D4I Year 4 Highlights

Our work

Data for Impact (D4I) works with country partners to strengthen capacity to generate and use high-quality data, investigate program effectiveness, 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
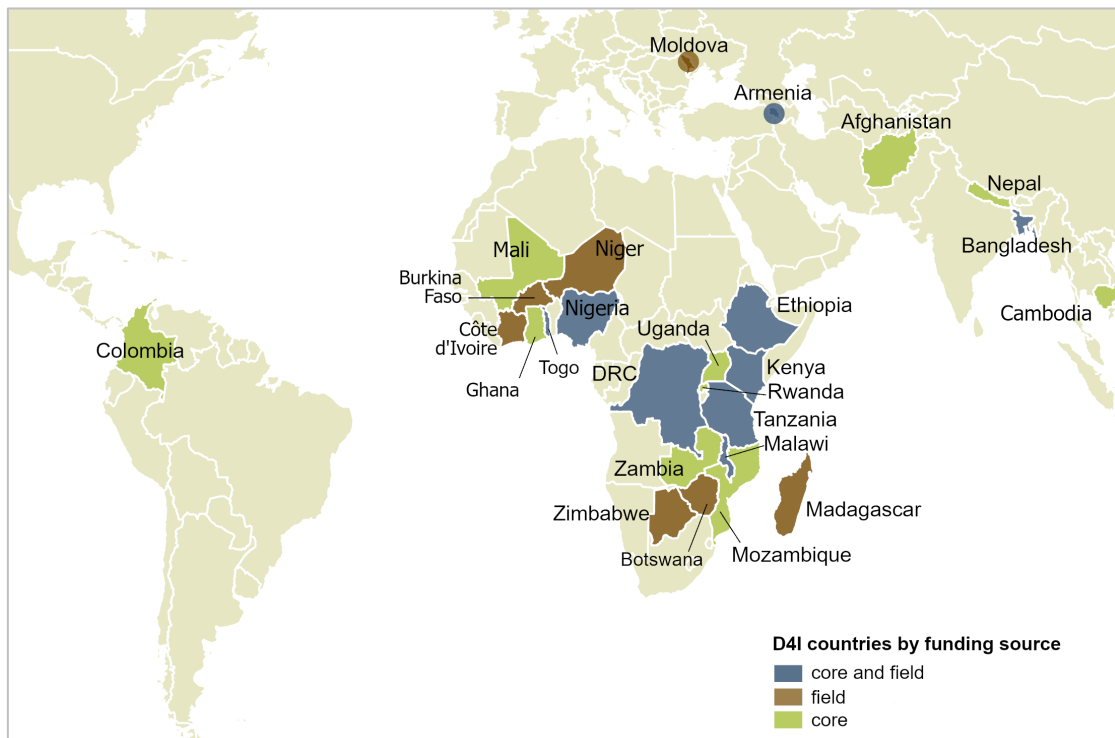
Promote Data Usage

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

Where D4I works (current and past)

D4I countries by funding source
- core and field
- field
- core

D4I's Activities by Country, Funding Source, and Technical Area

F = Field funding
C = Country work with the core funds

Health Technical Areas	Afghanistan	Armenia	Bangladesh	Botswana	Burkina Faso	Cambodia	Colombia	Cote d'Ivoire	DRC	Ghana	Ethiopia	Kenya	Madagascar	Malawi	Mali	Moldova	Mozambique	Nepal	Niger	Nigeria	Rwanda	Tanzania	Togo	Uganda	Zambia	Zimbabwe	GLOBAL
Adolescent Health			F	F							C			F							C						C
Child Protection & Care		C/F				C	C									F					C			C	C		C
Counter-trafficking & Refugee Support		F														F											
COVID-19			C						C/F					F				C		F				C			
Environment/IPC/WASH									F		C/F			F						F							
Family Planning & Reproductive Health	C		C/F	C/F	C/F			F	C/F	C	C/F			C/F				C	F	C/F		C/F	C/F	C			C
Infectious Disease (HIV/AIDS & Malaria)				F					F		F									F		F				F	
Maternal & Child Health			C/F						F		F	F	F	F			C			F		C/F		C			C
Food Security & Nutrition			C/F						F		C/F				C			C		C				C	C		C
Cross-Cutting Areas																											
Health System Strengthening			C/F	F					C/F		F	F	F	F						F		F	C	C			C/F
Private Sector			F								F		F														C
Supply Chain											F		F	C				C		C/F							
Integrated across all Activities																											
Capacity Strengthening																											
Gender																											

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Year 4 Activity Highlights

27 assessments/evaluations completed

14 new/innovative methods or tools developed to inform program and policy decisions through the appropriate use of available, high-quality data sources and generation of new, high-quality data

4 resources and materials developed by D4I to assess and/or strengthen technical and/or management capacity for assessments or evaluations

41 data visualization products developed

Webinars

D4I hosted five webinars in the series on integration in global health, monitoring, and evaluation; three webinars on tools developed; and the first webinar in a series on equity (see Figure 1). Recordings of all D4I webinars are available here.
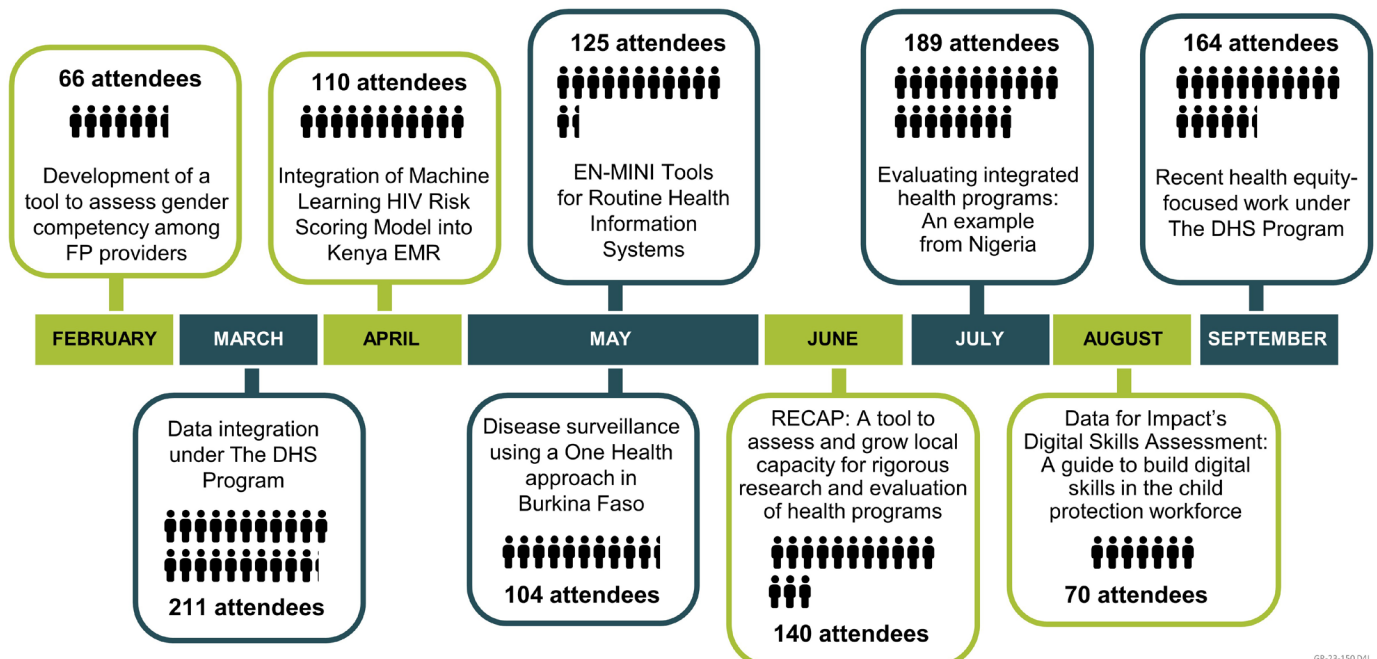
Field-funded work highlights

In **Armenia**, D4I continued support to the Ministry of Labor and Social Affairs (MOLSA) to strengthen the capacity of the Government of the Republic of Armenia (GOAM) to collect, analyze, and use quality routine data to inform the strategic management of child protection and alternative care reform. D4I provided on-the-job trainings to MOLSA Child Protection Division staff and established biweekly data review and use meetings that incorporated mini trainings on data visualization. D4I also began supporting GOAM to gather high-quality, multi-sectoral data; build

data systems; and use data to monitor, coordinate, and evaluate the national counter-trafficking in persons (C-TIP) response. See the C-TIP Landscape Assessment Report and report on the C-TIP Expert Assessment of the 2020-2022 NAP Implementation in collaboration with MOLSA.

In **Bangladesh**, D4I supports the Bangladesh Ministry of Health and Family Welfare (MOHFW) to generate and apply monitoring data from its sector-wide development program. D4I concluded its support to the Directorate General of Family Planning (DGFP) in the implementation and scale-up of the electronic management information system (eMIS) to divisions in Bangladesh (see this blog post and report). D4I developed policy briefs on privacy and confidentiality of personal health data in Bangladesh and the impact of vacancies at the community level. A paper on obstetric fistula was published in the Lancet Global Health. D4I began a partnership with Dhaka University to

Figure 1. D4I Year 4 webinars

66 attendees — Development of a tool to assess gender competency among FP providers (FEBRUARY)

110 attendees — Integration of Machine Learning HIV Risk Scoring Model into Kenya EMR (APRIL)

125 attendees — EN-MINI Tools for Routine Health Information Systems (MAY)

189 attendees — Evaluating integrated health programs: An example from Nigeria (JULY)

164 attendees — Recent health equity-focused work under The DHS Program (SEPTEMBER)

Data integration under The DHS Program — 211 attendees (MARCH)

Disease surveillance using a One Health approach in Burkina Faso — 104 attendees (MAY)

RECAP: A tool to assess and grow local capacity for rigorous research and evaluation of health programs — 140 attendees (JUNE)

Data for Impact's Digital Skills Assessment: A guide to build digital skills in the child protection workforce — 70 attendees (AUGUST)

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strengthen capacity in applied population research and training.

In the ***Democratic Republic of the Congo (DRC),*** D4I is conducting a performance and impact evaluation of the USAID Integrated Health Program (IHP) over five years to provide data on the adoption of healthy behaviors by USAID IHP clients and on access to high-quality health services. D4I conducted a midline evaluation using health facility assessment data and qualitative data collected in 2019 and 2021 as well as health facility data from the country's District Health Information Software, version 2 (DHIS2) system. See the [midline results report](#) and four briefs in French on [leadership and governance](#), [service delivery](#), [service readiness](#), and the [impact of COVID-19 on IHP](#). Key elements of the integrated capacity strengthening plan co-created with the Kinshasa School of Public Health were operationalized, including online learning modules and an evaluation community of practice.

In ***Madagascar,*** D4I conducted a [mixed methods midterm performance evaluation](#) of the Improving Market Partnerships and Access to Commodities Together (IMPACT) program, a five-year USAID activity promoting the Total Market Approach (TMA) to strengthen and increase the health sector supply chain in Madagascar. D4I also continued work on a midterm evaluation of the Accessible Continuum of Care and Essential Services Sustained (ACCESS) Program. The final report will be published in Year 5.

In ***Malawi,*** D4I completed the baseline for the Malawi Secondary Education Expansion for Development (SEED) impact evaluation, a high-profile evaluation of a historic joint USAID/PEPFAR undertaking in school construction. The evaluation examines SEED's effects on development outcomes across

education, health, and other socioeconomic areas. A key finding from rural baseline data was the persistence of financial barriers to secondary education—inability to pay school fees and exam costs—despite the elimination of school fees.

To better understand this disconnect, D4I rapidly collected and analyzed additional information about non-tuition fees and triangulated SEED baseline findings with recently published data from the 2019/2020 Malawi Fifth Integrated Household Survey (IHS5) and the 2020/2021 Malawi Annual School Census. D4I presented this evidence in a [two-page brief](#) on understanding financial barriers to secondary education in rural Malawi. A baseline summary [report](#), qualitative results [brief,](#) and [brief](#) on the baseline results along the theory of change are also available.

In ***Moldova***, D4I continued supporting the Ministry of Health, Labor, and Social Protection (MOHLSP), the National Social Assistance Agency (NSAA), and the Territorial Social Assistance Structures (TSAS) to strengthen data collection and use to address child protection needs. D4I finalized indicator reference sheets for a set of national indicators in child protection which were included in the monitoring and evaluation (M&E) framework of the approved National Child Protection Program 2022–2026. D4I also conducted trainings and meetings with TSAS staff on data analysis, data visualization, and data review; collaborated with universities in Moldova to modernize and improve M&E training within their social work curriculum; and supported the government of Moldova to respond to the Ukrainian refugee crisis, including mapping the needs of refugee children in Chisinau Municipality.

In ***Nigeria***, D4I held an annual national results review workshop and three state-level results validation meetings under the multi-activity

evaluation of four USAID/Nigeria integrated health, malaria, communication and behavior change, and supply chain projects. D4I presented results from health facility assessments, DHIS2 analyses, a sustainability assessment, an organizational network analysis, and provider surveys. Nigeria-based research partner Data Research and Mapping Consult Ltd. (DRMC) led the analysis of sustainability assessment data and presented these findings at the workshop—efforts aligned with their previously identified priorities for capacity strengthening. A series of briefs and reports are forthcoming.

D4I worked with a University of Lagos faculty member to conduct a five-day training on qualitative analysis for the DRMC team, based on their self-identified priority for capacity strengthening. Trained staff will apply their skills and knowledge to qualitative analysis in the D4I midline.

In *Tanzania*, D4I initiated work on the site-level monitoring and health data collection activity. This included conducting site monitoring visits to determine if health facilities are meeting HIV; tuberculosis; maternal, newborn, and child health; and family planning (FP) service quality standards and supporting USAID/Tanzania in conducting data verification for children and adults receiving antiretroviral therapy data across USAID-supported facilities.

Core-funded activity highlights

D4I developed the **Digital Skills Assessment Guide** to provide a general roadmap for the development and implementation of a custom digital skills assessment within a child protection government agency or organization. D4I launched the guide at a webinar in September 2022.

D4I finalized a set of **online video tutorials for evaluation techniques**. D4I created

online video tutorials versus hosting in-person trainings, recognizing that practitioners are not always able to take the time required to take courses on data analysis, particularly during the time of COVID-19 when it is increasingly difficult to create in-person experiences. The tutorials focus on the two common methods identified in a D4I literature review from Years 1 and 2: interrupted time series analysis and logistic regression.

After piloting in Malawi, Nepal, and Nigeria, D4I finalized and launched the **Research and Evaluation Capacity Assessment Tool and Resource Package (RECAP)**, a resource package for planning for institutional strengthening. The RECAP includes a user guide, assessment tool, Excel workbook, institutional strengthening resource guide, and a facilitator presentation. The RECAP assesses organizational capacity across six domains: research and evaluation, field work, data management, data analysis, information sharing, and organizational capacity. The RECAP was launched during a webinar. In 2022, RECAP was adapted and used by the USAID-funded Surveys for Monitoring in Resilience and Food Security (SMRFS) project for capacity strengthening planning with country partners in Ghana and Uganda.

The **Every Newborn-Measurement Improvement for Newborn & Stillbirth Indicators** (**EN-MINI) tools** (core and field support)**,** co-created and piloted through collaborative implementation research by the London School of Hygiene & Tropical Medicine UK (LSHTM), Ifakara Health Institute (IHI) Tanzania, icddr,b Bangladesh, and D4I, were designed as part of the Every Newborn-Birth Indicator Research Tracking in Hospitals (EN-BIRTH) Phase 2 study to strengthen core newborn indicator measurement in national routine health

information system (RHIS). The tools assess RHIS performance for indicator data collected from the health facility up to subnational and national levels in support of the World Health Organization's Every Newborn Action Plan. The EN-MINI tools are available [here](#) and were officially launched via [webinar](#) in May 2022.

The **EN-MINI tools have generated great interest**. In April 2022, the Chiesi Foundation-funded [IMPULSE project](#) began using the EN-MINI tools during the project's first phase in the Central African Republic, Ethiopia, and Tanzania. UNICEF has included the EN-MINI tools as part of its [newborn implementation toolkit](#).

The PRH-funded **Small Grants Program** awards funds to universities and non-governmental organizations in USAID Population and Reproductive Health (PRH)-priority countries to conduct FP-focused research projects. D4I awarded four applicants as follows:

- The [Central Institute of Science and Technology](#) (CiST) College in Kathmandu, **Nepal**.

- The [Health Policy Research Group](#) (HPRG), based at the College of Medicine, University of **Nigeria** in Enugu.

- The Department of Population Science and Human Resource Development at the University of Rajshahi in **Bangladesh**. Their paper was submitted to the journal *BMC Health Service Research.*

- The [Organization for Research and Community Development](#) (ORCD) in **Afghanistan**.

D4I's support to subgrantees included providing templates for the proposal and project reporting, supporting dataset access, offering tailored technical assistance with writing their final papers, and providing in-depth feedback on the subgrantees' research papers to enrich their papers and strengthen their writing capacity.

Other core-funded work snapshots

Maternal, Child, Health, and Nutrition

- In conjunction with the US Census Bureau, D4I developed a free online course on estimating maternal mortality from census data, which the Census Bureau will soon publish.

- D4I's work with the Maternal Mortality Estimation Interagency Group (MMEIG) will be used in the next round of maternal mortality estimates in early 2023.

- D4I submitted a paper on group-based trajectory modeling used to understand trends in under-five mortality in low- and middle-income countries and a paper on improving the accuracy of RHIS data to *Population Health Metrics*.

Cross-Bureau

- D4I is supporting the World Health Organization to revise its guidance for Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) program managers on analysis and use of health facility data.

- D4I drafted the Private Sector Engagement (PSE) assessment instrument, known as the Perceived Worth of Continued Engagement (PWCE) Tool, plus accompanying user guidance. D4I will pilot the tool with stakeholders in the Philippines and Tanzania during Year 5.

Nutrition

- D4I began the second periodic assessment of the Multi-Sectoral Nutrition Strategy (MSNS), working with USAID to develop assessment questions and finalize the assessment

methodology. D4I conducted an extensive desk review, interviews with USAID and partner staff in five focus countries (Bangladesh, Mali, Nepal, Rwanda, and Uganda), and launched an online survey for other countries' staff to complete.

Center for Children in Adversity

- D4I laid the foundation for an **assessment of social service workforce strengthening activities** in **Armenia, Cambodia, and Rwanda**. Work included developing the protocol and data collection tools with input from global and national advisory groups.

Population and Reproductive Health

- As part of the FP2030 Performance Monitoring and Evidence Working Group (WG), D4I collaborated on the development of a manuscript on measurement of unmet need which was published in [Global Health: Science and Practice](#) and contributed input on the future role of the WG.

- D4I tested the feasibility of using existing RHIS data in combination with non-routine survey data to analyze supply and demand for FP services. D4I used FP supply data from the Malawi DHIS2 and contraceptive behavior data from the 2015–16 Malawi Demographic and Health Survey (DHS). The key output of the exercise was a simple analytical approach that could be replicable in other settings. D4I published a [report](#) and [blog post](#) detailing this work.

- D4I continued development of a tool to assess gender competency among FP service providers, which included completing a second pilot of the tool in Uganda. A webinar on this work is available [here](#).

- D4I completed data collection in Bangladesh and Tanzania and started analysis and report writing for an evaluation of High Impact Practices in family planning. This work focuses on three service delivery High Impact Practices: integration of community health workers into the health system, mobile outreach service delivery of contraceptives, and immediate postpartum family planning.

- D4I conducted data collection and analysis for the baseline evaluation of the FUTURES program, an integrated population, environment, and development activity in Ethiopia; the published report is [here](#).

For more information

D4I supports countries to realize the power of data as actionable evidence that can improve programs, policies, and—ultimately—health outcomes. We strengthen the technical and organizational capacity of local partners to collect, analyze, and use data to support sustainable development. For more information, visit https://www.data4impactproject.org/