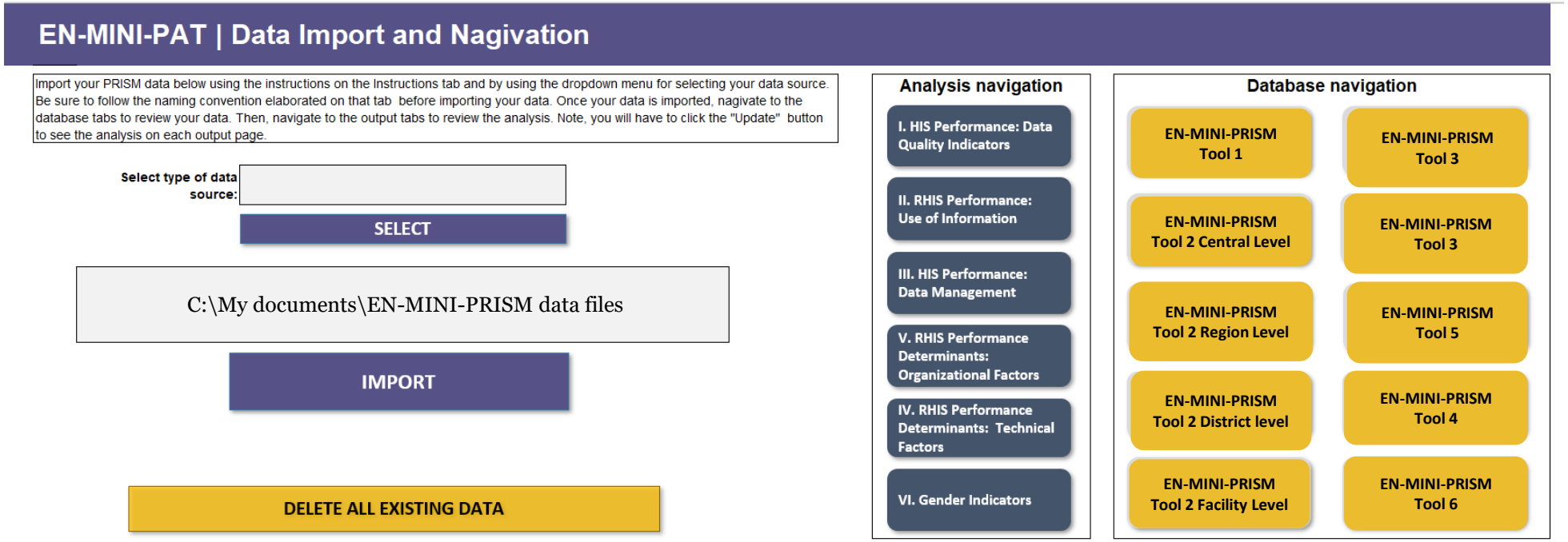
Master Facility List

Dashboard

Back

EN-MINI-PRISM Analysis Tool

Automated data analysis



EN-MINI-PRISM Analysis Tool

Detailed tables

Page navigation

UPDATE | CENTRAL | REGION | DISTRICT | FACILITY

Individual scores and mean score of the quality of supervision at the HF level

Table 5D.3

Data Source – Module IIb: RHIS Performance Diagnostic Tool (HF Level)			
Indicators	**Numerator**	**Denominator**	**%**
Supervisor checked the data quality	13	14	93%
Supervisor used checklist to assess data quality	13	14	93%
During visit, district supervisor discussed health facility's performance based on RHIS information	13	14	93%
Supervisor helped respondent make a decision or take corrective action based on the discussion	12	14	86%
Supervisor sent a report/written feedback on the last supervisory visit(s)	7	14	50%
Global quality of supervision			83%

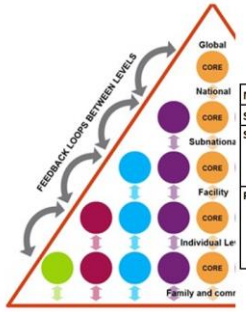
Heat-mapped summary tables

Summary tables for Use of Information indicators

			District			Facility		
	Indicator		**Numerator**	**Denominator**	**%**	**Numerator**	**Denominator**	**%**
Type of issues covered in annual plans demonstrating RHIS data use	**Annual plan contains activities and/or targets related to improving or addressing:**	Service coverage	0	2	0%	7	7	100%
		Health facility performance	2	2	100%	7	7	100%
		Neonatal morbidity diagnoses	2	2	100%	7	7	100%
		Emerging issues/epidemics	2	2	100%	5	7	71%
		Medicine stock outs	2	2	100%	6	7	86%
		HR management	2	2	100%	7	7	100%
		Gender disparity	0	2	0%	4	7	57%
Data dissemination outside the health sector	**Need to submit/present health indicator performance reports to a central council of public representatives/civil administration**		2	2	100%	16	16	100%
	Proportion of sites using/sharing data from the health indicators performance report	Reports/presentations use data from the RHIS to report on the health sector's progress	2	2	100%	12	16	75%
		Website is updated at least annually for accessing the central level's RHIS data by the general public	1	2	50%	0	16	0%
		Central level performance data shared with the general public via bulletin board chalkboard, and/or local publication	2	2	100%	13	16	81%

Data Analysis: EN-MINI-PRISM Analysis Tool Report-Ready Figures

Improve Newborn Data Quality

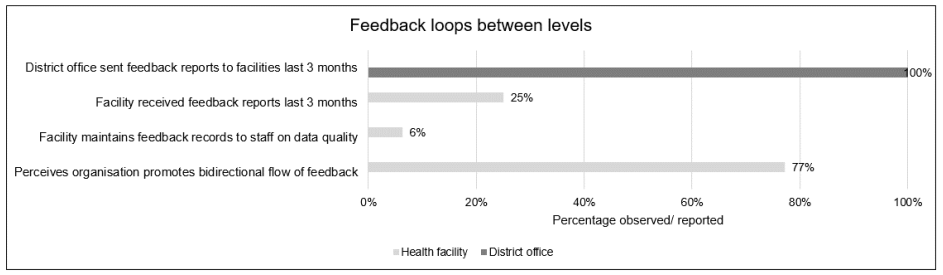


				Denominators: Total Birth	Denominators: Live birth	Newborn Data Quality Criteria
National -	Central	digital	eRHIS	not assessed		Accuracy - database entry exact match regional summary reports
Subnational -	Regional	digital	eRHIS	not assessed		Accuracy - database entry exact match facility summary reports
Subnational -	District	digital	eRHIS	100%	100%	Accuracy - database entry exact match facility reports
				91%	89%	**Completeness** of facility monthly reports
		paper	Summary Form report	100%	100%	**Availability** of facility monthly reports
Facility		paper	Summary Form report	98%	98%	**Accuracy** of monthly report exactly matches register data
				94%	96%	**Completeness** of monthly report submitted
				96%	96%	**Availability** of monthly report
		paper	Register	88%	88%	**Completeness** of register primary source data

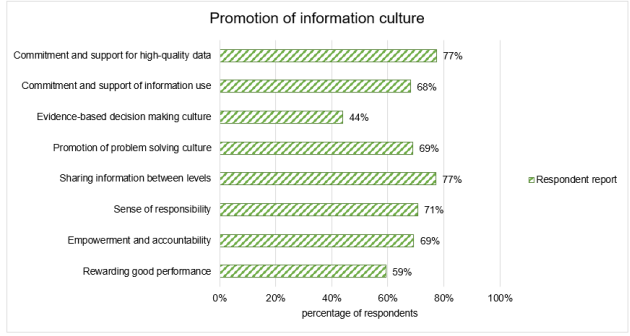
Improve Newborn Data Quality

		District review, n=2 offices: Monthly reports, n=50 facilities			Facility review, n=16 visits: Monthly reports, n=3 months			Registers, n=3 months
		Availability: of facility monthly reports	Completeness: of facility monthly reports	Accuracy: of database entry exactly matches facility reports	Availability: of monthly report	Completeness: of monthly report	Accuracy: of monthly report from register	Completeness: of register primary source data
Indicator domain	**Select Core Indicator data element**							
IMPACT	Stillbirth Numerator	100%	10%	100%	96%	96%	97%	98%
	Institutional neonatal deaths Numerator	100%	6%	100%	100%	100%	100%	100%
	Low birth weight Numerator	100%	20%	73%	96%	96%	86%	94%
COVERAGE: Every Newborn	Early initiation Breastfeeding Numerator	100%	81%	100%	96%	94%	94%	81%
COVERAGE: Small or sick newborns	Bag-mask-ventilation Numerator	100%	13%	100%	96%	90%	93%	94%
	KMC Numerator	64%	9%	100%	100%	100%	100%	100%
	Neonatal sepsis Numerator	100%	23%	100%	100%	100%	100%	100%
Maternal Tracer	Uterotonics prevent PPH Numerator	100%	88%	100%	96%	96%	97%	90%
Indicator denominators	Total Births Denominator	100%	91%	100%	96%	94%	98%	88%
	Live births Denominator	100%	89%	100%	96%	96%	98%	88%

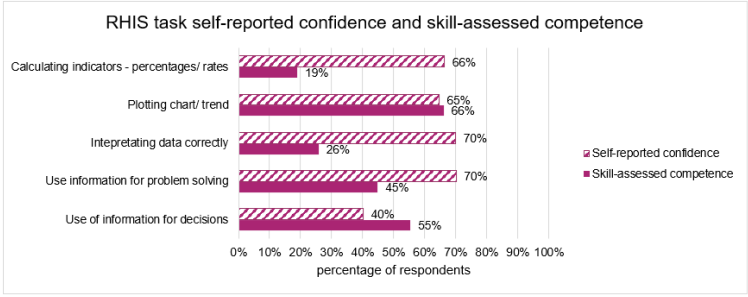
Improve Newborn Data Quality



Use Newborn Data for Decisions

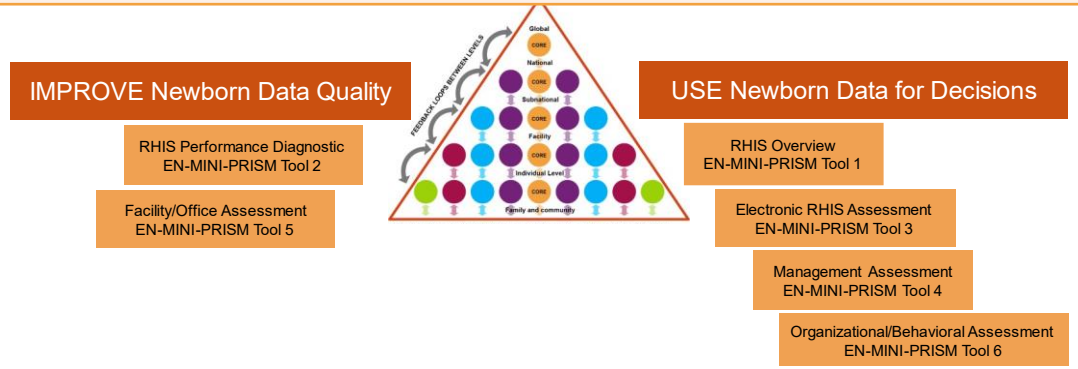


Use Newborn Data for Decisions



How long do EN-MINI-PRISM Tools 1-6 take?

	Data collection on SurveyCTO		Upload data to EN-MINI-PRISM Analysis tool, generate tables, figures
	Secondary/ tertiary hospital	**Primary facility**	
Bangladesh	1-2 days Team 2-3 people sample 7 hospitals	½-1 day Team 2 people sample 14 facilities	< 1 hour
Tanzania	1 day Team 6 people sample 2 hospitals	½ day Team 2 people sample 14 hospitals	< 1 hour



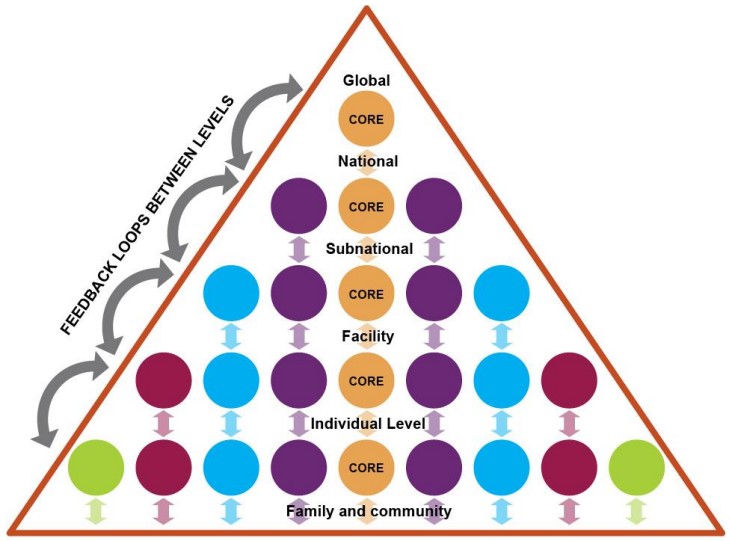
EN-MINI Tools Launch

Opening	Dr. Jessica Fehringer, Ms. Gabriela Escudero
Welcome	Dr. Barbara Rawlins, Dr. Theo Lippeveld
EN-MINI Tools co-creation	Dr. Louise Tina Day, Ms Josephine Shabani, Dr. Kim Peven, Ms. Hattie Ruysen
EN-MINI Tools: Tanzania	Ms. Josephine Shabani, Ms. Jacqueline Minja, Mr. Donat Shamba
EN-MINI Tools: Bangladesh	Ms. Shema Mhajabin, Dr. Ahmed Ehsanur Rahman,
Summary	Dr. Louise Tina Day
Roundtable discussion	MC: Prof. Joy Lawn, Dr. Allisyn Moran, Dr. Muhammad Shariful Islam, Dr. Felix Bundala, Dr. Honorati Masanja, Dr. Shams El Arifeen, Dr. Tariq Azim, Dr. Johan Sæbø, Dr. Marzia Lazzerini, Dr. Neena Khadka, Dr. Tedbabe Degefie Hailegebriel

EN-MINI Tools Assessment Tanzania 2021

MAP Newborn Data

Map Newborn Data
EN-MINI Tool 0



MAP Newborn Data

Tools to help you

- Find the routine newborn data in your system that can be used now to track progress
- Identify routine data gaps for what you need and want to measure
- Reduce measurement burden, especially for frontline health workers

Mapped newborn data availability in routine Health Information Systems

EN-MINI tools

EN-MINI mapping tool results - Tanzania

This report was generated on Fri Apr 29 11:21:38 2022 from data collected in **April 2022**.

EN-MINI Tool 0 Mapping Report

Section 2: Electronic RHIS

Indicators definition in EN-MINI Tool 0

Summarized by numerator, denominator, and full indicator

Indicator name	Type	Numerator	Denominator	Full indicator
Institutional maternal mortality ratio (per 100 000 deliveries)	Impact	All definitions exact	All definitions exact	All definitions exact
Stillbirth rate in a health facility	Impact	All definitions exact	All definitions exact	All definitions exact
Pre-discharge neonatal mortality rate	Impact	All definitions exact	All definitions exact	All definitions exact
Low birth weight among livebirths (%)	Impact	All definitions exact	All definitions exact	All definitions exact
Caesarean section rate	Outcome	All definitions exact	All definitions exact	All definitions exact
Postnatal care for women (Facility-based)	Outcome	All definitions exact	All definitions exact	All definitions exact
Posnatal care for newborns (Facility-based)	Outcome	All definitions exact	All definitions exact	All definitions exact
Newborns breastfed within one hour of birth	Outcome	All definitions exact	All definitions exact	All definitions exact
Newborn resuscitation with bag and mask	Outcome	All definitions exact	All definitions exact	All definitions exact
Premature (LBW) babies initiating KMC	Outcome	All definitions exact	All definitions exact	All definitions exact
Uterotonic for prevention of post-partum haemorrhage	Outcome	All definitions exact	All definitions exact	All definitions exact
Newborns treated for neonatal sepsis/infection	Outcome	All definitions exact	All definitions exact	Not available
Preterm birth (facility based)	Impact	Not available	All definitions exact	Not available
Antenatal corticosteroid use	Outcome	Not available	All definitions exact	Not available

EN-MINI Tool 0 Mapping Report: Tanzania Pilot

Section 3: Data Availability (All Levels)

Summary of all locations
with exact definitions
by source
and details for
numerator/denominator

Indicator	Data level	Document source	Indicator/element/ register column name	Numerator	Denominator	Full indicator
Newborns treated for neonatal sepsis/infection	Register	Labor and delivery	Mama amepewa dawa/ sindano ya antibiotic # EmOC services:Mother given antibiotic tablets/injection	Availabile	Not available	Not available
Uterotonic for prevention of post-partum haemorrhage	Register	Labor and delivery	Mama amepewa Oxytocin, Ergometrine, Misoprostol # EmOC services:Mother given Oxytocin,Ergometrine,Misoprostol	Availabile	Not available	Not available
Institutional maternal mortality ratio (per 100 000 deliveries)	Register	Labor and delivery	Hali ya Mama na Mtoto wakati wa kuruhusiwa kutoka wodi ya wazazi na kujifungua # Mother condition during discharge from Labor Ward(Alive/dead)	Availabile	Not available	Not available
Pre-discharge neonatal mortality rate	Register	Labor and delivery	Chunguza na andika hali ya mtoto # Baby condition during discharge from Labor Ward	Availabile	Not available	Not available
Caesarean section rate	Summary Form	Labor and delivery	Caesarian Section (CS)	Availabile	Not available	Not available
Uterotonic for prevention of post-partum haemorrhage	Summary Form	Labor and delivery	Idadi ya wanawake waliopata Oxytocin baada ya kujifungua # Number of women receiving Oxytocin after childbirth	Availabile	Not available	Not available
Uterotonic for prevention of post-partum haemorrhage	Summary Form	Labor and delivery	Idadi ya wanawake waliopata Egometrine baada ya kujifungua # Number of women who received Egometrine after childbirth	Availabile	Not available	Not available

EN-MINI Tool 0 Mapping Report: Tanzania Pilot

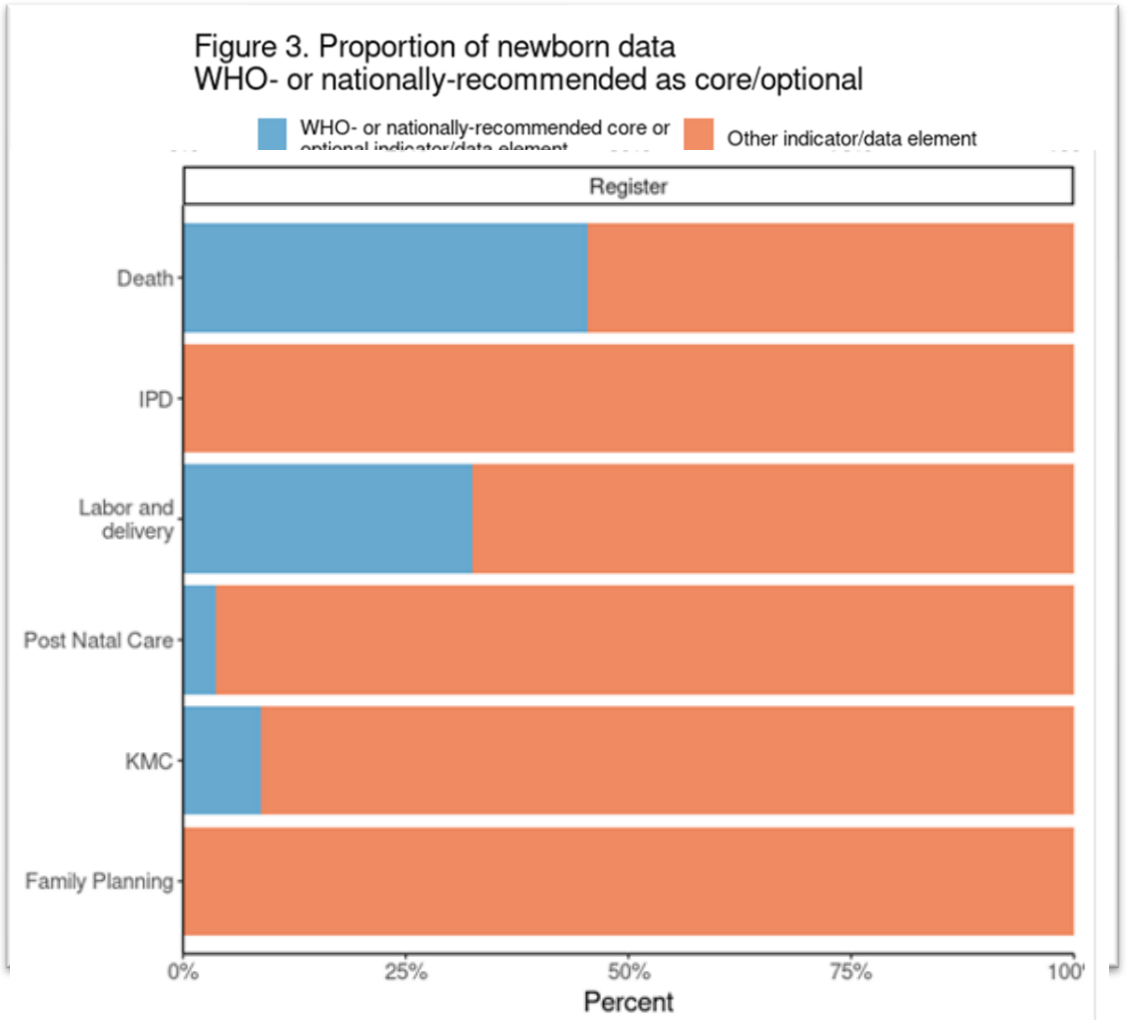
Section 5: Documentation Burden

- Balance:
  - Core/optional data elements in blue
  - Other data elements in orange

- All levels (DHIS2, summary forms, registers) only 29% are for core/optional indicators

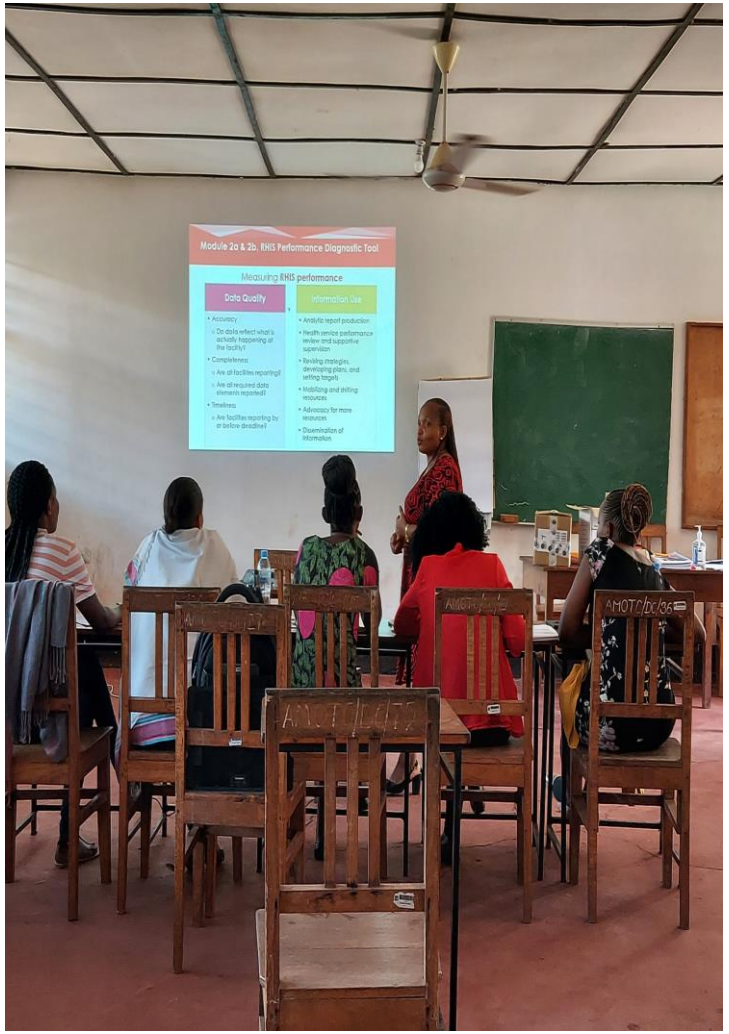
- Register - most data elements not needed for newborn core/optional indicator measurement

- Consider reducing register data elements



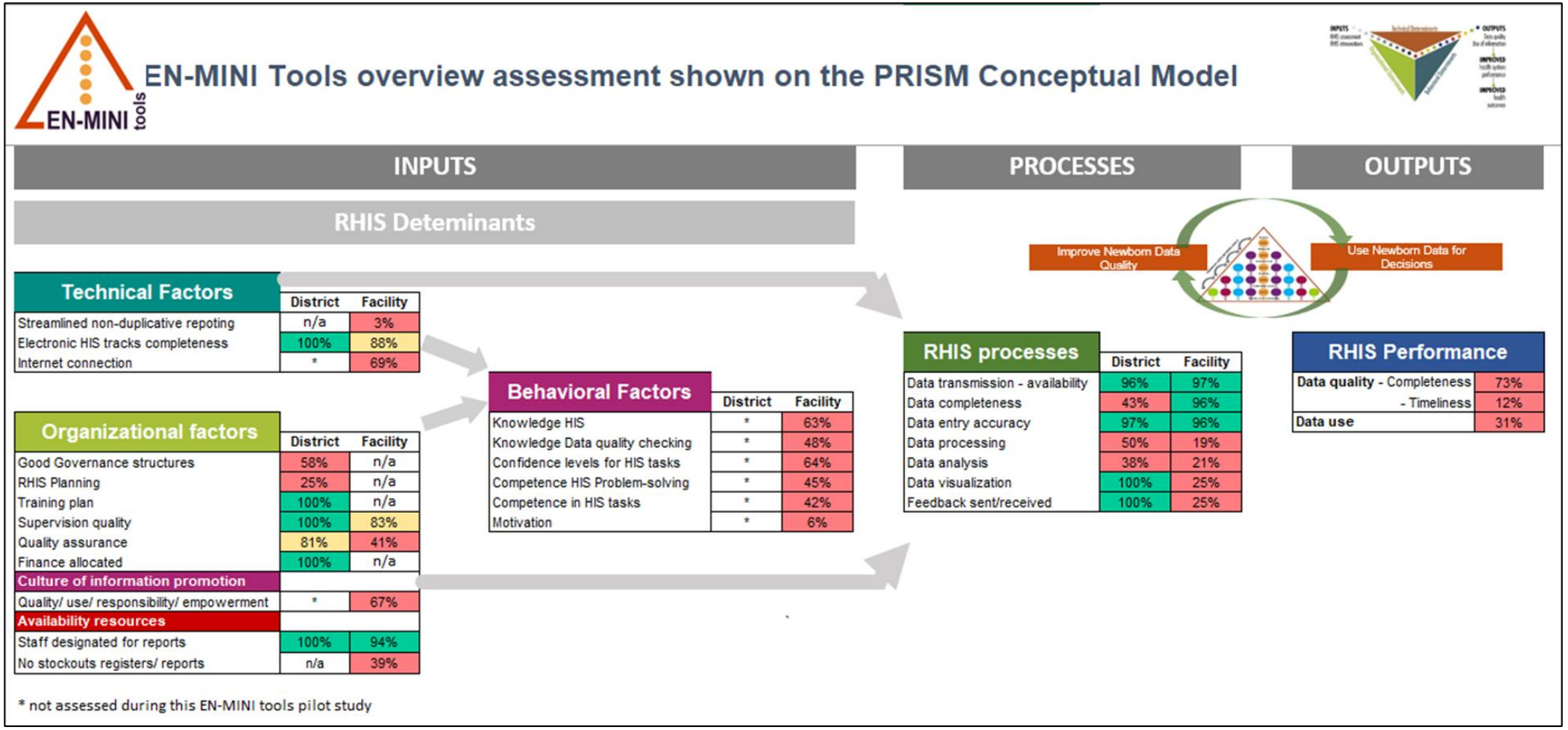
EN-MINI-PRISM Tools 1-6 Tanzania Pilot

- **Location, sampling, and respondents**
  - Tanga Region: Pangani District Council and Tanga City Council
  - Two district offices
  - 16 facilities providing inpatient newborn health services
    - Two hospitals
    - 14 health centres and dispensaries, simple random sample
  - Respondents all professionals involved in newborn/ stillbirth data recording/ reporting/ analysis and data use
- **Training** data collectors over five days



EN-MINI-PRISM Tools Pilot, Tanzania Overview

n=16 facilities, 2 district offices



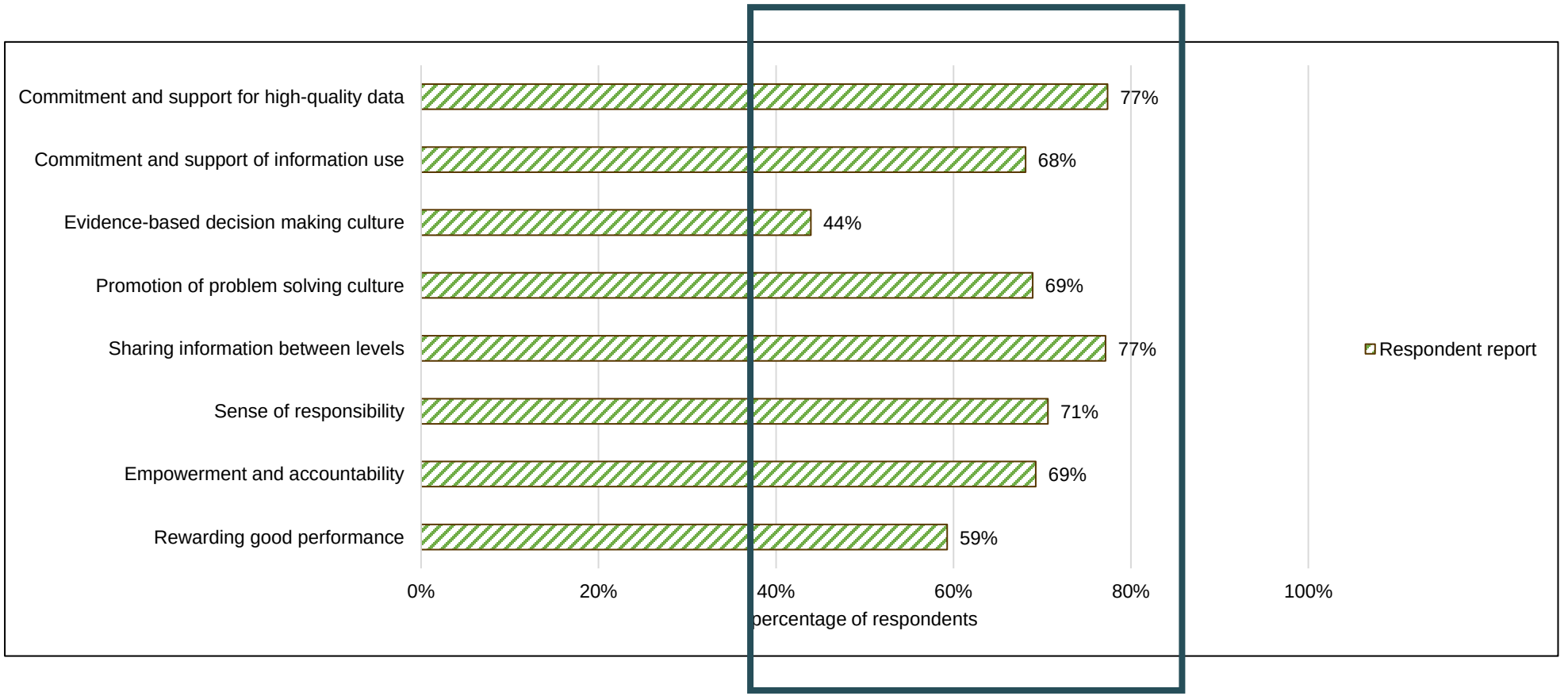
EN-MINI-PRISM Tools Pilot, Tanzania
USE Newborn Data: Existing Evidence

n=16 facilities, 47 respondents

		District	Facility
Organizational factors	Evidence data analysis taking place	38%	21%
RHIS processes	Data Visualization	100%	25%
	Use of data to produce narrative analytical reports	50%	19%
Use Newborn data for decisions	Use information for discussion on key performance targets	100%	75%
	Use information for coverage of services	0%	13%
	Use sex-disaggregated data	0%	0%
	Use information for human resources decisions	100%	25%
	Use information for quality improvement	100%	0%

EN-MINI-PRISM Tools Pilot, Tanzania
Promotion of Information Culture

n=16 facilities, 47 respondents

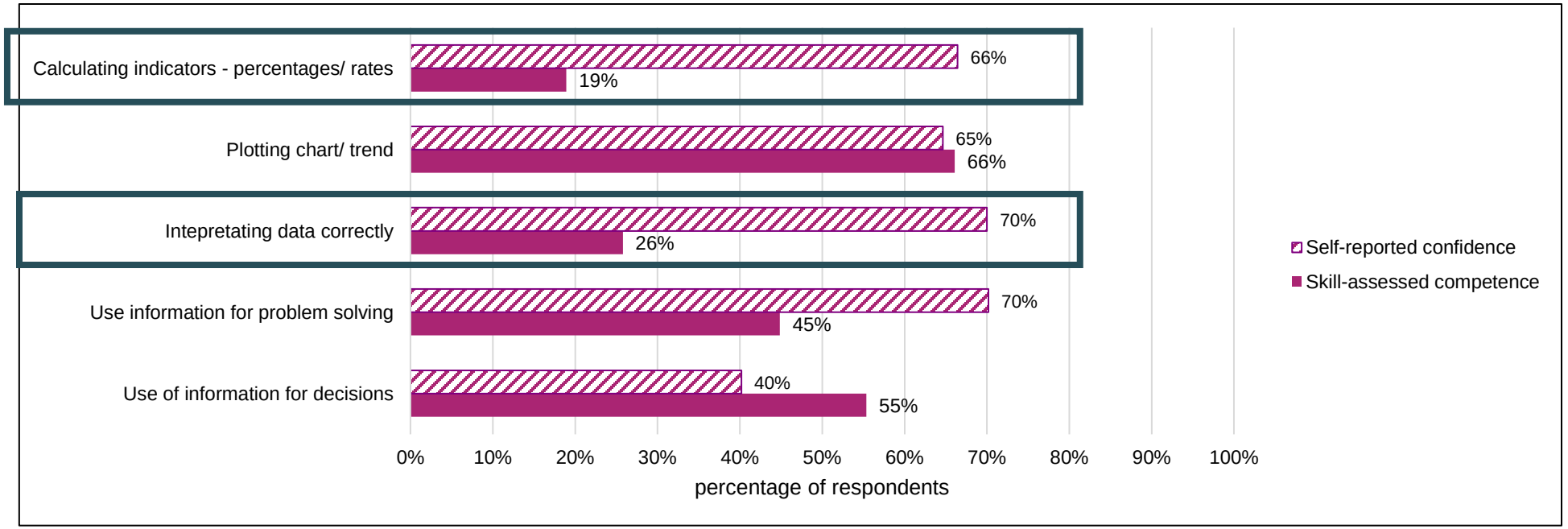


44–77%

EN-MINI-PRISM Tools Pilot, Tanzania RHIS Task Self-Reported Confidence and Skill-Assessed Competence

n=16 facilities, 47 respondents

Confidence-competence gap



19–70%

EN-MINI-PRISM Tools Pilot, Tanzania

Data Quality – Denominators

n=16 facilities, 2 district offices

			Denominators		Newborn Data Quality Criteria
			Total Birth	Live birth	
National - Central	digital	eRHIS	not assessed		Accuracy - database entry exact match regional summary reports
Subnational - Regional	digital	eRHIS	not assessed		Accuracy - database entry exact match facility summary reports
Subnational - District	digital	eRHIS	100%	100%	Accuracy - database entry exact match facility reports
	paper	Summary Form report	91%	89%	**Completeness** of facility monthly reports
			100%	100%	**Availability** of facility monthly reports
Facility	paper	Summary Form report	98%	98%	**Accuracy** of monthly report exactly matches register data
			94%	96%	**Completeness** of monthly report submitted
			96%	96%	**Availability** of monthly report
	paper	Register	88%	88%	**Completeness** of register primary source data

Numerators – reports incomplete

EN-MINI-PRISM Tools Pilot, Tanzania
IMPROVE Routine Data Quality: Existing Evidence

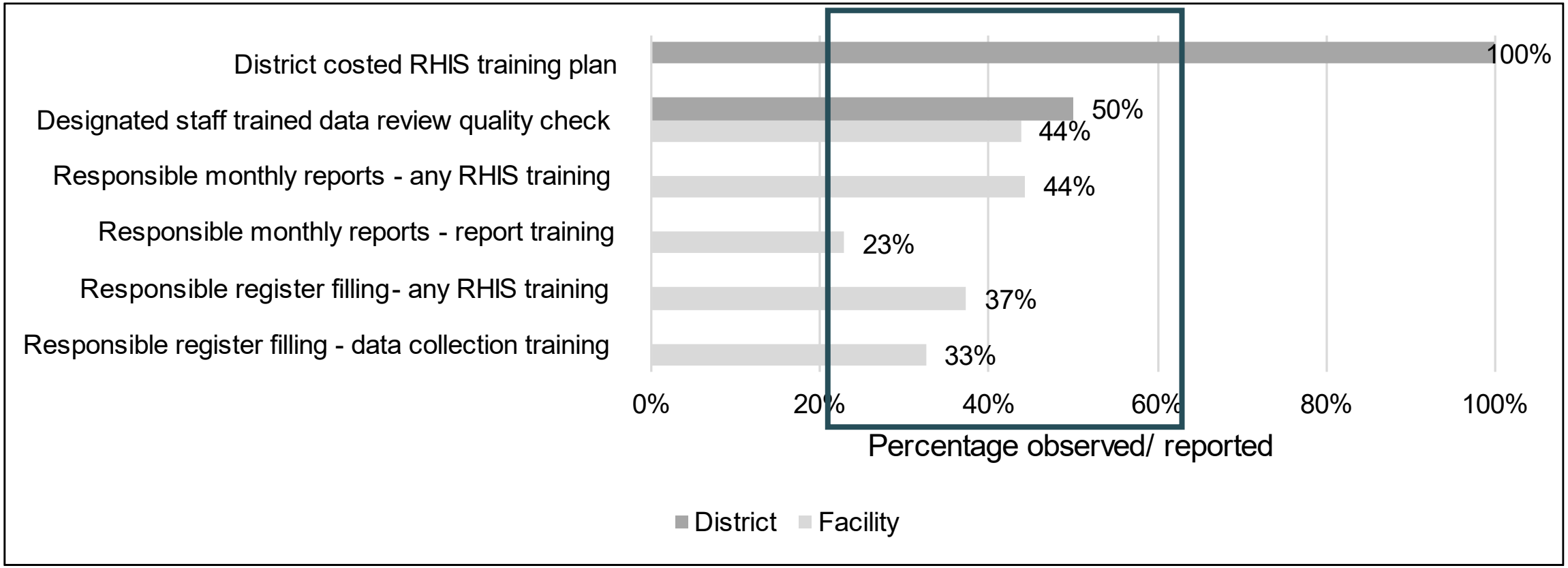
n=16 facilities, 2 district offices

		District	Facility
Organizational factors	Good governance structures	58%	
	Planning for RHIS	25%	
	Use of quality improvement standards	100%	
	Supervision quality	100%	83%
	Financial resources allocated	100%	
	Training plan costed	100%	
	Data quality assurance score	81%	41%
	Designated staff check report data quality	100%	88%
Behavioral Factors	Knowledge HIS	*	63%
	Knowledge data quality checking methods	*	48%
	Motivation among staff		6%
Improve Newborn Data Quality	Use of routine data for RHIS quality improvemen	100%	25%

* not assessed during this EN-MINI tools pilot study

EN-MINI-PRISM Tools Pilot Tanzania
RHIS Training

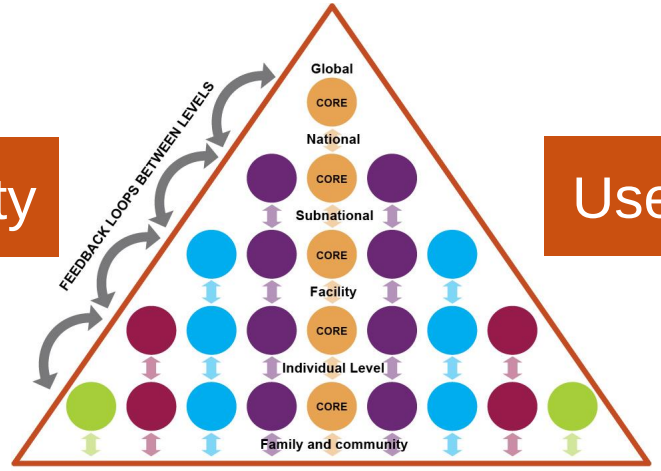
n=16 facilities, 2 district offices



EN-MINI-PRISM Pilot, Tanzania
STRONG Performance to Recognize

Map Newborn Data

- Most newborn data elements/ indicators in DHIS2



Improve Newborn Data Quality

- Organizational factors for RHIS at district office
- Good completeness summary reports for newborn indicator denominators
- Accurate data entry in electronic RHIS (DHIS2) from summary reports

Use Newborn Data for Decisions

- Analysis, visualizations newborn/stillbirth data happening at district level
- Use of information for key performance targets at district level

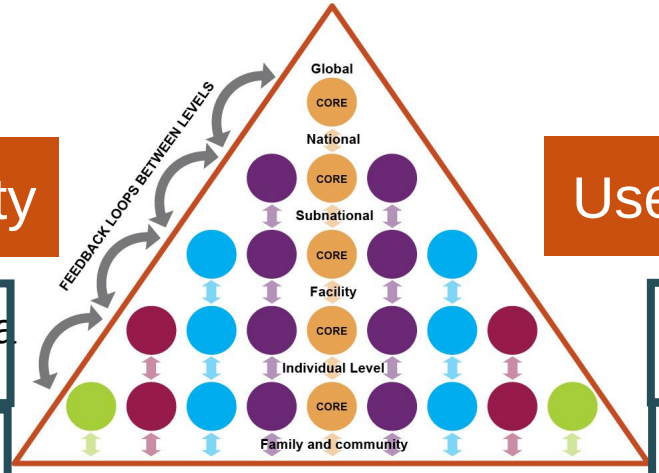
EN-MINI-PRISM Pilot, Tanzania
GAPS for Focused Action

Map Newborn Data

- Streamline RHIS processes to reduce data burden from duplication

Improve Newborn Data Quality

- Value frontline health facility staff collecting data to overcome the very low motivation
- Train health facility staff in RHIS competencies
- Ensure feedback reports
- Improve supervisory actionable discussions
- Enable timely reporting
- Increase data quality assurance at both at health facilities and district level



Use Newborn Data for Decisions

- Improve the “Data/Information Culture” in health facilities
- Strengthen newborn data analysis, reports, and visualizations at health facility level
- Enable use of data for coverage of newborn services and quality improvement
- Start to use sex-disaggregated data at both district office and health facility level

EN-MINI Tools Launch

Opening	Dr. Jessica Fehringer, Ms. Gabriela Escudero
Welcome	Dr. Barbara Rawlins, Dr. Theo Lippeveld
EN-MINI Tools co-creation	Dr. Louise Tina Day, Ms Josephine Shabani, Dr. Kim Peven, Ms. Hattie Ruysen
EN-MINI Tools: Tanzania	Ms. Josephine Shabani, Ms. Jacqueline Minja, Mr. Donat Shamba
EN-MINI Tools: Bangladesh	Ms. Shema Mhajabin, Dr. Ahmed Ehsanur Rahman
Summary	Dr. Louise Tina Day
Roundtable discussion	MC: Prof. Joy Lawn, Dr. Allisyn Moran, Dr. Muhammad Shariful Islam, Dr. Felix Bundala, Dr. Honorati Masanja, Dr. Shams El Arifeen, Dr. Tariq Azim, Dr. Johan Sæbø, Dr. Marzia Lazzerini, Dr. Neena Khadka, Dr. Tedbabe Degefie Hailegebriel

Findings of EN-MINI Tools Assessment in Bangladesh

EN-MINI-PRISM Tools Assessment in Bangladesh

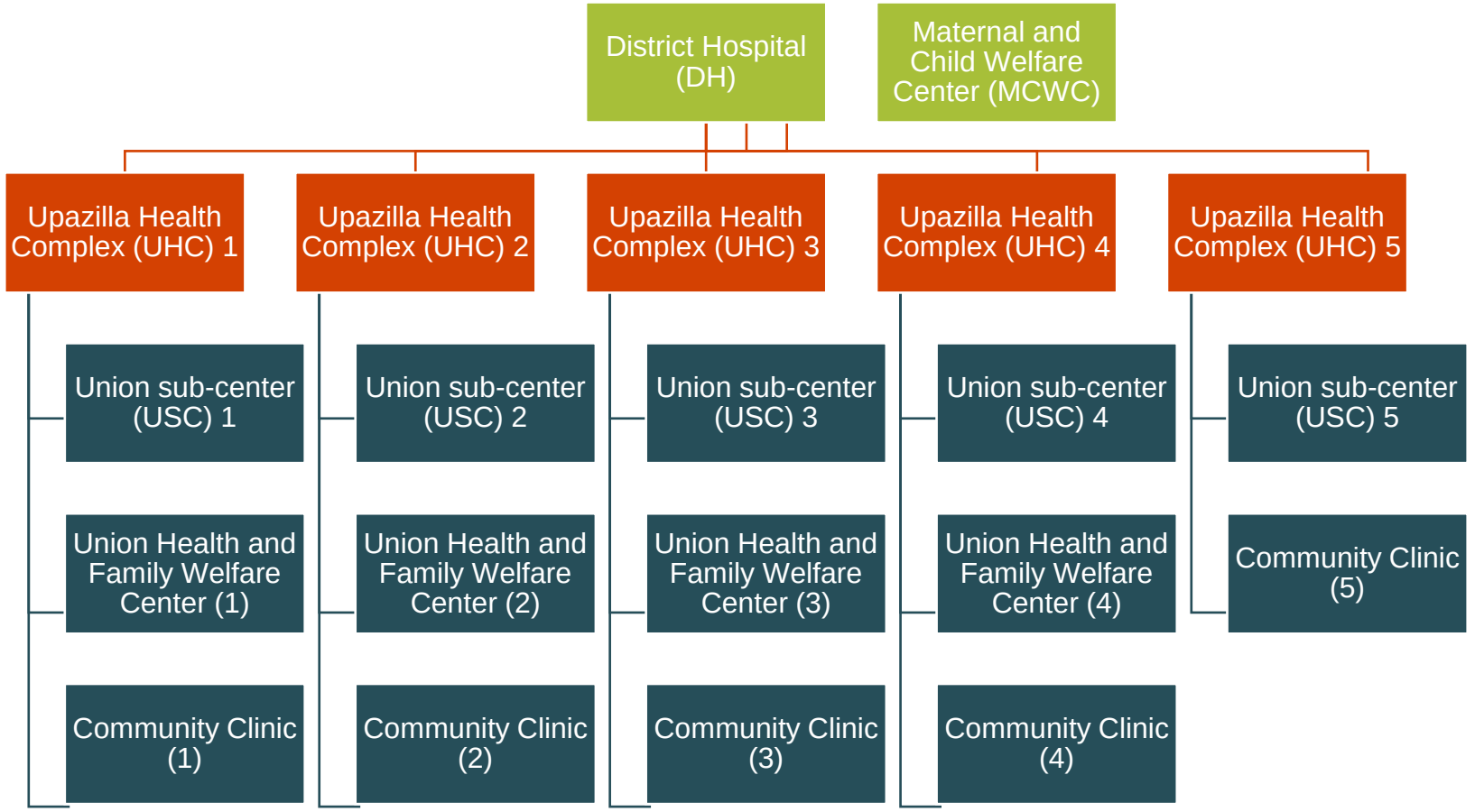
Kushtia District

- 5 Upazillas

Selected facilities at different tiers

- 21 facilities

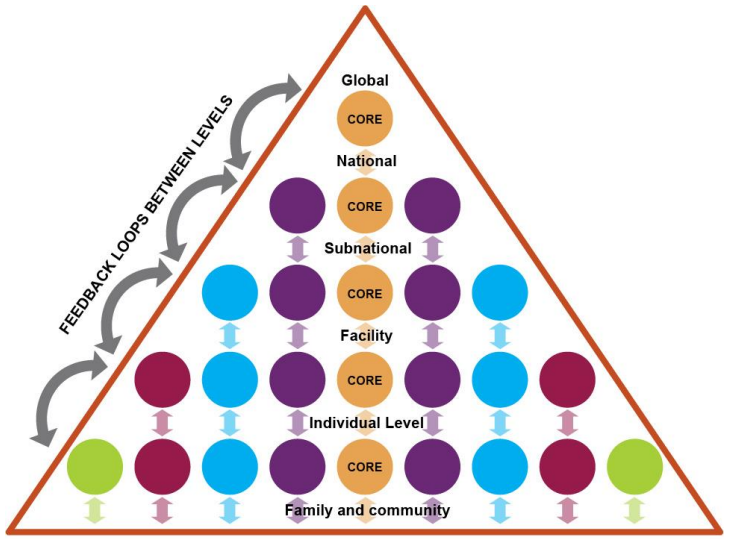
Data were collected between September–November 2021



EN-MINI Tool 0 Findings from Mapping Report, Bangladesh

MAP Newborn Data

Map Newborn Data
EN-MINI Tool 0



Availability and gaps of all ENAP indicators:

- What level of health facilities record and/or report on newborn indicators?
- What registers/reports are used to record and/or report ENAP indicators (numerator/denominator/both?

Public Health Systems in Bangladesh

Directorate General of Health Services (DGHS)

Directorate General of Family Planning (DGFP)

Medical College #36 PG institute #39	Division #8	Family Planning Institute #3
District Hospital #64 Other Hospital #7	District #64	MCWC #62
UHC #424; Other Hospital #62	Sub-district #492	MCWC #12
USC/UH&FWC # 1,399	Union #4,554	UH&FWC #3,924
Community Clinic # 13,442	Ward #40,987	

Routine Health Information Systems in Bangladesh

Directorate General of Health Services (DGHS)

Medical College
#36
PG institute
#39

District Hospital
#64
Other Hospital
#7

UHC
#424;
Other Hospital
#62

USC/UH&FWC
1,399

Community Clinic
13,442

DGHS MIS

dhis2

Routine HIS

eMIS

DGFP MIS

Family Planning Institute
#3

MCWC
#62

MCWC
#12

UH&FWC
#3,924

Directorate General of Family Planning (DGFP)

Routine Health Information Systems in Bangladesh (DGHS MIS)

Directorate General of Health Services (DGHS)

		Identified	Mapped			
Medical College #36 PG institute #39						
District Hospital #64 Other Hospital #7		11 7	EmONC, ANC, PNC register EmONC report	IMCI 0-59 days & 2-59 months IMCI report	KMC register KMC report	SCANU register SCANU report
UHC #424; Other Hospital #62		12 5	EmONC, ANC, PNC register EmONC report	IMCI 0-59 days & 2-59 months IMCI report	KMC register KMC report	SCANU register SCANU report
USC/UH&FWC # 1,399		2 1	IMCI 0-59 days & 2-59 months IMCI report			
Community Clinic # 13,442		2 2	Maternal health & FP service reg Form-3 CC monthly mothers' health	Newborn & Child Health Service Reg Form-2 CC monthly child report		

Routine Health Information Systems in Bangladesh (DGFP MIS)

Directorate General of Family Planning (DGFP)

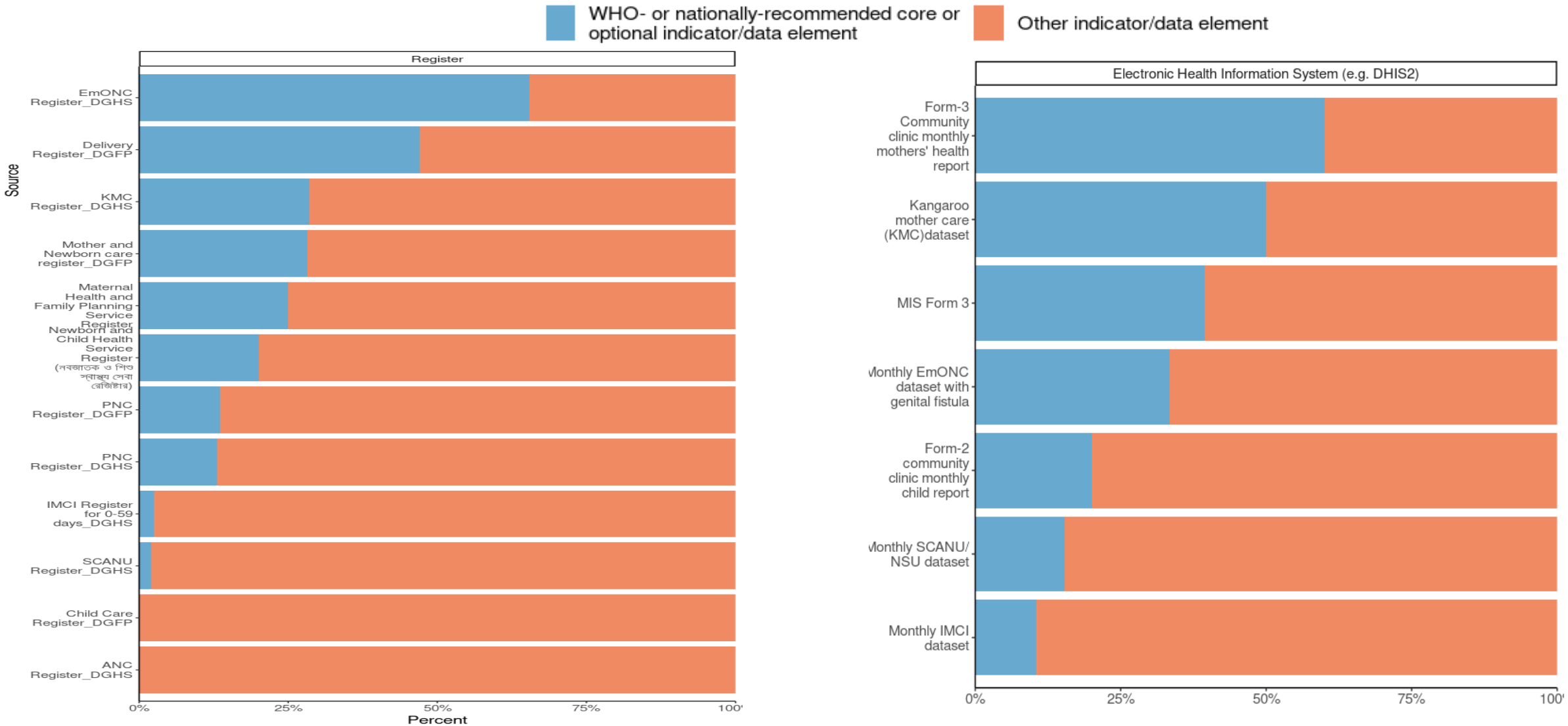
	Mapped	Identified
Family Planning Institute #3		
MCWC #62	Mother and Newborn care Register, Delivery register, Childcare register, PNC register → MIS form 3	6 / 2
MCWC #12		
UH&FWC #3,924	Mother and Newborn care Register, Delivery register, Childcare register, PNC register → MIS form 3	8 / 2
	IMCI 0-59 days & 2-59 months → IMCI report	

Bangladesh – Map newborn data: Findings – Availability in Reporting Forms

Indicator name	Type	Numerator	Denominator
Institutional maternal mortality ratio (per 100 000 deliveries)	Impact	All definitions exact	All definitions exact
Stillbirth rate in a health facility	Impact	All definitions exact	All definitions exact
Pre-discharge neonatal mortality rate	Impact	At least one exact definition	All definitions exact
Preterm birth (facility based)	Impact	All definitions exact	All definitions exact
Newborns with documented birthweight	Outcome	Not available	All definitions exact
Low birth weight among livebirths (%)	Impact	All definitions exact	All definitions exact
Premature (LBW) babies initiating KMC	Outcome	At least one exact definition	Not available
Newborns breastfed within one hour of birth	Outcome	All definitions exact	All definitions exact
Newborn resuscitation with bag and mask	Outcome	All definitions exact	All definitions exact
Newborns treated for neonatal sepsis/infection	Outcome	Not available	All definitions exact
Newborns treated for neonatal sepsis/infection (adapted)	Outcome	All definitions exact	All definitions exact
Antenatal corticosteroid use	Outcome	All definitions exact	All definitions exact
Uterotonic for prevention of post-partum haemorrhage	Outcome	At least one exact definition	All definitions exact
Chlorhexidine cord cleansing	Outcome	All definitions exact	All definitions exact
Caesarean section rate	Outcome	All definitions exact	All definitions exact
Postnatal care for women (Facility-based)	Outcome	All definitions exact	All definitions exact
Posnatal care for newborns (Facility-based)	Outcome	All definitions exact	All definitions exact
Skilled birth attendant	Outcome	Not available	All definitions exact
Exclusive breastfeeding	Outcome	All definitions exact	All definitions exact

Bangladesh: Documentation Burden of the Registers and Reporting Forms

Figure 3. Proportion of newborn data
WHO- or nationally-recommended as core/optional



EN-MINI-PRISM Tools: Bangladesh Pilot

Use Newborn Data for Decisions

RHIS Overview
EN-MINI-PRISM Tool 1

Electronic RHIS Assessment
EN-MINI-PRISM Tool 3

Management Assessment
EN-MINI-PRISM Tool 4

Organizational/Behavioral Assessment
EN-MINI-PRISM Tool 6

Status of newborn data use:

- What is the data use at district/ facility level?
- What is the competence level of the health workers for RHIS tasks?
- What is the data culture for data use at the facility level?

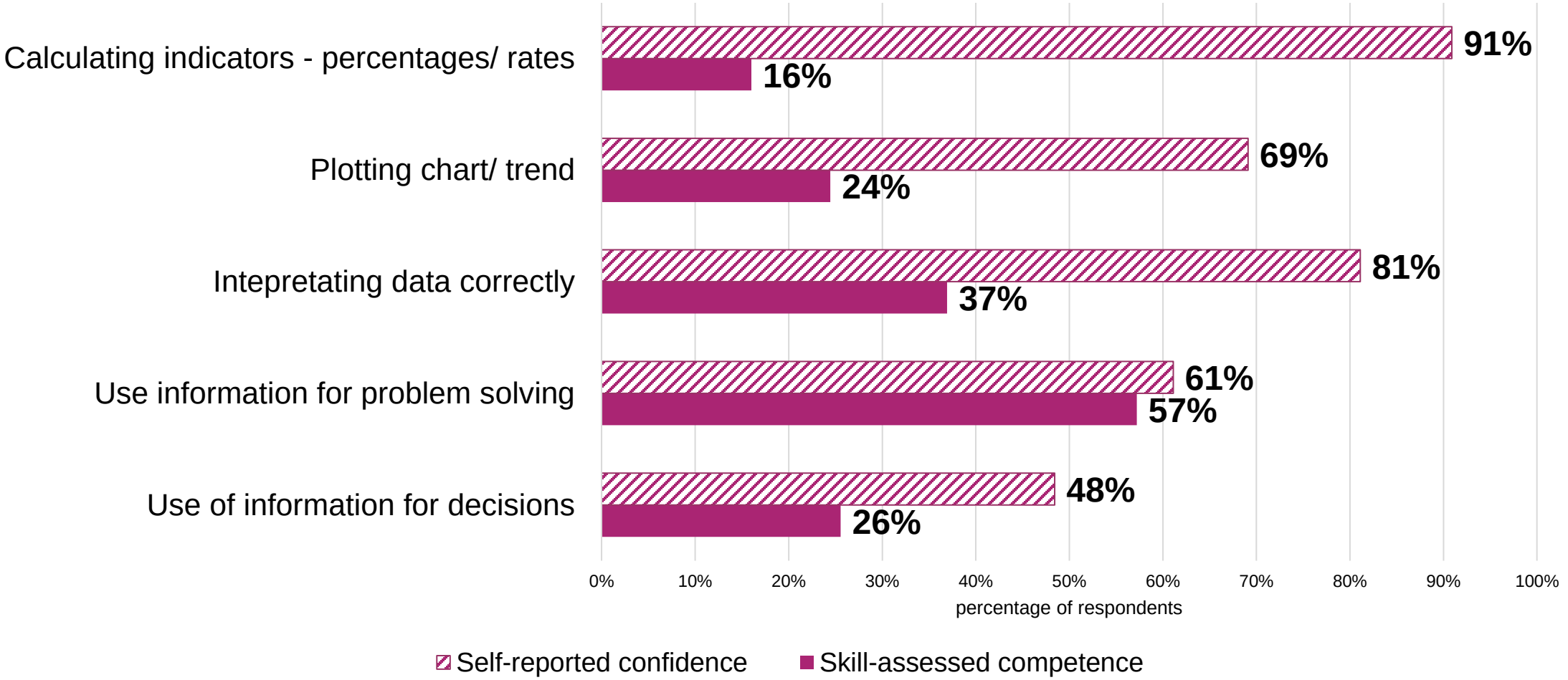
Adapted from: Day LT, Moran AC, Jackson D, et al. (2019). Survive and Thrive: Transforming care for every small and sick newborn. Chapter 5, Figure 5.1. Geneva, Switzerland.

EN-MINI-PRISM Tools: Evidence of existing data use

		District	Facility
Organizational factors	Evidence data analysis taking place	67%	40%
RHIS processes	Data visualization	100%	38%
	Use of data to produce narrative analytical reports	100%	33%
Use Newborn data for decisions	Use information for discussion on key performance targets	100%	75%
	Use information for coverage of services	83%	48%
	Use sex-disaggregated data	33%	19%
	Use information for human resources decisions	67%	24%
	Use information for quality improvement	100%	14%

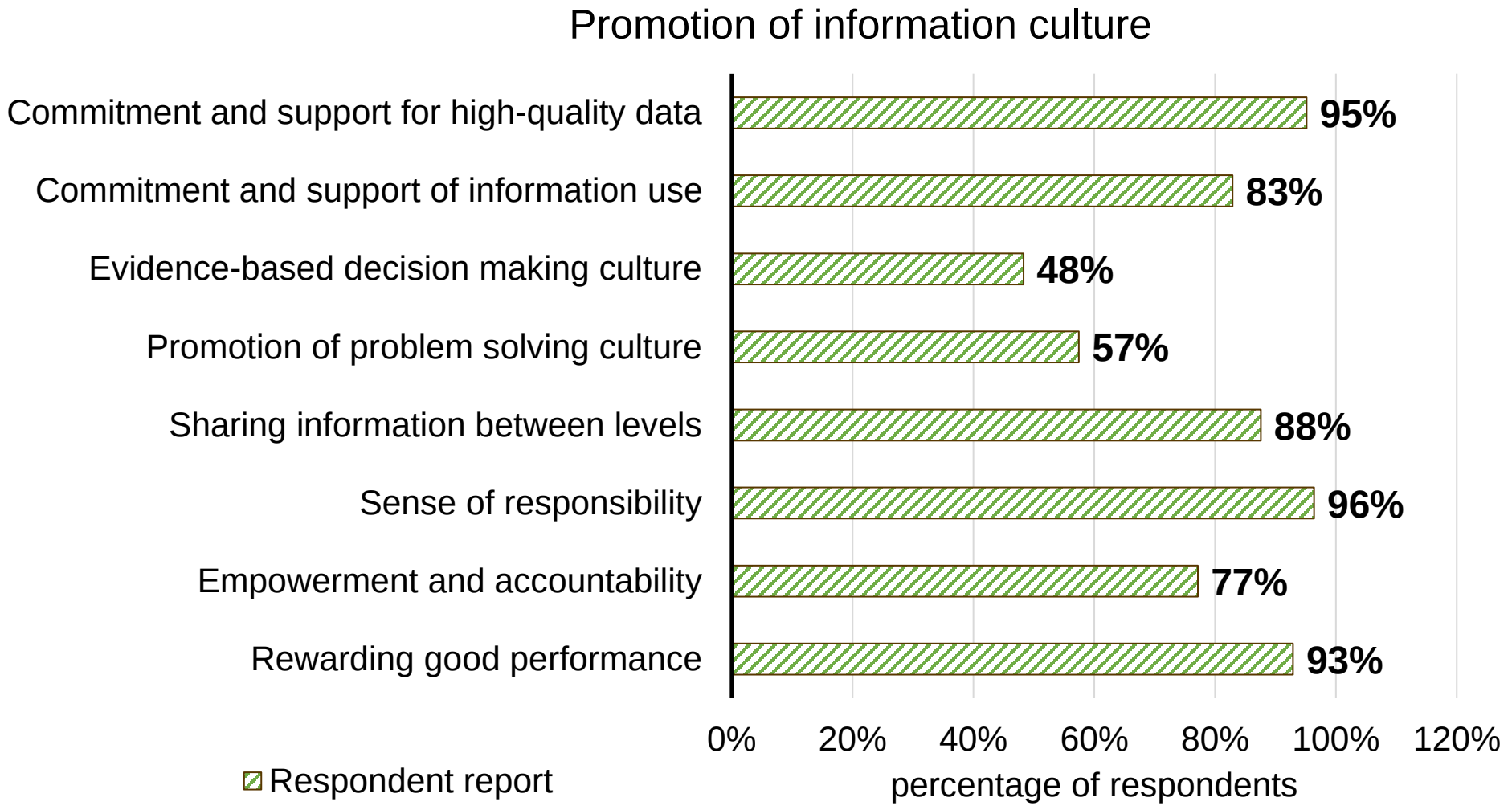
n=21 facilities, 52 respondents

EN-MINI-PRISM Tools: RHIS Task Self-Reported Confidence and Skill-Assessed Competence



n=17 facilities, 45 respondents

EN-MINI-PRISM Tools: Promotion of Information Culture

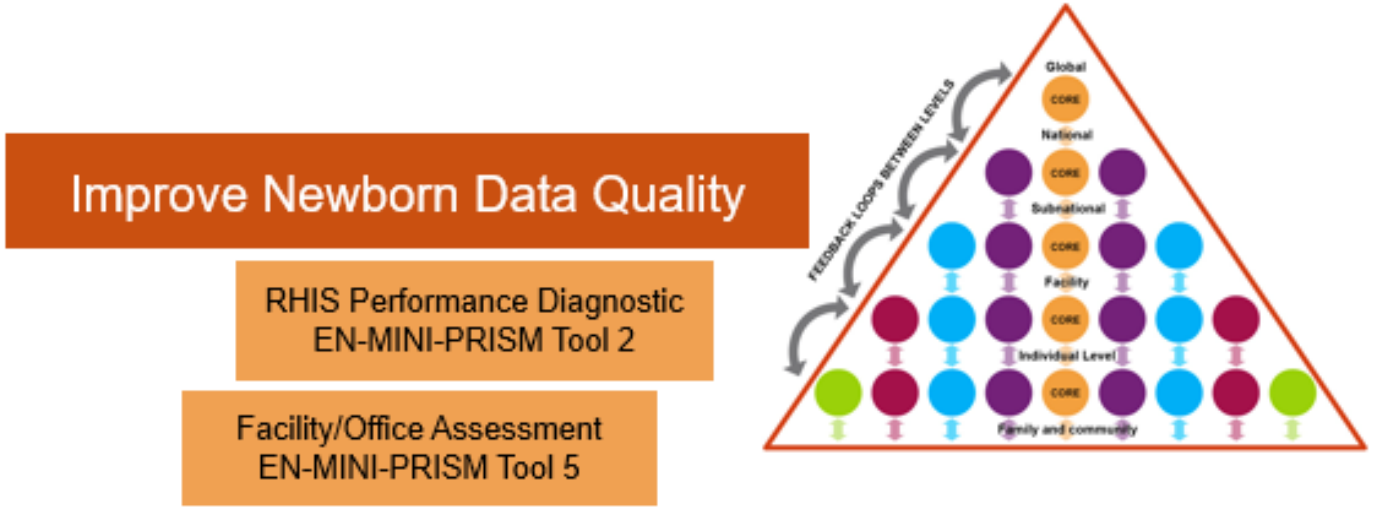


n=17 facilities, 45 respondents

EN-MINI-PRISM Tools: Bangladesh

Improve newborn data:

- What factors can improve newborn data?
- How important is supervision in improving newborn data?

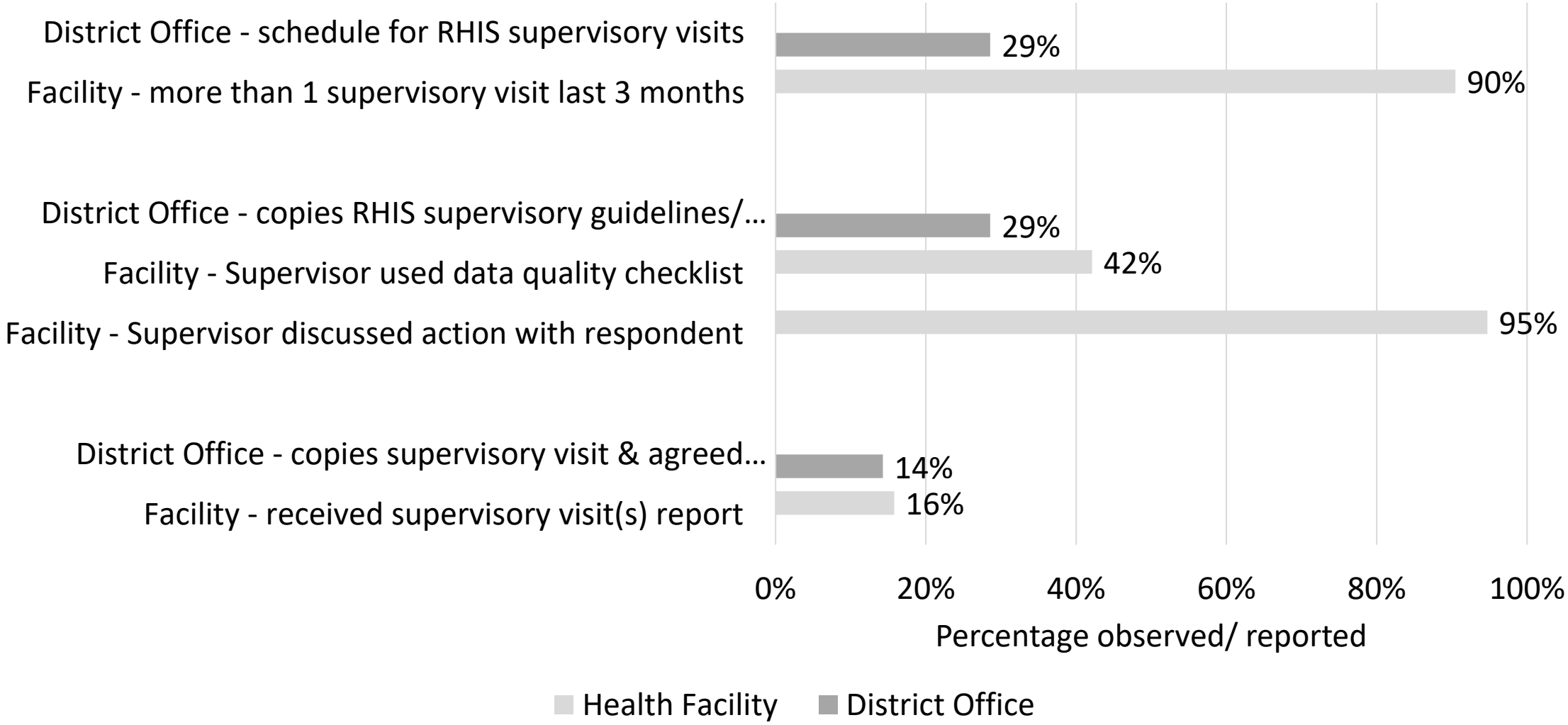


EN-MINI-PRISM Tools: Factors Affecting Routine Data Quality

		District	Facility
Organizational factors	Good governance structures	24%	
	Planning for RHIS	29%	
	Use of quality improvement standards	90%	
	Supervision quality	21%	63%
	Financial resources allocated	29%	
	Training plan costed	14%	
	Data quality assurance score	13%	13%
	Designated staff check report data quality	100%	57%
Behavioral Factors	Knowledge HIS	0%	54%
	Knowledge data quality checking methods	0%	40%
	Motivation among staff		8%
Improve Newborn Data Quality	Use of routine data for RHIS quality improvement	100%	69%

n=21 facilities, 52 respondents

EN-MINI-PRISM Tools: Supervision Mechanisms



Summary and Way Forward of EN-MINI Tools Assessment: Bangladesh

MAP Newborn Data

Do we have ENAP indicators available at the facility level?
YES, most of them

At which level of the pyramid are ENAP data captured?
All facility levels

Do we need all captured data?
NO, a lot of the data are not newborn-specific

USE Newborn Data for Decisions

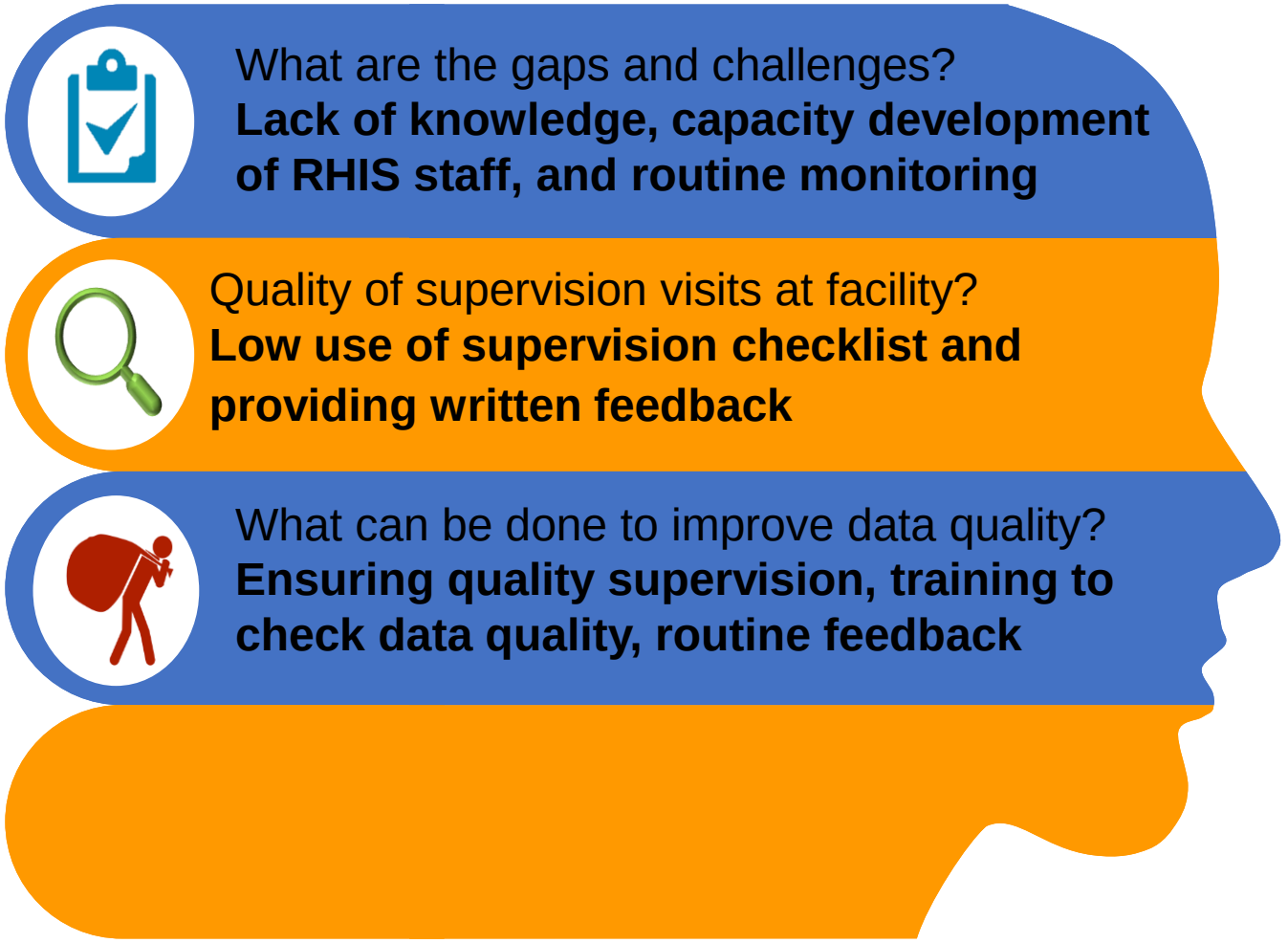
Do we use data and at what level?
YES, mostly at district level

What is the current level of data use?
Lack of use in newborn decision making

How to improve data use?
Increased competence level of health workers and ensure evidence-based decision making

Summary and Way forward of EN-MINI Tools Assessment: Bangladesh

Improve Newborn Data Quality



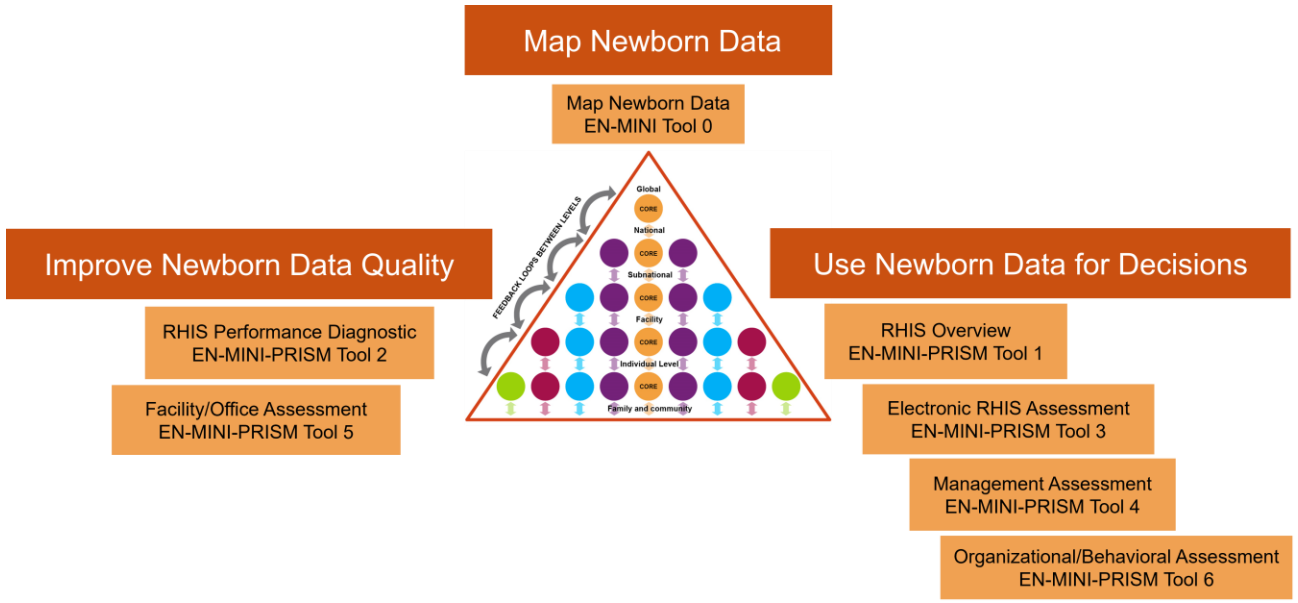
EN-MINI Tools Launch

Opening	Dr. Jessica Fehringer, Ms. Gabriela Escudero
Welcome	Dr. Barbara Rawlins, Dr. Theo Lippeveld
EN-MINI Tools co-creation	Dr. Louise Tina Day, Ms Josephine Shabani, Dr. Kim Peven, Ms. Hattie Ruysen
EN-MINI Tools: Tanzania	Ms. Josephine Shabani, Ms. Jacqueline Minja, Mr. Donat Shamba
EN-MINI Tools: Bangladesh	Ms. Shema Mhajabin, Dr. Ahmed Ehsanur Rahman,
Summary	Dr. Louise Tina Day
Roundtable discussion	Prof. Joy Lawn, Dr. Allisyn Moran, Dr. Muhammad Shariful Islam, Dr. Felix Bundala, Dr. Honorati Masanja, Dr. Shams El Arifeen, Dr. Tariq Azim, Dr. Johan Sæbø, Dr. Marzia Lazzerini, Dr. Neena Khadka, Dr. Tedbabe Degefie Hailegebriel

Every Newborn-Measurement Improvement for Newborn & Stillbirth Indicators

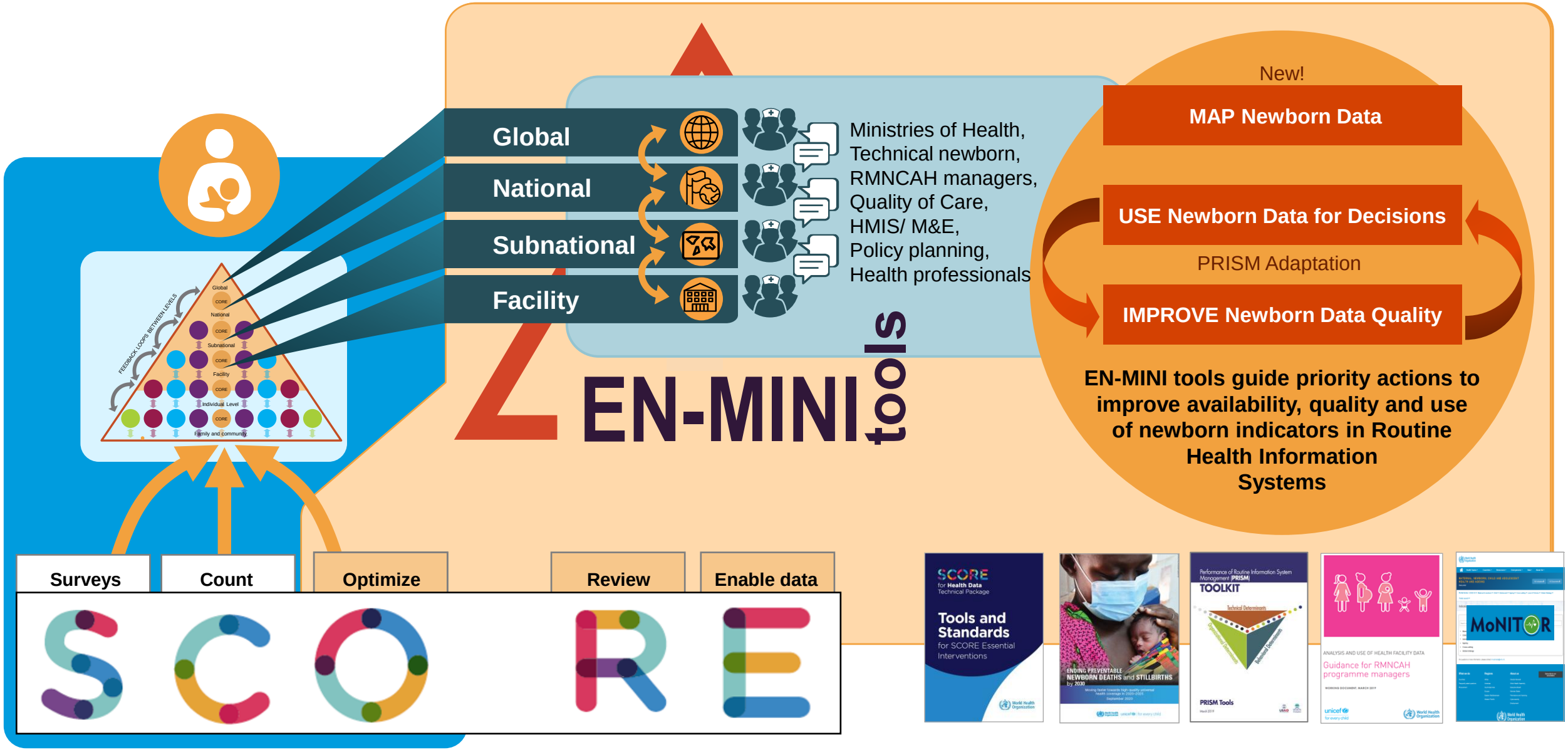
EN-MINI Tools for Routine Health Information Systems

- Flexible tools designed for country contextualization
- Sub-national and source facility data emphasis
- Builds on strength of PRISM conceptual framework
- Includes novel MAPPING tool
- User-friendly, nimble
  - Direct digital data collection
  - Automated reporting



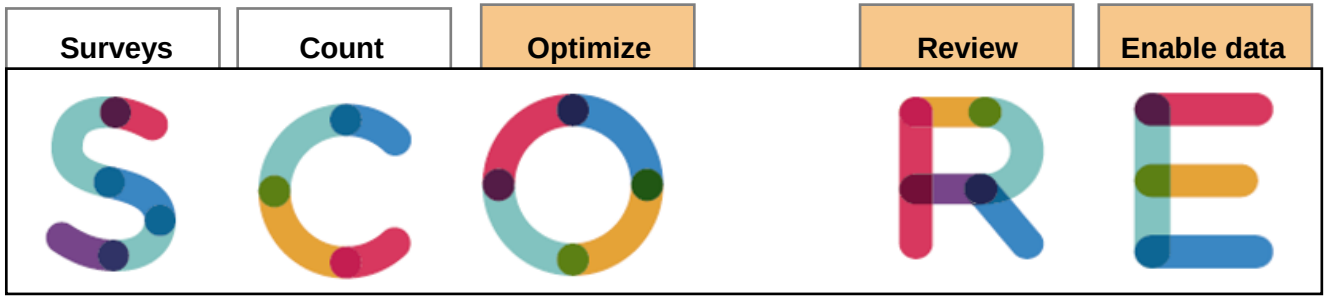
Every Newborn-Measurement Improvement for Newborn & Stillbirth Indicators

EN-MINI Tools for Routine Health Information Systems



Summary EN-MINI Tools

- Strengthen implementation of existing RHIS tools
- Align with SCORE essential interventions for strengthening country health data systems and capacity
- ENAP Milestone 7 – Data for Action
- Enable Every Newborn to Survive and Thrive



This presentation was produced with the support of the United States Agency for International Development (USAID) under the terms of the Data for Impact (D4I) associate award 7200AA18LA00008, which is implemented by the Carolina Population Center at the University of North Carolina at Chapel Hill, in partnership with Palladium International, LLC; ICF Macro, Inc.; John Snow, Inc.; and Tulane University. The views expressed in this publication do not necessarily reflect the views of USAID or the United States government.

www.data4impactproject.org

EN-MINI Tools Launch

Opening	Dr. Jessica Fehringer, Ms. Gabriela Escudero
Welcome	Dr. Barbara Rawlins, Dr. Theo Lippeveld
EN-MINI Tools co-creation	Dr. Louise Tina Day, Ms Josephine Shabani, Dr. Kim Peven, Ms. Hattie Ruysen
EN-MINI Tools: Tanzania	Ms. Josephine Shabani, Ms. Jacqueline Minja, Mr. Donat Shamba
EN-MINI Tools: Bangladesh	Ms. Shema Mhajabin, Dr. Ahmed Ehsanur Rahman,
Summary	Dr. Louise Tina Day
Roundtable discussion	MC: Prof. Joy Lawn, Dr. Allisyn Moran, Dr. Muhammad Shariful Islam, Dr. Felix Bundala, Dr. Honorati Masanja, Dr. Shams El Arifeen, Dr. Tariq Azim, Dr. Johan Sæbø, Dr. Marzia Lazzerini, Dr. Neena Khadka, Dr. Tedbabe Degefie Hailegebriel

EN-MINI Tools: Roundtable Panellist

Prof. Joy Lawn

Co-Director of MARCH Centre,
London School of Hygiene &
Tropical Medicine, UK

@JoyLawn

Roundtable Panel

Moderated by:
Prof Joy Lawn

EN-MINI tools

Dr. Allisyn Moran
Maternal Health Lead,
Dept. of MNCAH and Aging, WHO, Geneva

Dr. Felix Bundala
Head of Newborn and Child Health Unit,
Ministry of Health, Tanzania

Dr. Honorati Masanja
Chief Executive Director,
Ifakara Health Institute, Tanzania

Dr. Johan Ivar Sæbø
Professor of Informatics,
University of Oslo, and DHIS 2, Norway

Dr. Neena Khadka
Senior Newborn Health Advisor, MOMENTUM
Save the Children, USA

Dr. Muhammad Shariful Islam
Assistant Director & Program Manager,
NNHP and IMCI, DGHS, Bangladesh

Dr. Shams El Arifeen
Senior Director and Senior Scientist,
Maternal & Child Health Division, icddr,b Bangladesh

Dr. Tariq Azim
Senior M&E Technical Advisor,
John Snow, Inc. (JSI) USA

Dr. Marzia Lazzerini
Director, WHO Collaborating Centre,
and IMPULSE Study PI, Italy

Dr. Tedbabe Degefie
Senior Advisor, Maternal and Newborn Health,
UNICEF USA

EN-MINI Tools: Roundtable Panellist

Dr. Allisyn Moran

Maternal Health Lead,
Dept. of MNCAH and Ageing,
WHO, Geneva
Switzerland

@WHO

EN-MINI Tools: Roundtable Panellist

Dr. Muhammad Shariful Islam

Assistant Director & Program Manager,
NNHP and IMCI,
Directorate General of Health Services,
Bangladesh

EN-MINI Tools: Roundtable Panellist

Dr. Felix Bundala

Head of Newborn and Child Health Unit,
Ministry of Health,
Tanzania

EN-MINI Tools: Roundtable Panellist

Dr. Shams El Arifeen

Senior Director and Senior Scientist,
Maternal and Child Health Division,
icddr,b
Bangladesh

@icddr_b

EN-MINI Tools: Roundtable Panellist

Dr. Honorati Masanja

Chief Executive Director,
Ifakara Health Institute,
Tanzania

@IfarakaHealth

EN-MINI Tools: Roundtable Panellist

Dr. Tariq Azim

Senior M&E Technical Advisor,
John Snow, Inc. (JSI)
USA

@JSIhealth

EN-MINI Tools: Roundtable Panellist

Dr. Johan Ivar Sæbø

Professor of Informatics,
University of Oslo, and DHIS 2,
Norway

@JohanSaebo

EN-MINI Tools: Roundtable Panellist

Dr. Marzia Lazzerini

Director,
WHO Collaborating Centre,
Italy

@MarziaLazzerini

EN-MINI Tools: Roundtable Panellist

Dr. Neena Khadka

Senior Newborn Health Advisor and Newborn Focal Point, MOMENTUM Country and Global Leadership, and Save the Children, USA

@NeenaKhadka

EN-MINI Tools: Roundtable Panellist

Dr. Tedbabe Degefie

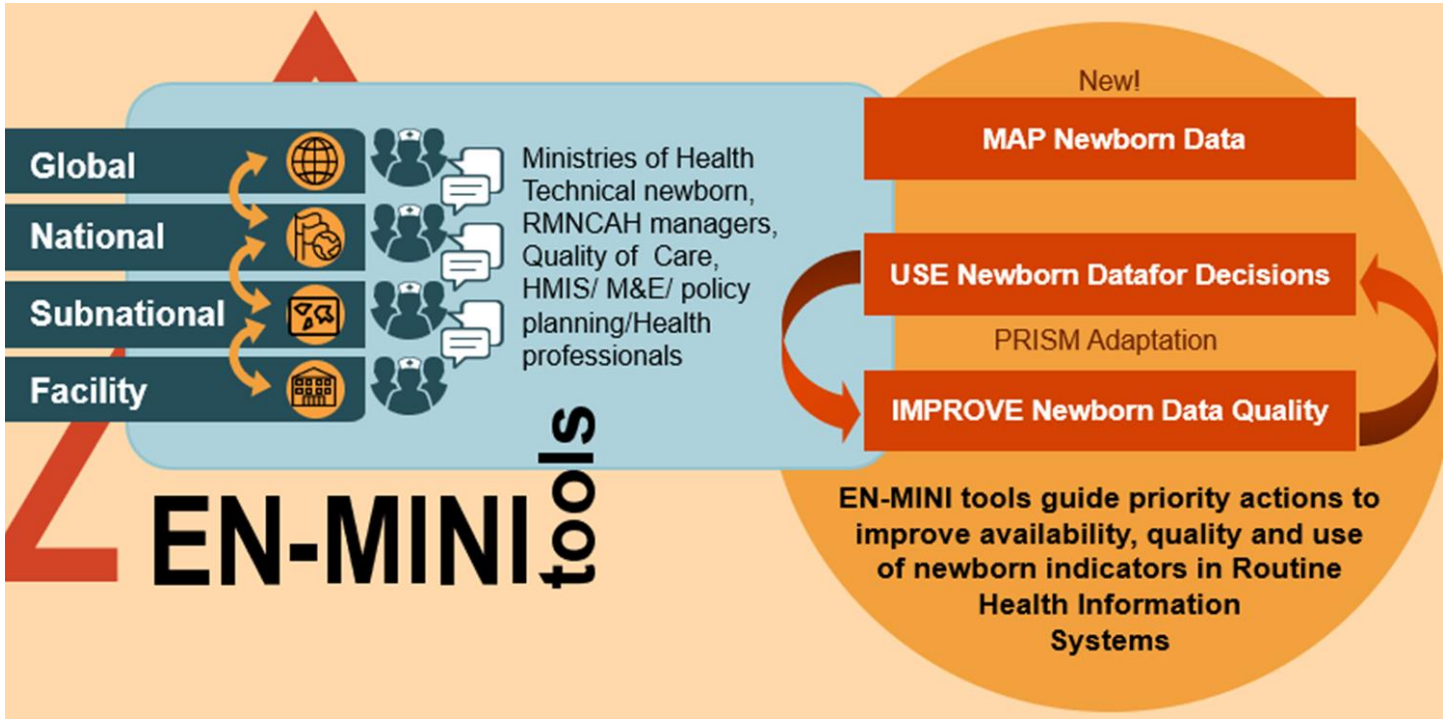
Senior Advisor,
Maternal and Newborn Health,
UNICEF
USA

@Degefiet

EN-MINI Tools

Every **N**ewborn –
Measurement
Improvement for
Newborn and stillbirth
Indicators

Any questions?



#ENminiTools

Roundtable Panel

Moderated by:
Prof Joy Lawn

EN-MINI tools

Dr. Allisyn Moran
Maternal Health Lead,
Dept. of MNCAH and Aging, WHO, Geneva

Dr. Felix Bundala
Head of Newborn and Child Health Unit,
Ministry of Health, Tanzania

Dr. Honorati Masanja
Chief Executive Director,
Ifakara Health Institute, Tanzania

Dr. Johan Ivar Sæbø
Professor of Informatics,
University of Oslo, and DHIS 2, Norway

Dr. Neena Khadka
Senior Newborn Health Advisor, MOMENTUM
Save the Children, USA

Dr. Muhammad Shariful Islam
Assistant Director & Program Manager,
NNHP and IMCI, DGHS, Bangladesh

Dr. Shams El Arifeen
Senior Director and Senior Scientist,
Maternal & Child Health Division, icddr,b Bangladesh

Dr. Tariq Azim
Senior M&E Technical Advisor,
John Snow, Inc. (JSI) USA

Dr. Marzia Lazzerini
Director, WHO Collaborating Centre,
and IMPULSE Study PI, Italy

Dr. Tedbabe Degefie
Senior Advisor, Maternal and Newborn Health,
UNICEF USA

EN-MINI tools

Thank you

The EN-MINI-PRISM Tools are available

https://bit.ly/ENMINItools

https://www.data4impactproject.org/resources/en-mini-tools/

Please spread the word about the EN-MINI Tools on social media!
#ENminiTools #EN_BIRTH
@MARCH_LSHTM @ifakarahealth @icddr_b @D4Iproject

USAID FROM THE AMERICAN PEOPLE · MUHAS · ihi IFAKARA HEALTH INSTITUTE research | training | services · ISO 9001: 2015 certified · icddr,b · LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE · MARCH MATERNAL ADOLESCENT REPRODUCTIVE & CHILD HEALTH · DATA FOR impact