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 @D4lproject

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
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.
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/
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Every Newborn – Measurement Improvement for Newborn and Stillbirth Indicators
EN-MINI Tools
# EN-MINI Tools Launch

<table>
<thead>
<tr>
<th>Section</th>
<th>Participants</th>
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</thead>
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<tr>
<td>Opening</td>
<td>Dr. Jessica Fehringer, Ms. Gabriela Escudero</td>
</tr>
<tr>
<td>Welcome</td>
<td>Dr. Barbara Rawlins, Dr. Theo Lippeveld</td>
</tr>
<tr>
<td>EN-MINI Tools co-creation</td>
<td>Dr. Louise Tina Day, Ms Josephine Shabani, Dr. Kim Peven, Ms. Hattie Ruysen</td>
</tr>
<tr>
<td>EN-MINI Tools: Tanzania</td>
<td>Ms. Josephine Shabani, Ms. Jacqueline Minja, Mr. Donat Shamba</td>
</tr>
<tr>
<td>EN-MINI Tools: Bangladesh</td>
<td>Ms. Shema Mhajabin, Dr. Ahmed Ehsanur Rahman,</td>
</tr>
<tr>
<td>Summary</td>
<td>Dr. Louise Tina Day</td>
</tr>
<tr>
<td>Roundtable discussion</td>
<td>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</td>
</tr>
</tbody>
</table>
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!
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Thank you!

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

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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
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.
ENAP 2021 progress report

DRAFT

• 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?
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

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

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

- **Facility management**
  - e.g., for quality improvement

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

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

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

- MINIMI tools for routine health information systems
- Family and community
- Individual level
- Subnational
- National
- Global

Stakeholders:
- Ministries of Health
- Technical newborn
- RMNCAH managers
- Quality of Care
- HMIS/M&E
- Policy planning
- Health professionals

Surveys Population-based e.g., DHS, MICS
Count births, deaths and causes of death In CRVS
Optimize health service data Including Routine Health Information Systems (RHIS)
Review progress and performance
Enable data use for policy and action

New!
- MAP Newborn Data
- USE Newborn Data for Decisions
- PRISM Adaptation
- IMPROVE Newborn Data Quality
Every newborn—measurement improvement for newborn & stillbirth indicators

EN-MINI tools for routine health information systems

CORE
- Family and community
- Individual level
- Subnational
- National
- Global

Core and subnational facilities

Facility
- CORE
- CORE
- CORE
- CORE
- CORE

Family and community

Facility
- CORE
- CORE
- CORE
- CORE
- CORE

Global
- CORE
- CORE
- CORE
- CORE
- CORE

Subnational
- CORE
- CORE
- CORE
- CORE
- CORE

National
- CORE
- CORE
- CORE
- CORE
- CORE

Global
- CORE
- CORE
- CORE
- CORE
- CORE

IMPROVE Newborn Data Quality

Use Newborn Data for Decisions

MAP Newborn Data

New!

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.
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.
<table>
<thead>
<tr>
<th>Current Status</th>
<th>Core Indicators</th>
<th>Additional indicators</th>
</tr>
</thead>
</table>
| Definitions clear but quantity \ consistency of data lacking | 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 | 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 | 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 | Death registration, cause of death |

### Every Newborn Action Plan Indicators

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

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

Every Newborn Birth Indicators Research Tracking in Hospitals EN-BIRTH

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

**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
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), 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.srh.org/) and update the worksheet “3. Definitions” as needed.

Step 3.3) Adapt indicator definitions: If any setting-specific indicator definitions differ from the global 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 of 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

<table>
<thead>
<tr>
<th>Indicator name</th>
<th>Indicator definition</th>
<th>Numerator</th>
<th>Numerator abbreviation</th>
<th>Denominator</th>
<th>Denominator abbreviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>Not an indicator or data element</td>
<td>NA</td>
<td>Not an indicator or data element</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Institutional maternal mortality ratio (per 100 000 deliveries)</td>
<td>Number of maternal deaths in health facilities/institutions per 100,000 deliveries</td>
<td>Number of maternal deaths in health facilities/institutions</td>
<td>maternal deaths</td>
<td>Total number of women who gave birth in a facility</td>
<td>total deliveries (women)</td>
</tr>
<tr>
<td>Stillbirth rate in a health facility</td>
<td>Stillbirths [Note: Baby born with no sign of life and weighing at least 1000g or after 28 weeks of gestation. This indicator should be routinely disaggregated by fresh and macerated when possible]</td>
<td>Number of stillbirths</td>
<td>total stillbirths</td>
<td>Number of live births and stillbirths in facility</td>
<td>total births (babies)</td>
</tr>
<tr>
<td>Pre-discharge neonatal mortality rate</td>
<td>Percentage of babies born live in a facility who die prior to discharge</td>
<td>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</td>
<td>newborn deaths pre discharge</td>
<td>Number of babies born live in a facility</td>
<td>live births (babies)</td>
</tr>
<tr>
<td>Low birth weight among live births (%)</td>
<td>Percentage of live births that weigh less than 2500</td>
<td>Number of live-born neonates with weight less than 2500</td>
<td>live births &lt;2500g</td>
<td>Total number of live births</td>
<td>live births (babies)</td>
</tr>
</tbody>
</table>
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.
# 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).

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.
2. Column D: Type the document name/title in (e.g. labour and delivery register).
3. Column E: Type the first data element name.
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.
5. Repeat same process for columns D through F (points 2-3 above) for every column/data element in the document you are mapping.
6. Ensure the document name is spelled the same in every row.
7. 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 8,000 rows.

<table>
<thead>
<tr>
<th>Data level</th>
<th>Document title</th>
<th>Indicator/Data element (or column) name</th>
<th>Instructions/definition associated with data element/indicator</th>
<th>Newborn data (specific/related)</th>
<th>For newborn data the indicator a Denominator indicator?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electronic Health Information Monthly EmONC dataset</td>
<td>No. of pregnant mother admitted for delivery or obstetric complication related</td>
<td>Enter</td>
<td>Record any instructions on document</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Electronic Health Information Monthly EmONC dataset</td>
<td>Number of mothers received ANC at outdoor related</td>
<td>Enter</td>
<td></td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Electronic Health Information Monthly EmONC dataset</td>
<td>No. of mother received ANC 1 related</td>
<td>Enter</td>
<td></td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Electronic Health Information Monthly EmONC dataset</td>
<td>No. of mother received ANC 2 related</td>
<td>Enter</td>
<td></td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Electronic Health Information Monthly EmONC dataset</td>
<td>No. of mother received ANC 3 related</td>
<td>Enter</td>
<td></td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Electronic Health Information Monthly EmONC dataset</td>
<td>No. of mother received ANC 4 related</td>
<td>Enter</td>
<td></td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Electronic Health Information Monthly EmONC dataset</td>
<td>No. of mother with delivery or obstetric complication related</td>
<td>Enter</td>
<td></td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Electronic Health Information Monthly EmONC dataset</td>
<td>No. of cases with prolonged/ obstructed labor (Complication) related</td>
<td>Enter</td>
<td></td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Electronic Health Information Monthly EmONC dataset</td>
<td>No. of cases with ante-partum hemorrhage (Complication) related</td>
<td>Enter</td>
<td></td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Electronic Health Information Monthly EmONC dataset</td>
<td>No. of cases with pre-eclampsia/eclampsia (Complication) related</td>
<td>Enter</td>
<td></td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

### 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 indicator works the de
5.4 If the dr
5.5 If defint
5.6 match or indi
5.7 N recor
Map Newborn Data: EN-MINI Tool 0 - Reporting App

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.
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; and -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.

Results

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

<table>
<thead>
<tr>
<th>Indicator name</th>
<th>Type</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Full indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutional maternal mortality rate (per 100,000)</td>
<td>Impact</td>
<td>No exact definition</td>
<td>At least one exact definition</td>
<td>Not available</td>
</tr>
<tr>
<td>Stillbirth rate in a health facility</td>
<td>Impact</td>
<td>No exact definition</td>
<td>Not available</td>
<td>Not available</td>
</tr>
<tr>
<td>Pre-discharge neonatal mortality rate</td>
<td>Impact</td>
<td>No exact definition</td>
<td>All definitions exact</td>
<td>Not available</td>
</tr>
<tr>
<td>Low birth weight among livebirths (%)</td>
<td>Impact</td>
<td>At least one exact definition</td>
<td>All definitions exact</td>
<td>Not available</td>
</tr>
<tr>
<td>Pre-term birth (facility based)</td>
<td>Impact</td>
<td>At least one exact definition</td>
<td>All definitions exact</td>
<td>Not available</td>
</tr>
<tr>
<td>Caesarean section rate</td>
<td>Impact</td>
<td>Not available</td>
<td>All definitions exact</td>
<td>Not available</td>
</tr>
<tr>
<td>Postnatal care for women (Facility-based)</td>
<td>Outcome</td>
<td>All definitions exact</td>
<td>At least one exact definition</td>
<td>Not available</td>
</tr>
</tbody>
</table>
### How long does EN-MINI Tool 0 take?

<table>
<thead>
<tr>
<th>Find documents (Hard copies/ electronic)</th>
<th>List data availability</th>
<th>Map</th>
<th>Generate Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>BD</td>
<td>Finalised hard copies of documents linked to larger data digging</td>
<td>4 registers, 4 DHIS2 reports Estimated 2-3 days</td>
<td>2 days</td>
</tr>
<tr>
<td>TZ</td>
<td>Electronic copies available &lt; 1 hour</td>
<td>6 registers, 5 Tally, 6 DHIS2 forms Estimated 1 day</td>
<td>1 day</td>
</tr>
</tbody>
</table>
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
**Data Collection: EN-MINI-PRISM Tools**

**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

Module 1. RHIS Overview Tool

Module 2a. RHIS Performance Diagnostic Tool

Module 2b. RHIS Performance Diagnostic Tool

Module 3. Electronic RHIS Assessment Tool - Part 1

Module 4. Management Assessment Tool (MAT)

Module 5. Facility-Office Checklist

Module 6. Organizational and Behavioral Assessment

Personal Intro

You are at the start of Module 3. Electronic RHIS Assessment Tool - Part 1. Functionality_newborn210615. Swipe the screen as shown below to go backward and forward.

Backward to previous prompt

Forward to next prompt

SURVEY FACILITATOR

ESF_102 | Facilitator name

Data collector's name

Regional/provincial health office

Central MOH
Map Newborn Data

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
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  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

<table>
<thead>
<tr>
<th>Birthweight</th>
<th>Live births</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1000g</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>1000-1499</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>1500-2499</td>
<td>140</td>
<td>7</td>
</tr>
<tr>
<td>2500-3499</td>
<td>200</td>
<td>4</td>
</tr>
<tr>
<td>&gt;3500</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>356</strong></td>
<td><strong>16</strong></td>
</tr>
</tbody>
</table>
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?

<table>
<thead>
<tr>
<th>PSb – X1</th>
<th>List potential reasons for poor data quality in health facilities:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PSb – X2</th>
<th>Describe what major activities/actions your team in the health facility may do to improve data quality:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
</tbody>
</table>
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
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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
## Selected Newborn Indicators to Assess Data Quality

<table>
<thead>
<tr>
<th>Type</th>
<th>Reason</th>
<th>Indicators</th>
<th>Care level</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Impact:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SDG</td>
<td></td>
<td>Institutional neonatal mortality rate</td>
<td>3/2 (1)</td>
<td>Low</td>
</tr>
<tr>
<td>ENAP</td>
<td></td>
<td>Institutional stillbirth rate</td>
<td>3/2 (1)</td>
<td>Low</td>
</tr>
<tr>
<td>Global nutrition</td>
<td></td>
<td>Low birth weight rate</td>
<td>3/2/1</td>
<td>High</td>
</tr>
<tr>
<td><strong>Coverage:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENAP tracker progress report</td>
<td></td>
<td>Bag-mask-ventilation</td>
<td>3/2/1</td>
<td>Low</td>
</tr>
<tr>
<td>KMC</td>
<td></td>
<td></td>
<td>3/2</td>
<td>Low</td>
</tr>
<tr>
<td>Early initiation of breast feeding</td>
<td></td>
<td></td>
<td>3/2/1</td>
<td>High</td>
</tr>
<tr>
<td>Treatment of infection</td>
<td></td>
<td></td>
<td>3/2/1</td>
<td>Low</td>
</tr>
<tr>
<td>Maternal integration</td>
<td></td>
<td>Uterotonics</td>
<td>3/2/1</td>
<td>High</td>
</tr>
</tbody>
</table>
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.
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, 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/mrs-18-14/3) and Open Data Kit servers into the EN-MINI-PAT, in order to conduct the basic analysis as outlined in the PRISM Analysis Guide (https://www.measureevaluation.org/resources/publications/mrs-18-14/1). This tool was developed under the United States Agency for International Development-funded MEASURE Evaluation project in 2016 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 Outcome indicators.
- Dashboard: Review of key EN-MINI-PRISM indicators by each region, district, and facility.
- Databases: Data sets that correspond to EN-MINI-PRISM questionnaires that are designed to receive the imported data in the corresponding sheets.

Figure 1. EN-MINI
EN-MINI-PRISM Analysis Tool

Automated data analysis

EN-MINI-PAT | Data Import and Navigation

- Select type of data source
- C:\My documents\EN-MINI-PRISM data files
- Import
- Delete all existing data

Analysis navigation
- I. HIS Performance: Data Quality Indicators
- II. RHIS Performance: Use of Information
- III. RHIS Performance: Data Management
- IV. RHIS Performance: Determinants: Organizational Factors
- V. RHIS Performance: Determinants: Technical Factors
- VI. Gender Indicators

Database navigation
- EN-MINI-PRISM Tool 1
- EN-MINI-PRISM Tool 2 Central Level
- EN-MINI-PRISM Tool 2 Region Level
- EN-MINI-PRISM Tool 2 District level
- EN-MINI-PRISM Tool 2 Facility Level
- EN-MINI-PRISM Tool 3
- EN-MINI-PRISM Tool 4
- EN-MINI-PRISM Tool 5
- EN-MINI-PRISM Tool 6
**EN-MINI-PRISM Analysis Tool**

**Detailed tables**

**Heat-mapped summary tables**

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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Numerator</th>
<th>Denominator</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor checked the data quality</td>
<td>13</td>
<td>14</td>
<td>50%</td>
</tr>
<tr>
<td>Supervisor used checklist to assess data quality</td>
<td>13</td>
<td>14</td>
<td>50%</td>
</tr>
<tr>
<td>During, district supervision/district health facility’s performance based on RMIS information</td>
<td>13</td>
<td>14</td>
<td>50%</td>
</tr>
<tr>
<td>Supervisor helped respondent make a decision or take corrective action based on the discussion</td>
<td>12</td>
<td>14</td>
<td>88%</td>
</tr>
<tr>
<td>Supervisor sent a follow-up feedback on the last supervisory visit(s)</td>
<td>7</td>
<td>14</td>
<td>50%</td>
</tr>
<tr>
<td>Global quality of supervision</td>
<td></td>
<td></td>
<td>83%</td>
</tr>
</tbody>
</table>

---

### Summary tables for Use of Information indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Numerator</th>
<th>Denominator</th>
<th>%</th>
<th>Facility</th>
<th>Denominator</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual plan: annual activities and targets related to improving or addressing</td>
<td>2</td>
<td>2</td>
<td>100%</td>
<td>7</td>
<td>7</td>
<td>100%</td>
</tr>
<tr>
<td>Services coverage</td>
<td>2</td>
<td>2</td>
<td>100%</td>
<td>7</td>
<td>7</td>
<td>100%</td>
</tr>
<tr>
<td>Health tasks performance</td>
<td>2</td>
<td>2</td>
<td>100%</td>
<td>7</td>
<td>7</td>
<td>100%</td>
</tr>
<tr>
<td>Maternal mortality diagnoses</td>
<td>2</td>
<td>2</td>
<td>100%</td>
<td>7</td>
<td>7</td>
<td>100%</td>
</tr>
<tr>
<td>Emerging infectious disease</td>
<td>2</td>
<td>2</td>
<td>100%</td>
<td>7</td>
<td>7</td>
<td>100%</td>
</tr>
<tr>
<td>Maternal mortality diagnoses</td>
<td>2</td>
<td>2</td>
<td>100%</td>
<td>7</td>
<td>7</td>
<td>100%</td>
</tr>
<tr>
<td>Influenza management</td>
<td>2</td>
<td>2</td>
<td>100%</td>
<td>7</td>
<td>7</td>
<td>100%</td>
</tr>
<tr>
<td>Gender disparity</td>
<td>2</td>
<td>2</td>
<td>100%</td>
<td>4</td>
<td>4</td>
<td>100%</td>
</tr>
</tbody>
</table>

---

### Data dissemination outside the health system

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Numerator</th>
<th>Denominator</th>
<th>%</th>
<th>Facility</th>
<th>Denominator</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need to submit percent health indicator performance report on a central report/public report</td>
<td>2</td>
<td>2</td>
<td>100%</td>
<td>12</td>
<td>12</td>
<td>100%</td>
</tr>
<tr>
<td>Participation of patients in the PRISM report on the health indicators progress</td>
<td>2</td>
<td>2</td>
<td>100%</td>
<td>12</td>
<td>12</td>
<td>100%</td>
</tr>
<tr>
<td>Vital statistics at least annually for accessing the central report/PRISM data for the general public</td>
<td>2</td>
<td>2</td>
<td>100%</td>
<td>8</td>
<td>8</td>
<td>100%</td>
</tr>
<tr>
<td>Central performance data shared with the general public via the PRISM dashboard and/or social platform</td>
<td>2</td>
<td>2</td>
<td>100%</td>
<td>12</td>
<td>12</td>
<td>100%</td>
</tr>
</tbody>
</table>
Data Analysis: EN-MINI-PRISM Analysis Tool
Report-Ready Figures

Improve Newborn Data Quality

- Demonstration of Newborn Data Quality Criteria
- National: Central, Regional, Facility
- Data: Birth, Death, Live Birth
- Accuracy: Database entry, exact match, regional surveillance reports
- Completeness: Facility monthly reports, availability of facility monthly reports

Indicator Domains

- Select Core Indicator data element
- IMPACT
  - Institutional neonatal death: Neonatal death, Livebirth weight, Neonatal
  - Early initiation Breastfeeding: Neonatal
- COVERAGE: Every Newborn
  - Neonatal survival: Neonatal
- Material Traceability: Present DNATracer

Use Newborn Data for Decisions

Promotion of information culture

- Communication and support for high-quality care
- Commitment and support of information use
- Information-based decision making culture
- Professional development and sharing of information
- Sharing of information between ends
- Service delivery and accountability
- Maternal outcome and accountability
- Maternal and neonatal outcome

Use Newborn Data for Decisions

- RHIS task self-reported confidence and skill-assessed competence
- Calculating indicators: percentage of respondents
- Interpreting data correctly
- Using information for problem solving
- Use of information for decisions
How long do EN-MINI-PRISM Tools 1-6 take?

<table>
<thead>
<tr>
<th></th>
<th>Data collection on SurveyCTO</th>
<th>Upload data to EN-MINI-PRISM Analysis tool, generate tables, figures</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Secondary/ tertiary hospital</td>
<td>Primary facility</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>1-2 days</td>
<td>½-1 day</td>
</tr>
<tr>
<td></td>
<td>Team 2-3 people sample 7 hospitals</td>
<td>Team 2 people sample 14 facilities</td>
</tr>
<tr>
<td>Tanzania</td>
<td>1 day</td>
<td>½ day</td>
</tr>
<tr>
<td></td>
<td>Team 6 people sample 2 hospitals</td>
<td>Team 2 people sample 14 hospitals</td>
</tr>
</tbody>
</table>
## EN-MINI Tools Launch

<table>
<thead>
<tr>
<th>Section</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening</td>
<td>Dr. Jessica Fehringer, Ms. Gabriela Escudero</td>
</tr>
<tr>
<td>Welcome</td>
<td>Dr. Barbara Rawlins, Dr. Theo Lippeveld</td>
</tr>
<tr>
<td>EN-MINI Tools co-creation</td>
<td>Dr. Louise Tina Day, Ms Josephine Shabani, Dr. Kim Peven, Ms. Hattie Ruysen</td>
</tr>
<tr>
<td>EN-MINI Tools: Tanzania</td>
<td>Ms. Josephine Shabani, Ms. Jacqueline Minja, Mr. Donat Shamba</td>
</tr>
<tr>
<td>EN-MINI Tools: Bangladesh</td>
<td>Ms. Shema Mhajabin, Dr. Ahmed Ehsanur Rahman,</td>
</tr>
<tr>
<td>Summary</td>
<td>Dr. Louise Tina Day</td>
</tr>
<tr>
<td>Roundtable discussion</td>
<td>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 Hailegebril</td>
</tr>
</tbody>
</table>
EN-MINI Tools Assessment Tanzania 2021
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

Map newborn data availability in routine Health Information Systems
## EN-MINI Tool 0 Mapping Report

### Section 2: Electronic RHIS

#### Indicators definition in EN-MINI Tool 0

Summarized by numerator, denominator, and full indicator

<table>
<thead>
<tr>
<th>Indicator name</th>
<th>Type</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Full indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutional maternal mortality ratio (per 100,000 deliveries)</td>
<td>Impact</td>
<td>All definitions exact</td>
<td>All definitions exact</td>
<td>All definitions exact</td>
</tr>
<tr>
<td>Stillbirth rate in a health facility</td>
<td>Impact</td>
<td>All definitions exact</td>
<td>All definitions exact</td>
<td>All definitions exact</td>
</tr>
<tr>
<td>Pre-discharge neonatal mortality rate</td>
<td>Impact</td>
<td>All definitions exact</td>
<td>All definitions exact</td>
<td>All definitions exact</td>
</tr>
<tr>
<td>Low birth weight among livebirths (%)</td>
<td>Impact</td>
<td>All definitions exact</td>
<td>All definitions exact</td>
<td>All definitions exact</td>
</tr>
<tr>
<td>Caesarean section rate</td>
<td>Outcome</td>
<td>All definitions exact</td>
<td>All definitions exact</td>
<td>All definitions exact</td>
</tr>
<tr>
<td>Postnatal care for women (Facility-based)</td>
<td>Outcome</td>
<td>All definitions exact</td>
<td>All definitions exact</td>
<td>All definitions exact</td>
</tr>
<tr>
<td>Posnatal care for newborns (Facility-based)</td>
<td>Outcome</td>
<td>All definitions exact</td>
<td>All definitions exact</td>
<td>All definitions exact</td>
</tr>
<tr>
<td>Newborns breastfed within one hour of birth</td>
<td>Outcome</td>
<td>All definitions exact</td>
<td>All definitions exact</td>
<td>All definitions exact</td>
</tr>
<tr>
<td>Newborn resuscitation with bag and mask</td>
<td>Outcome</td>
<td>All definitions exact</td>
<td>All definitions exact</td>
<td>All definitions exact</td>
</tr>
<tr>
<td>Premature (LBW) babies initiating KMC</td>
<td>Outcome</td>
<td>All definitions exact</td>
<td>All definitions exact</td>
<td>All definitions exact</td>
</tr>
<tr>
<td>Uterotonic for prevention of post-partum haemorrhage</td>
<td>Outcome</td>
<td>All definitions exact</td>
<td>All definitions exact</td>
<td>All definitions exact</td>
</tr>
<tr>
<td>Newborns treated for neonatal sepsis/infection</td>
<td>Outcome</td>
<td>All definitions exact</td>
<td>All definitions exact</td>
<td>Not available</td>
</tr>
<tr>
<td>Preterm birth (facility based)</td>
<td>Impact</td>
<td>Not available</td>
<td>All definitions exact</td>
<td>Not available</td>
</tr>
<tr>
<td>Antenatal corticosteroid use</td>
<td>Outcome</td>
<td>Not available</td>
<td>All definitions exact</td>
<td>Not available</td>
</tr>
</tbody>
</table>
## Section 3: Data Availability (All Levels)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data level</th>
<th>Document source</th>
<th>Indicator/element/ register column name</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Full indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newborns tested for neonatal sepsis infection</td>
<td>Register</td>
<td>Labor and delivery</td>
<td>Mama amepeza dhaaimu sindano ya antibiotics # EmOC services/Mother given antibiotic tablets/injection</td>
<td>Available</td>
<td>Not available</td>
<td>Not available</td>
</tr>
<tr>
<td>Ultrasound for prevention of post-partum haemorrhage</td>
<td>Register</td>
<td>Labor and delivery</td>
<td>Mama amepeza Oxytocin, Ergometrine, Misoprostol # EmOC services/Mother given Oxytocin, Ergometrine, Misoprostol</td>
<td>Available</td>
<td>Not available</td>
<td>Not available</td>
</tr>
<tr>
<td>Institutional maternal mortality ratio (per 100,000 deliveries)</td>
<td>Register</td>
<td>Labor and delivery</td>
<td>Hali ya Mama na Muto wakati wa kunusuwa kutoke wodi ya mwezi na kufungua # Mother condition during discharge from Labor Ward (Averaged)</td>
<td>Available</td>
<td>Not available</td>
<td>Not available</td>
</tr>
<tr>
<td>Pre-discharge neonatal mortality ratio</td>
<td>Register</td>
<td>Labor and delivery</td>
<td>Chukuzwa ya mwezi bali ya mwezi # Baby condition during discharge from Labor Ward</td>
<td>Available</td>
<td>Not available</td>
<td>Not available</td>
</tr>
<tr>
<td>Caesarean section rate</td>
<td>Summary Form</td>
<td>Labor and delivery</td>
<td>Caesarean Section (CS)</td>
<td>Available</td>
<td>Not available</td>
<td>Not available</td>
</tr>
<tr>
<td>Ultrasound for prevention of post-partum haemorrhage</td>
<td>Summary Form</td>
<td>Labor and delivery</td>
<td>Idadi ya muapa wa muogopa Oxytocin baada ya kufungua # Number of women receiving Oxytocin after childbirth</td>
<td>Available</td>
<td>Not available</td>
<td>Not available</td>
</tr>
<tr>
<td>Ultrasound for prevention of post-partum haemorrhage</td>
<td>Summary Form</td>
<td>Labor and delivery</td>
<td>Idadi ya muapa wa muogopa Oxytocin baada ya kufungua # Number of women who received Oxytocin after childbirth</td>
<td>Available</td>
<td>Not available</td>
<td>Not available</td>
</tr>
</tbody>
</table>

Summary of all locations with exact definitions by source and details for numerator/denominator.
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 Tools overview assessment shown on the PRISM Conceptual Model**

<table>
<thead>
<tr>
<th>INPUTS</th>
<th>PROCESSES</th>
<th>OUTPUTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>RHIS Determinants</td>
<td>RHIS processes</td>
<td>RHIS Performance</td>
</tr>
</tbody>
</table>

**Technical Factors**

<table>
<thead>
<tr>
<th>District</th>
<th>Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Streamlined non-duplicative reporting</td>
<td>n/a</td>
</tr>
<tr>
<td>Electronic HIS tracks completeness</td>
<td>100%</td>
</tr>
<tr>
<td>Internet connection</td>
<td>69%</td>
</tr>
</tbody>
</table>

**Organizational Factors**

<table>
<thead>
<tr>
<th>District</th>
<th>Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good Governance structures</td>
<td>56%</td>
</tr>
<tr>
<td>RHIS Planning</td>
<td>25%</td>
</tr>
<tr>
<td>Training plan</td>
<td>100%</td>
</tr>
<tr>
<td>Supervision quality</td>
<td>100%</td>
</tr>
<tr>
<td>Quality assurance</td>
<td>81%</td>
</tr>
<tr>
<td>Finance allocated</td>
<td>100%</td>
</tr>
<tr>
<td>Culture of information promotion</td>
<td>*</td>
</tr>
<tr>
<td>Quality/ use/ responsibility/ empowerment</td>
<td>*</td>
</tr>
<tr>
<td>Staff designated for reports</td>
<td>100%</td>
</tr>
<tr>
<td>No stockouts registers/ reports</td>
<td>n/a</td>
</tr>
</tbody>
</table>

* not assessed during this EN-MINI tools pilot study

---

**Behavioral Factors**

<table>
<thead>
<tr>
<th>District</th>
<th>Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge HIS</td>
<td>63%</td>
</tr>
<tr>
<td>Knowledge HIS Data quality checking</td>
<td>*</td>
</tr>
<tr>
<td>Confidence levels for HIS tasks</td>
<td>64%</td>
</tr>
<tr>
<td>Competence HIS Problem-solving</td>
<td>45%</td>
</tr>
<tr>
<td>Competence in HIS tasks</td>
<td>4%</td>
</tr>
<tr>
<td>Motivation</td>
<td>6%</td>
</tr>
</tbody>
</table>

**RHIS processes**

<table>
<thead>
<tr>
<th>District</th>
<th>Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data transmission - availability</td>
<td>96%</td>
</tr>
<tr>
<td>Data completeness</td>
<td>96%</td>
</tr>
<tr>
<td>Data entry accuracy</td>
<td>97%</td>
</tr>
<tr>
<td>Data processing</td>
<td>50%</td>
</tr>
<tr>
<td>Data analysis</td>
<td>30%</td>
</tr>
<tr>
<td>Data visualization</td>
<td>100%</td>
</tr>
<tr>
<td>Feedback sent/received</td>
<td>100%</td>
</tr>
</tbody>
</table>

**RHIS Performance**

<table>
<thead>
<tr>
<th>District</th>
<th>Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data quality - Completeness</td>
<td>73%</td>
</tr>
<tr>
<td>Data timeliness</td>
<td>12%</td>
</tr>
<tr>
<td>Data use</td>
<td>21%</td>
</tr>
</tbody>
</table>
EN-MINI-PRISM Tools Pilot, Tanzania
USE Newborn Data: Existing Evidence

n=16 facilities, 47 respondents
EN-MINI-PRISM Tools Pilot, Tanzania
Promotion of Information Culture

n=16 facilities, 47 respondents

- Commitment and support for high-quality data: 77%
- Commitment and support of information use: 68%
- Evidence-based decision making culture: 44%
- Promotion of problem solving culture: 69%
- Sharing information between levels: 77%
- Sense of responsibility: 71%
- Empowerment and accountability: 69%
- Rewarding good performance: 59%

Respondent report: 44–77%

USE Newborn Data
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

Numerators – reports incomplete
EN-MINI-PRISM Tools Pilot, Tanzania

IMPROVE Routine Data Quality: Existing Evidence

n=16 facilities, 2 district offices
EN-MINI-PRISM Tools Pilot Tanzania
RHIS Training

n=16 facilities, 2 district offices

- Responsible register filling
- Data collection training
- Responsible monthly reports - any RHIS training
- Responsible monthly reports - report training
- Responsible register filling - any RHIS training
- Responsible register filling - data collection training

Percentage observed/reported:

- District costed RHIS training plan: 50%
- Designated staff trained data review quality check: 44%
- Responsible monthly reports - any RHIS training: 44%
- Responsible monthly reports - report training: 23%
- Responsible register filling - any RHIS training: 37%
- Responsible register filling - data collection training: 33%
**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

<table>
<thead>
<tr>
<th>Section</th>
<th>Participants</th>
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<td>Dr. Louise Tina Day</td>
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Findings of EN-MINI 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

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

Division #8

District #64

Sub-district #492

Union #4,554

Ward #40,987

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

Directorate General of Health Services (DGHS)

Directorate General of Family Planning (DGFP)

Family Planning Institute #3

MCWC #62

MCWC #12

UH&FWC #3,924
Routine Health Information Systems in Bangladesh (DGFP MIS)

- IMCI report
- IMCI 0-59 days & 2-59 months

Identified
- 6
- 2

Mapped
- Mother and Newborn care Register, Delivery register, Childcare register, PNC register
- MIS form 3

Identified
- 8
- 2

Identified
- 6
- 2

Identified
- 8
- 2

Family Planning Institute #3
MCWC #62
MCWC #12
UH&FWC #3,924

Directorate General of Family Planning (DGFP)
### Bangladesh – Map newborn data: Findings – Availability in Reporting Forms

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

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

Electronic Health Information System (e.g. DHIS2)

- Form-3 Community clinic monthly mothers’ health report
- Kangaroo mother care (KMC) dataset
- MIS Form-3
- Monthly EmONC dataset with genital fistula
- Form-2 Community clinic monthly child report
- Monthly SCANU NSU dataset
- Monthly IMCI dataset
EN-MINI-PRISM Tools: Bangladesh Pilot

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

<table>
<thead>
<tr>
<th>Organization factors</th>
<th>Evidence data analysis taking place</th>
<th>District Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>67%</td>
<td>40%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RHIS processes</th>
<th>Data visualization</th>
<th>District Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>100%</td>
<td>38%</td>
</tr>
<tr>
<td></td>
<td>Use of data to produce narrative analytical reports</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Use Newborn data for decisions</th>
<th>Use information for discussion on key performance targets</th>
<th>District Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>100%</td>
<td>75%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Use Newborn data for decisions</th>
<th>Use information for coverage of services</th>
<th>District Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>83%</td>
<td>48%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Use Newborn data for decisions</th>
<th>Use sex-disaggregated data</th>
<th>District Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>33%</td>
<td>19%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Use Newborn data for decisions</th>
<th>Use information for human resources decisions</th>
<th>District Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>67%</td>
<td>24%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Use Newborn data for decisions</th>
<th>Use information for quality improvement</th>
<th>District Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>100%</td>
<td>14%</td>
</tr>
</tbody>
</table>

n=21 facilities, 52 respondents
EN-MINI-PRISM Tools: RHIS Task Self-Reported Confidence and Skill-Assessed Competence

- Calculating indicators - percentages/ rates: 91% self-reported confidence, 69% skill-assessed competence
- Plotting chart/ trend: 24% self-reported confidence, 69% skill-assessed competence
- Interpreting data correctly: 37% self-reported confidence, 81% skill-assessed competence
- Use information for problem solving: 48% self-reported confidence, 61% skill-assessed competence
- Use of information for decisions: 26% self-reported confidence, 57% skill-assessed competence

n=17 facilities, 45 respondents
EN-MINI-PRISM Tools: Promotion of Information Culture

Promotion of information culture

- Commitment and support for high-quality data: 95%
- Commitment and support of information use: 83%
- Evidence-based decision making culture: 48%
- Promotion of problem solving culture: 57%
- Sharing information between levels: 88%
- Sense of responsibility: 96%
- Empowerment and accountability: 77%
- Rewarding good performance: 93%

Respondent report

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

<table>
<thead>
<tr>
<th>Organizational factors</th>
<th>District</th>
<th>Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good governance structures</td>
<td>24%</td>
<td></td>
</tr>
<tr>
<td>Planning for RHIS</td>
<td>29%</td>
<td></td>
</tr>
<tr>
<td>Use of quality improvement standards</td>
<td>90%</td>
<td></td>
</tr>
<tr>
<td>Supervision quality</td>
<td>21%</td>
<td>63%</td>
</tr>
<tr>
<td>Financial resources allocated</td>
<td>29%</td>
<td></td>
</tr>
<tr>
<td>Training plan costed</td>
<td>14%</td>
<td></td>
</tr>
<tr>
<td>Data quality assurance score</td>
<td>13%</td>
<td>13%</td>
</tr>
<tr>
<td>Designated staff check report data quality</td>
<td>100%</td>
<td>57%</td>
</tr>
</tbody>
</table>

| Behavioral Factors                                                                     |          |          |
| Knowledge HIS                                                                          | 0%       | 54%      |
| Knowledge data quality checking methods                                                | 0%       | 40%      |
| Motivation among staff                                                                 | 8%       |          |

| Improve Newborn Data Quality                                                          | 100%     | 69%      |

Use of routine data for RHIS quality improvement

n=21 facilities, 52 respondents
EN-MINI-PRISM Tools: Supervision Mechanisms

- District Office - schedule for RHIS supervisory visits: 29% observed/reported
- Facility - more than 1 supervisory visit last 3 months: 90%
- District Office - copies RHIS supervisory guidelines/...: 29%
- Facility - Supervisor used data quality checklist: 42%
- Facility - Supervisor discussed action with respondent: 95%
- District Office - copies supervisory visit & agreed...: 14%
- Facility - received supervisory visit(s) report: 16%

Percentage observed/reported:

- Health Facility
- District Office
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**

**Bangladesh**

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

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

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

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

**MAP Newborn Data**

**USE Newborn Data for Decisions**
Summary and Way forward of EN-MINI Tools Assessment: Bangladesh

**Improve Newborn Data Quality**

What are the gaps and challenges?
Lack of knowledge, capacity development of RHIS staff, and routine monitoring

Quality of supervision visits at facility?
Low use of supervision checklist and providing written feedback

What can be done to improve data quality?
Ensuring quality supervision, training to check data quality, routine feedback
# EN-MINI Tools Launch

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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

**Core**
- Family and community
- Individual Level
- Subnational
- National
- Global

**Facility**
- Optimize health service data, including Routine Health Information Systems (RHIS)

**Surveys**
- Population-based e.g., DHS, MICS

**Count**
- Births, deaths, causes of death in CRVS

**Optimize**
- Health service data including RHIS

**Review**
- Enable data use for policy and action

**New!**
- MAP Newborn Data
- USE Newborn Data for Decisions
- 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.
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
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<td>Roundtable discussion</td>
<td>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</td>
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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

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

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

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

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

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

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

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

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

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

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

Senior Advisor, Maternal and Newborn Health, UNICEF USA

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EN-MINI Tools

Every Newborn – Measurement Improvement for Newborn and stillbirth Indicators

Any questions?

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

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Thank you

The EN-MINI-PRISM Tools are available

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

Please spread the word about the EN-MINI Tools on social media!
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