



Every Newborn-Measurement Improvement for Newborn & Stillbirth Indicators (EN-MINI) Tools for Routine Health Information Systems and Findings from its Implementation in Bangladesh

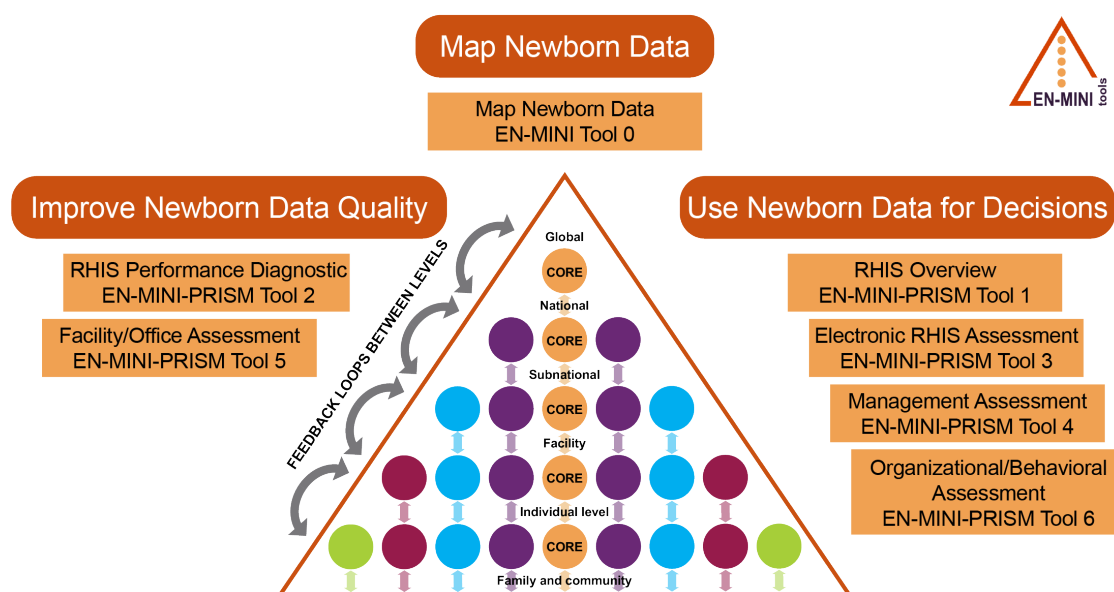
What are the EN-MINI Tools?

The [Every Newborn-Measurement Improvement for Newborn and Stillbirth Indicators \(EN-MINI\) Tools](#) guide priority actions to improve the availability, quality, and use of newborn and stillbirth indicators in routine health information systems (RHIS). The tools are free, easy to use, and generate automated reports for subnational and national use in support of the [Every Newborn Action Plan](#) (ENAP).

The EN-MINI Tools are designed to optimize RHIS data that can be used to review progress and performance while enabling data use for policy and action for newborns and stillbirths. The tools strengthen communication between key stakeholders and facilitate standardized data as recommended in global guidance.

The EN-MINI Tools focus on **core newborn and stillbirth indicator** measurement shown as the orange data point circles in the center of the data pyramid in Figure 1. The seven tools are grouped into three categories—**Map Newborn Data**, **Use Newborn Data for Decisions**, and **Improve Newborn Data Quality**.

Figure 1. EN-MINI Tools and Data Pyramid



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.

How were the EN-MINI Tools developed?

The EN-MINI Tools version 1 were developed as part of the Every Newborn-Birth Indicator Research Tracking in Hospitals (EN-BIRTH)-2 study, conceptualized and implemented in partnership with Data for Impact (D4I); the International Centre for Diarrhoeal, Disease Research, Bangladesh (icddr,b); Ifakara Health Institute (IHI); and the London School of Hygiene & Tropical Health (LSHTM). EN-BIRTH 2 was funded by the United States Agency for International Development (USAID) through [D4I](#). USAID's Research for Decision Makers (RDM) Activity of icddr,b funded initial activities in Bangladesh. The [Chiesi Foundation](#)-funded [Improving Quality and Use of Newborn Indicators \(IMPULSE\) study](#) contributed to version 2.0 of the EN-MINI Tools.



Who can use the EN-MINI Tools?

The EN-MINI Tools were designed for teams working to improve newborn data for action, including national and subnational policy makers, newborn program stakeholders, and RHIS technical experts. The seven EN-MINI Tools are ideally implemented as a package but can be used individually. The EN-MINI Tools are available in four languages—Amharic, English, French, and Swahili—through support from USAID and the Chiesi Foundation.

What is included in the EN-MINI Tools?

Map Newborn Data

The **Map Newborn Data EN-MINI Tool 0** is designed to map newborn data at different levels in the data pyramid from the health facility routine registers into electronic RHIS and has three uses:

- Find the RHIS newborn and stillbirth data that can be used now to track progress
- Identify routine data gaps for what you need and want to measure
- Explore measurement burden, including for frontline health workers

Map Newborn Data

Map Newborn Data
EN-MINI Tool 0

Use Newborn Data for Decisions

[Four EN-MINI tools](#) address the **Use Newborn Data for Decisions**. The tools were adapted from the [Performance of Routine Information System \(PRISM\)](#) tools developed by MEASURE Evaluation. These four tools have ready-to-use digital data collection tools and help users:

- Learn which additional data users need to track progress for newborns and stillbirths

EN-MINI-PRISM Tool 1 examines technical determinants and the extent of RHIS fragmentation and redundancy to help initiate discussion of data integration and use. **EN-MINI-PRISM Tool 3** examines the functionality and user-friendliness of the technology used for generating, processing, analyzing, and using routine health data. **EN-MINI-PRISM Tool 4** takes rapid stock of RHIS management practices to support the development of action plans for improved management. **EN-MINI-PRISM Tool 6** identifies behavioral and organizational determinants that promote a culture of information.

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

Improve Newborn Data Quality

[Two EN-MINI tools](#) contribute to assessing the IMPROVE Newborn Data Quality. **EN-MINI-PRISM Tool 2** determines the overall level of RHIS performance based on data quality and use of information. **EN-MINI-PRISM Tool 5** assesses the availability and status of resources needed for RHIS implementation at supervisory levels.

Improve Newborn Data Quality

RHIS Performance Diagnostic
EN-MINI-PRISM Tool 2

Facility/Office Assessment
EN-MINI-PRISM Tool 5

The two tools help users:

- Check newborn and stillbirth data quality
- Ascertain if feedback mechanisms are effective
- Explore which resources are needed to further improve data quality

Enhancing Newborn Health Through Implementation of the EN-MINI Tools in Kushtia District, Bangladesh

The implementation of the EN-MINI Tools in Kushtia District, Bangladesh was a collaborative and pivotal initiative among policy makers, healthcare professionals, and data experts, aiming to improve data quality and utilization at different levels within the healthcare system. This initiative emphasizes the critical role of healthcare professionals in enhancing data quality and underscores their cultural motivation for newborn and stillbirth indicators.

Key Findings from the EN-MINI Tools Implementation in Kushtia District, Bangladesh

- **Data quality and consistency:** There was considerable variability in data quality across facilities, with inconsistencies in newborn and stillbirth reporting affecting data reliability.
- **System integration needs:** Gaps in integrating newborn and stillbirth data within existing RHIS platforms were identified, impacting data accessibility at local and national levels.
- **Resource allocation:** Underserved areas faced challenges due to limited resources, including shortages in equipment and inadequate training for health personnel.
- **Behavioral and organizational determinants:** A need for a stronger culture of data utilization among health workers and decision makers was observed, affecting routine data-driven decision making.

Actionable Recommendations

- **Standardize data entry practices:** Implement targeted training for health workers to improve data entry consistency and enhance overall data quality across facilities.
- **Enhance system integration:** Address system gaps by improving data flow within RHIS platforms, ensuring seamless integration of newborn and stillbirth data.
- **Increase resource investment:** Direct resources, such as equipment and training, to underserved areas to improve the accuracy and quality of newborn and stillbirth data.
- **Promote data use:** Foster a culture of routine data utilization by implementing strategies that empower health staff and decision makers to leverage data effectively for improving newborn health outcomes.

The implementation of the EN-MINI Tools in Bangladesh has the potential to catalyze significant improvements in newborn and stillbirth health outcomes by promoting data quality, data use, and strategic decision making across the healthcare system. Continued collaboration and focused actions are essential to sustaining and expanding these positive impacts.

To learn more about the EN-MINI tools, please visit
www.data4impactproject.org/resources/en-mini-tools

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