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DATA FOR IMPACT

# D4IMonitor

This issue of the D4I Monitor highlights our evaluation work in the Democratic Republic of the Congo.

USAID's Integrated Health Program (IHP) works in the Democratic Republic of the Congo (DRC) to strengthen the capacity of Congolese institutions and communities to deliver quality, integrated health services that sustainably improve the health status of the Congolese population.



Photo by USAID

In 2020, Data for Impact (D4I) partnered with Kinshasa School of Public Health (KSPH) on a mixed methods process and impact evaluation of the IHP in the DRC. The evaluation includes use of routine health information system data, health facility assessments, a population-based household survey, and qualitative data collection; a country research partner capacity assessment and strengthening plan; and three learning agenda studies.

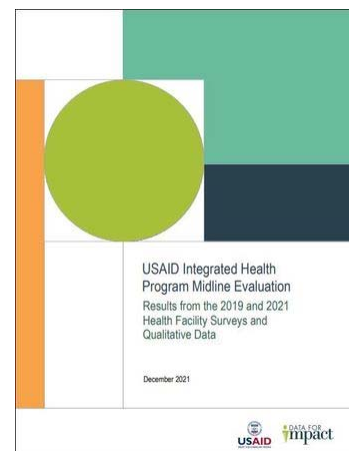
D4I's comprehensive evaluation approach may serve as an example to others seeking to evaluate complex, integrated health programs, and the findings from the evaluation are helpful to other programs to inform programmatic decisions and funding allocations.

## Evaluation Efforts

### [USAID Integrated Health Program Midline Evaluation](#)

D4I conducted a [midline evaluation](#) using health facility assessment data collected in 2019 and 2021 as part of the performance evaluation of the IHP in the DRC. USAID IHP has three objectives:

1. Strengthen health systems, governance, and leadership at the provincial, health zone, and facility levels in target provinces
2. Increase access to quality, integrated health services in target provinces



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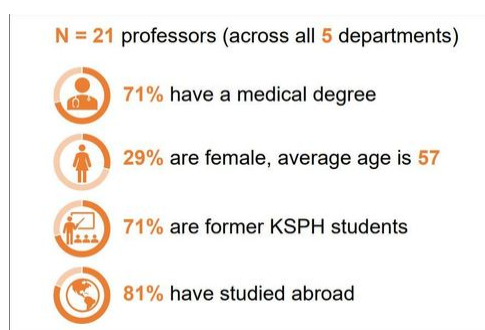
provinces

In this evaluation, the midline survey was conducted only 18 months after the baseline survey yet, in general, trends appear positive, particularly for leadership and governance indicators. The percentage of health zone offices that received a supervisory visit was significantly higher at midline (69 percent at baseline and 90 percent at midline). The percentage of health workers who reported being satisfied with their job was nine percentage points higher at midline (48 percent) compared to baseline (39 percent).

The IHP evaluation baseline report can be found [here](#). Results from the baseline report suggest that the government health system faces multiple challenges to effectively plan, implement, and monitor services. These include lack of electricity, cellular communication, and internet; wide variations by province in the availability of medicines and equipment; limited managerial autonomy; variations in the levels of external supervision; insufficient number of staff; and low levels of health worker satisfaction.

## Capacity Strengthening Efforts

### [Evaluation Capacity at Kinshasa School of Public Health: Baseline Assessment Results](#)



D4I is providing training and other support for evaluation capacity strengthening at the Kinshasa School of Public Health (KSPH), our country research partner. This [PowerPoint presentation](#) shares findings from a baseline needs assessment conducted as an initial step in the capacity strengthening process. Data were collected at the institution level and from faculty members and graduate students.

The needs assessment showed that KSPH professors are highly qualified and dedicated, with long average terms and high levels of research activity. Collaboration on projects and proposals was common within departments but relatively rare between departments. The assessment identified technical and non-technical opportunity areas for individual capacity strengthening among faculty and students, such as proposal writing and sampling, respectively. Institutional strategies identified included network and partnership development, among others.

Based on the needs assessment, the KSPH and D4I developed three priority initiatives to strengthen evaluation capacity at the school. The first is creating a grants resource library to aid faculty in assembling applications for funding. The second is development of an online community of practice for evaluation that will be open to faculty, current students, and alumni. The third initiative is providing on-demand e-learning modules related to evaluation and hosted within the community of practice. Pilot testing of the three initiatives is occurring in February, with the public launch scheduled for March 2022.

# Learning Agenda

In addition to the evaluation of USAID IHP, D4I is conducting three mixed methods studies that contribute to the program's learning agenda. The first study is a characterization of health facility supervision in the DRC. The second is an assessment of the country's medical equipment information system. Lastly, D4I will evaluate the VIVA! campaign, which focuses on promoting health behavior change.



Photo by USAID

## More from D4I

**Our work: Year 3 highlights**

D4I strengthens capacity to generate and use high-quality data, investigate program effectiveness, and learn from evidence.

<b>Generate evidence</b> Published research on the effects of COVID-19 on health service utilization in Bangladesh, the DRC, and Uganda	<b>Strengthen capacity</b> Applied the Resource and Extension Capacity Assessment Tool and Resource Planning after expert review in Nepal and printing in Nigeria
<b>Ensure data quality</b> Published guidelines and a training curriculum on the integrated approach to family planning data quality assessment	<b>Integrate gender</b> Tested a new tool assessing gender competency in family planning providers in Ghana
<b>Promote data use</b> Hosted a webinar on the use of routine and other existing data for evaluation, with over 170 attendees per event	<b>Learn</b> Applied learning from our prior use of clinical registers in provider surveys in the DRC to measure quality of care in Nigeria

DATA FOR impact

**Estimating National and Area-Specific COVID-19 Effects on Health Service Use in the Democratic Republic of the Congo**

Background: The COVID-19 pandemic has had a significant impact on health service use in the Democratic Republic of the Congo (DRC). This study aimed to estimate the national and area-specific effects of COVID-19 on health service use in the DRC.

Methods: We used a mixed-methods approach, combining quantitative data from a household survey and qualitative data from focus group discussions and key informant interviews.

Results: The study found that COVID-19 had a significant negative impact on health service use in the DRC. There was a decrease in the number of visits to health facilities, and a decrease in the use of health services. The impact was more pronounced in rural areas and among women.

Conclusions: The study highlights the need for health systems to be resilient to shocks like COVID-19. It also emphasizes the importance of community-based approaches to health service delivery.

**Map Newborn Data**

Map Newborn Data EN-MINI Tool 0

Improve Newborn Data Quality

- RHS Performance Diagnostic EN-MINI-PRISM Tool 2
- Facility/Office Assessment EN-MINI-PRISM Tool 5

Use Newborn Data for Decisions

- RHS Overview EN-MINI-PRISM Tool 1
- Electronic RHS 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.

- [Our Work: Year 3 Highlights](#)
- [Estimating National and Area-Specific COVID-19 Effects on Health Service Use in the Democratic Republic of the Congo](#)
- [Every Newborn-Measurement Improvement for Newborn & Stillbirth Indicators \(EN-MINI\) Tools for Routine Health Information Systems](#)



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