Data for Impact
End of Project Report

September 2018–January 2025

January 2025

Data for Impact (D4I)

Partnerships that mobilize data for better health

Data for Impact
University of North Carolina at Chapel Hill
123 West Franklin Street, Suite 330
Chapel Hill, NC 27516 USA
Phone: 919-445-9350 | Fax: 919-445-9353
D4I@unc.edu
www.data4impactproject.org

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Abbreviations

ACCESS   Accessible Continuum of Care and Essential Services Sustained

AGYW   adolescent girls and young women

APCCA   Advancing Protection and Care for Children in Adversity

BAHWS   Bangladesh Adolescent Health and Wellbeing Survey

BHFS   Bangladesh Health Facility Survey

CBSG   Capacity Building Service Group in Bangladesh

CERPED   Centre d'Etudes et de Recherche en Population et Développement

CHX   Chlorhexidine digluconate

CLA   collaborating, learning, and adapting

CNPAC   National Center for the Prevention of Child Abuse

CPIS   child protection information system

CSO   civil society organization

CSR   Centre for Social Research at the University of Malawi

C-TIP   counter-trafficking in persons

D4I   Data for Impact

DGFP   Directorate General of Family Planning

DHIS2   District Health Information Software, version 2

DHS   Demographic and Health Survey

DID   difference-in-differences

DPS-DU   Department of Population Sciences at Dhaka University

DRC   Democratic Republic of the Congo

DREAMS   Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe

DRMC   Data Research and Mapping Consult, Ltd.

eMIS   Electronic Management Information System

ENAP   Every Newborn Action Plan

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

EWEN-MINSMI   Every Woman Every Newborn-Measurement Improvement for Newborn, Stillbirth, and Maternal Indicators

FP   family planning

FUTURES   My Forest, My Livelihood, My Family

GBV   gender-based violence

GHS   Ghana Health Services

GIS   Geographic Information System

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USAID/Southern Africa
https://flic.kr/p/GBRhdy

GH PEARL	Global Health Program Evaluation, Analysis, Research, and Learning
GKB	Gikuriro Kuri Bose
HHFA	Harmonized Health Facility Assessment
HIPs	High Impact Practices
HPN	health, population, and nutrition
HTC	HIV testing and counseling
ICBF	Colombia Institute of Family Welfare
IMPACT	Improving Market Partnerships and Access to Commodities Together
IMPULSE	Improving Quality and Use of Newborn Indicators in African Countries
INCED	inclusive nutrition and early childhood development
IR	intermediate result
IUSSP	International Union for the Scientific Study of Population
IYCF	infant and young child feeding
JSI	John Snow, Inc.
KM	knowledge management
KPI	key performance indicator
KSPH	Kinshasa School of Public Health
KT	knowledge translation
LCS	local capacity strengthening
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex
LHA	Lowlands Health Activity
LMICs	low- and middle-income countries
M&E	monitoring and evaluation
MCH	maternal and child health
MEL	monitoring, evaluation, and learning
MERL	monitoring, evaluation, research, and learning
MIS	Management Information System
MNCAH	maternal, newborn, child, and adolescent health
MNCH	maternal, neonatal, and child health
MOH	Ministry of Health
MOHFW	Ministry of Health and Family Welfare in Bangladesh
MOLSA	Ministry of Labor and Social Affairs
MOLSP	Ministry of Labor and Social Protection
MS	Ministère de la santé (Ministry of Health)
MSC	most significant change
MSNS	Multi-Sectoral Nutrition Strategy

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MSU	Moldova State University
NAP	national action plan
NMR	neonatal mortality rate
NGO	non-governmental organization
NIPORT	National Institute for Population, Research, and Training
NMCP	National Malaria Control Program
ODK	Open Data Kit
ONA	organizational network analysis
PEPFAR	United States President's Emergency Plan for AIDS Relief
PFM	participatory forest management
PHSP	Private Health Sector Partnership
PMI	President's Malaria Initiative
PMMU	Program Management and Monitoring Unit
PMTCT	prevention of mother-to-child transmission of HIV
PPFP	postpartum family planning
PRISM	Performance of Routine Information System Management
PSE	private sector engagement
PSE-SAM	Private Sector Engagement Self-Assessment Monitoring
RDM	Research for Decision Makers
RECAP	Research and Evaluation Capacity Assessment Tool and Resource Package
RH	reproductive health
RHIS	routine health information system
SEED	Secondary Education Expansion for Development
SMRFS	Surveys for Monitoring in Resilience and Food Security
SOP	standard operating procedure
STI	sexually transmitted infection
TA	technical assistance
TSAA	Territorial Social Assistance Agencies
TSAS	Territorial Social Assistance Structures
UNC	University of North Carolina at Chapel Hill
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WASH	water, sanitation, and hygiene
WHO	World Health Organization
ZAPIM	Zimbabwe Assistance Program in Malar

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Foreword: Data For Impact's Legacy in Global Health Monitoring, Evaluation, Research, and Learning

From September 2018 to March 2025, the United States Agency for International Development (USAID)-funded Data for Impact (D4I) project has supported low- and middle-income countries (LMICs) to generate and use high-quality data and evidence to improve health programs, policies, and outcomes. D4I has not only strengthened the technical and organizational capacity of local actors to collect and use routine and other existing data but has also fostered adaptive management and continuous learning.

Implemented by the Carolina Population Center at the University of North Carolina (UNC) at Chapel Hill, in partnership with Palladium, ICF, John Snow, Inc. (JSI), and Tulane University, D4I has continued the longstanding tradition of supporting USAID's global health monitoring, evaluation, research, and learning (MERL) efforts. As an associate award of MEASURE Evaluation Phase IV, D4I has built upon USAID's 30-year legacy of improving health programs, informing policies, and strengthening local capacity.

Throughout the life of the project, our work was diverse and cross-cutting, addressing areas such as maternal and child health, family planning and reproductive health, gender, child protection and care, infectious diseases, private sector engagement, health equity, nutrition, and more. These efforts focused on six thematic areas aimed at enhancing evidence generation and improving programmatic decision making:

Continuing the legacy of MEASURE Evaluation and informing future MERL projects: D4I upheld the principles and best practices of MEASURE Evaluation, ensuring the continuity of high standards and fostering innovation in data quality and health information systems strengthening.

Using routine data for research and evaluation: D4I leveraged routine health information system data to conduct evaluations and research, providing actionable insights to improve health interventions.

Localizing and strengthening local capacity in MERL: D4I prioritized strengthening local capacity through tailored interventions and collaboration to support local actors in conducting rigorous research and evaluation. The project consistently engaged local experts as core members of evaluation teams.

Collaborating with universities and governments: Long-standing partnerships with local institutions, often lasting years, were crucial in promoting local ownership and enhancing the capacity of governments and universities to conduct high-quality monitoring and evaluation (M&E).

Integrating gender across MERL: By applying a gender lens to activities, D4I ensured that data accurately reflect gender and health outcomes, guiding equitable policy and programmatic decision making.

Advancing the global M&E agenda: Through thought leadership and collaboration with global partners, D4I contributed to the development of innovative tools and methodologies in MERL, aligning with emergent Interagency and global technical and operational priorities.

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D4I faced significant challenges during its journey, including the COVID-19 pandemic and the humanitarian crisis in Ukraine, which disrupted health systems and hobbled data collection efforts. However, the project adapted swiftly, developing new methodologies, and leveraging existing tools to assess and mitigate the impacts of these crises on health service utilization and program implementation.

As this remarkable project draws to a close, we reflect on the resilience and dedication of our global and local partners, whose contributions made these achievements possible. We hope the legacy of D4I will continue to guide and inspire MERL projects, driving forward the global health agenda and improving lives worldwide.

Sincerely,

Jessica Fehringer, PhD, MHS, Project Director, Data for Impact (D4I)

Executive Summary

Data for Impact (D4I), funded by the United States Agency for International Development (USAID), has supported low- and middle-income countries (LMICs) to generate and use high-quality data to improve their programs, policies, and—ultimately—health outcomes. Implemented from September 2018 through January 2025, D4I is a consortium led by the University of North Carolina (UNC) at Chapel Hill in partnership with Palladium, ICF, John Snow, Inc. (JSI), and Tulane University. D4I drew upon the technical expertise of its partner organizations and an extensive network of local actors and organizations in USAID's priority countries.

D4I strengthened the technical and management capacities of local actors and organizations to collect, analyze, and use data, supporting sustainable development at national, subnational, and community levels. The project assessed program effectiveness, integrated gender into all activities, supported adaptive management, and learned from evidence (Figure 1).

Figure 1: D4I's Approaches

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, experimental leazrning, mentoring, and peer networks tailored to partner's 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
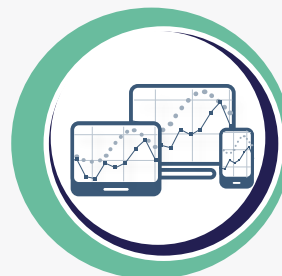
Promote Data Use
Visualize and communicate data in ways that are compelling, user-friendly, and actionable

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

Summary of D4I Achievements

84
Number of activities under D4I

33/20 Life of Project target (LOP)
1.1 Number of local organizations supported by D4I to use or assess available data sources for program decision making

108/20 (LOP)
1.2 Number of analyses, assessments, and evaluations completed with D4I support

92/45 (LOP)
1.3 Number of new and/or innovative methods, approaches, and tools developed by D4I to inform program and policy decisions through the appropriate use of available, high-quality data sources and generation of new, high-quality data

11/6 (LOP)
1.4 Number of new and existing methods, approaches, and tools developed by another project or organization applied in innovative ways by D4I to inform program and policy decisions

22/10 (LOP)
1.5 Number of data sources that can be analyzed or used to inform program and policy decisions and that are made publicly available

23/20 (LOP)
2.1 Number of local organizations with which D4I has engaged for collaborative implementation of an assessment or evaluation

32/20 (LOP)
2.2 Number of resources and materials developed by D4I to assess and/or strengthen technical and/or management capacity for assessments or evaluations

334/230 (LOP)
3.1 Number of data visualization, communication, and/or use products and resources developed and shared with stakeholders to enhance or facilitate data use

D4I's work spanned **34 countries,** addressing various health technical areas, including maternal and child health (MCH), family planning (FP),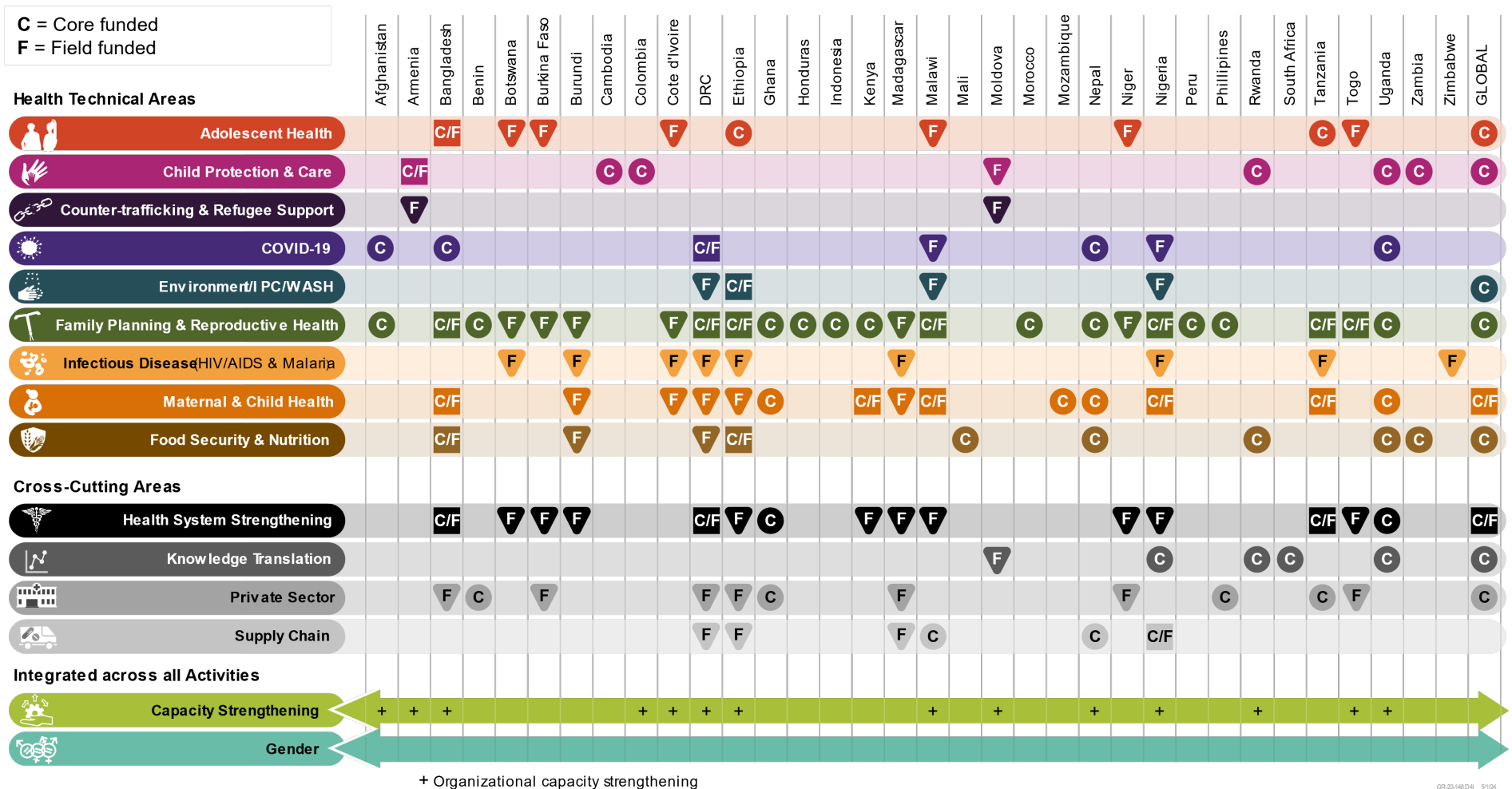 reproductive health (RH), child protection and care, counter-trafficking in persons and refugee support, environment, infectious diseases, and food security and nutrition. The project's activities focused predominantly in the FP/RH and MCH technical areas. The D4I activity matrix in Figure 2 illustrates the project's global- and county-level activities across nine health technical areas and four cross-cutting areas: (1) health system strengthening, (2) knowledge translation, (3) private sector engagement, and (4) supply chain management. Each country's activities were funded by Mission-supported funds, core funds, or both. Across all countries, D4I integrated capacity strengthening and gender into every activity.

Figure 2: D4I Activity Matrix by Country, Funding Source, and Technical Area

C = Core funded
F = Field funded

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

+ Organizational capacity strengthening

GR-23-148 D4I   5/1/24

D4I's Legacy in Global Health MERL

In preparation for the November 2023 Partners' Meeting, USAID Agreement Officer's Representative (AOR) team members and partner leads were surveyed to gather insights into D4I's legacy. The survey responses informed a brainstorming session held during the meeting, where key legacy themes and communication messaging were identified.D4I then established a legacy committee with representation from all consortium partners, led by the project's communication advisor and supported by the knowledge management (KM) team. The committee held monthly coordination meetings to solidify themes, guide activity leads on storytelling, and identify relevant resources.

D4I's work focused on **six thematic areas** encapsulating the project's goal of evidence generation and use. Through these thematic areas, D4I not only addressed immediate health challenges but also laid the foundation for sustainable, data-informed decision-making processes that will continue to benefit global health initiatives in the years ahead.

The first theme reflects D4I's commitment to carrying the legacy of the MEASURE Evaluation phase IV project forward while informing future MERL projects. These thematic areas are highlighted throughout the report and are summarized in a StoryMap and legacy video series.

Continuing the Legacy of MEASURE Evaluation & Informing Future MERL Projects
For over 30 years, USAID has supported global health MERL through the MEASURE Evaluation project and its associate awards. D4I proudly continued MEASURE Evaluation's legacy of advancing data quality and measurement for global health MERL. In leveraging global leadership and MEASURE Evaluation's expertise in health information systems strengthening, D4I contributed to building resilient systems, improving routine data quality assessments, enhancing data systems, and promoting data-driven decision making. This legacy of MERL, championed by D4I, will continue with the new Global Health Program, Evaluation, Analysis, Research, and Learning (Global Health PEARL) project and other USAID MERL initiatives.

Project Overview

About D4I

Data for Impact (D4I), funded by the United States Agency for International Development (USAID), has supported countries to generate and use high-quality data to improve their programs, policies, and—ultimately—health outcomes.

D4I worked across various health, technical, and cross-cutting areas including MCH, FP/RH, child protection and care, gender, private sector engagement, and more. The project sought to increase capacity for rigorous evaluation and research, which was realized when local actors developed the technical and organizational capacities to work with policymakers and program implementers in USAID priority countries to enhance their use of data to inform policies and programs. D4I built capacity for rigorous evaluation by achieving the following intermediate results (IRs) (Figure 3).

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Figure 3: D4I Intermediate Results

IR 1:
Strong evidence needed for program and policy decision making generated through the appropriate use of available data sources and generation of new data via innovative, rigorous, and efficient methods, approaches, and tools.

IR 2:
Individual and organizational capacity built in support of increased number of quality evaluations carried out in collaboration with and/or by local institutions and evaluations.

IR 3:
The **use of evaluation data** for global health programs and policies faciliatated and enhanced through compelling, user-friendly, and actionable organization, visualization, and communication.

Conceptual Framework

D4I's conceptual framework (Figure 4) illustrates how the project's strategic approaches led to outputs, and how those outputs contributed to achieving the three IRs. Key strategic approaches (tan boxes on the left) informed work plan activities, which produced outputs that, in turn, drove outcomes aligned with the IRs (green boxes). Bidirectional arrows between the strategic approaches and outputs illustrate how the achievement of certain outputs provided feedback to guide and support implementation of the strategic approaches. Assumptions about how outputs were used to achieve outcomes were also identified (orange boxes). Partner engagement—a key approach that cut across all IRs—ensured a comprehensive understanding of the information needs. Improved stakeholder engagement fostered a more supportive political and stakeholder environment for the use of evaluation results (blue boxes).
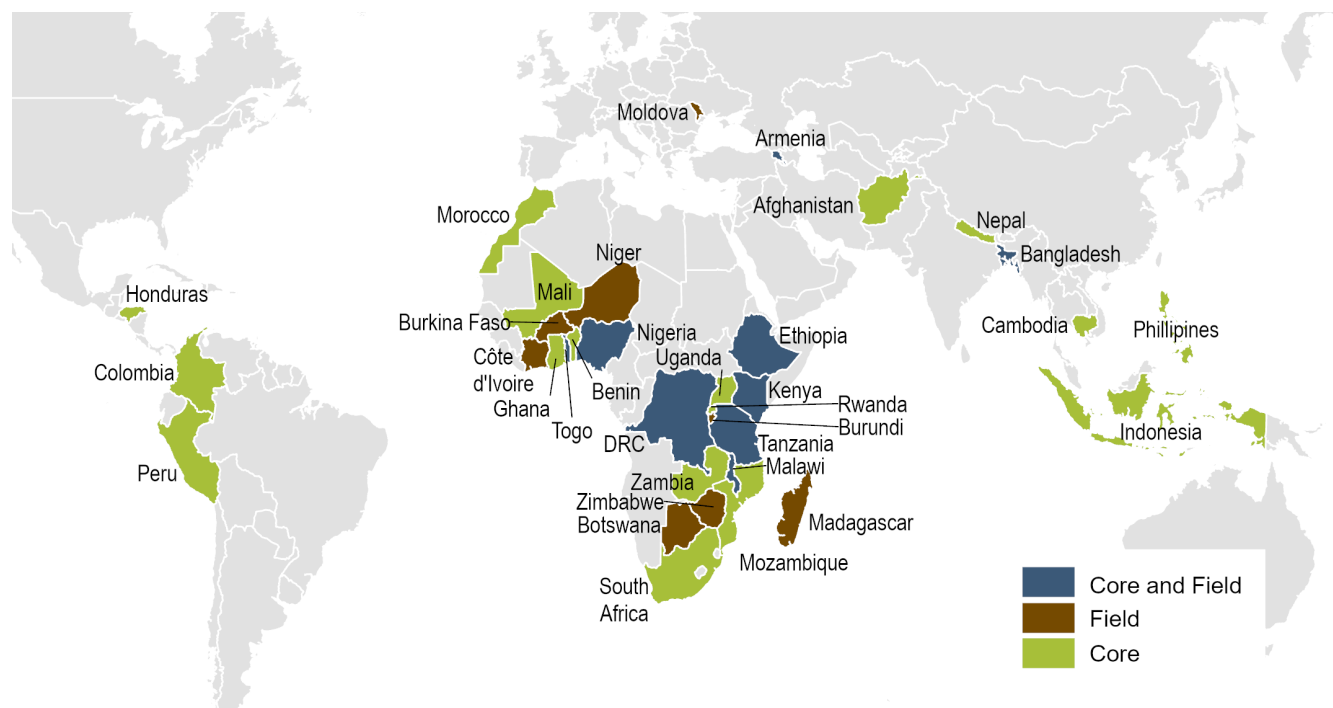
Figure 4: D4I Conceptual Framework
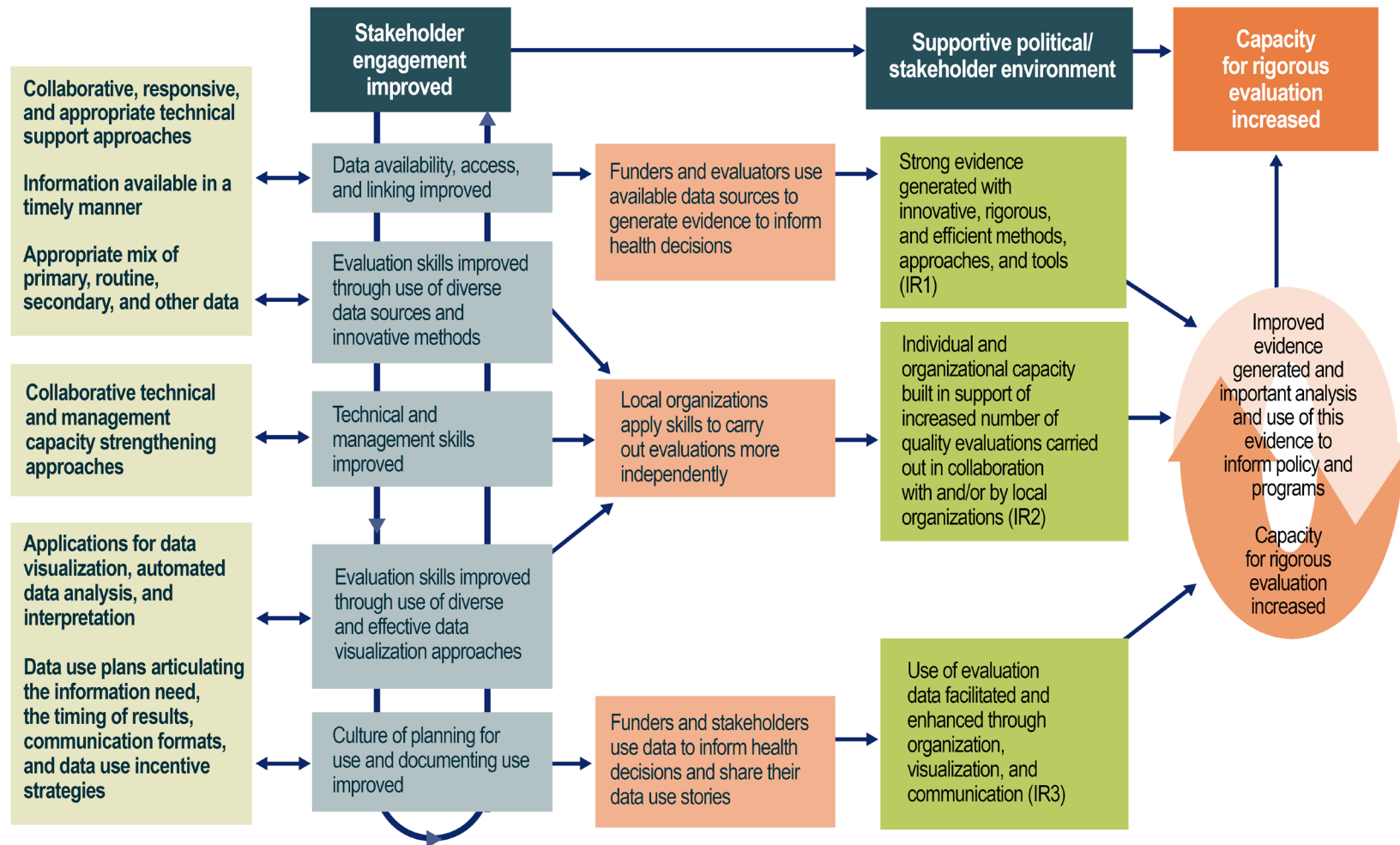
Where D4I Worked

From 2018–2024, D4I worked in **34 countries** to provide MERL technical assistance for USAID-funded core and Mission-supported activities (Figure 5).

Figure 5: Where D4I Worked

Partnerships and Collaborations

D4I comprised a consortium of five partner organizations. While UNC served as the prime contractor, leading the financial and operational management of the project, D4I emphasized presenting the consortium as a united group rather than separate entities. Partner organizations—Palladium, ICF, JSI, and Tulane University—played pivotal roles as activity and portfolio leads, responsible for much of D4I's work. These activities covered a wide range of technical areas, including but not limited to MCH, FP/RH, and more.

Throughout the life of the project, D4I fostered and established collaborations with external global and local organizations, including subrecipients on the following page. A particularly successful approach involved strengthening the capacity of universities in Armenia, Bangladesh, the Democratic Republic of the Congo (DRC), Ethiopia, Malawi, and Moldova. D4I also collaborated closely with government ministries, working to strengthen M&E systems across Armenia, Bangladesh, Cambodia, Colombia, Moldova, Rwanda, Uganda, and Zambia.

Another component of D4I's collaborations involved partnerships with global and local research institutions and consortiums. The Every Newborn Measurement Improvement for Newborn and Stillbirth Indicators (EN-MINI) and Every Woman Every Newborn-Measurement Improvement for Newborn, Stillbirth, and Maternal Indicators (EWEN-MINSMI) tools were developed in collaboration with partners including icddr,b, Ifakara Health Institute, and the London School of Hygiene & Tropical Medicine. For an evaluation of AmplifyPF in West Africa, D4I partnered with local organizations, including the CERA Group in Togo and CERPED in Burundi. The additional local organizations listed in Table 1 represent collaborations in Afghanistan, Armenia, Bangladesh, Botswana, Burundi, Côte d'Ivoire, Ethiopia, Ghana, Kenya, Madagascar, Malawi, Moldova, Nepal, Nigeria, Rwanda, Tanzania, Uganda, and Zimbabwe. Further, D4I worked with the global and country-level missions and offices of USAID, UNICEF, and WHO.

Table 1:

Global & Local Collaborators

Addis Continental Institute of Public Health (Ethiopia)

Alexei Mateevici College (Moldova)

Armenia Ministry of Labor & Social Affairs

Armenia National Institute of Labor and Social Research

Armenia State Pedagogical University

Avenir Track 20

Balti University (Moldova)

Bangladesh Ministry of Health & Family Welfare

Cambodia Ministry of Social Affairs, Veterans, and Youth Rehabilitation

Capacity Building Service Group (Bangladesh)

CARE Ethiopia

Catholic Relief Services (CRS) (Uganda)

Central Institute of Science and Technology (Nepal)

Centre for Social Research, University of Malawi

CERA Group (Togo)

Centre d'Etudes et de Recherche en Population et Développement (CERPED) (Burundi)

Chisinau Municipality (Moldova)

CSK Research Solutions (Tanzania)

Colombian Institute of Family Welfare (ICBF)

CONSULTUS (Madagascar)

CREMES International (Tanzania)

Data Research and Mapping Consult, Ltd. (Nigeria)

Department of Population Science, Dhaka University (Bangladesh)

Department of Population Science and Human Resource Development, University of Rajshahi (Bangladesh)

GEMNet-Health

Ghana Health Service

Gheorghe Asachi College (Moldova)

Health Policy Research Group (Nigeria)

icddr,b (Bangladesh)

Ifakara Health Institute (Tanzania)

IHM South Africa

Ilu Women and Children Integrated Development Association (IWCIDA) (Ethiopia)

International Free University (Moldova)

International Union for the Scientific Study of Population (IUSSP)

Ion Creanga Pedagogical State University (Moldova)

Iulia Hasdeu College (Moldova)

Jimma University (Ethiopia)

Kenya Ministry of Health

Kinshasa School of Public Health (DRC)

Knowledge SUCCESS

La Strada (Moldova)

London School of Hygiene & Tropical Medicine

M-Consulting Group (Zimbabwe)

Malawi Ministry of Health

Mihai Eminescu College (Moldova)

Mihail Ciachir College (Moldova)

Moi University (Kenya)

Moldova Ministry of Labor & Social Protection

Moldova National Social Assistance Agency

Moldova Social Affairs Parliamentary Commission

Moldova State University

Moldova Territorial Social Assistance Structures

Mullan and Associates (Botswana)

Momentum Knowledge Accelerator

National Council for the Assessment of Disability and Work Capacity (Moldova)

National Institute of Population Research and Training (NIPORT) (Bangladesh)

New Era (Nepal)

NPI Expand

Organization for Research and Community Development (Afghanistan)

Packard Foundation

Premiere (Botswana)_

Public Administration Academy of Armenia

Research for Scalable Solutions (R4S)

Research Hub (Rwanda)

Rwanda National Child Development Agency

Synergie Expertise (Côte d'Ivoire)

The Challenge Initiative (TCI)

The Demographic Health Survey (DHS) Program

Togo Ministry of Health

Uganda Ministry of Gender, Labor, and Social Development

UNICEF and country offices

University of Ghana

University of Medicine and Pharmacy (Moldova)

USAID/Washington and USAID Missions

Vasile Lupu College (Moldova)

WHO and country offices

Yerevan Municipality (Armenia)

Yerevan State University (Armenia)

Project Results

Under D4I, achievement of the three intermediate results (IRs) reflected a cycle of improved and innovative evidence generation, strengthened capacity in analysis and presentation, and increased use of evaluation data to inform policies and programs.

IR 1: Generation of Strong Evidence for Program and Policy Decision Making through the Use of New and/or Innovative Methods

At the core of D4I's mission was evidence generation to inform program and policy decision making. D4I supported local actors, including non-governmental organizations (NGOs), civil society organizations (CSOs), academic institutions, and government agencies, in assessing and using existing information sources such as routine health data, surveys, and studies. Additionally, methods, tools, and approaches developed by D4I—such as the FP/RH Indicators Database, EWEN-MINSMI and EN-MINI tools, the Research and Evaluation Capacity Assessment Tool and Resource Package (RECAP), and the private sector engagement self-assessment monitoring (PSE-SAM) tool—were applied by organizations to address their information needs. Tracking tool usage enabled D4I to identify the demand for specific tools and shaped priorities for development of additional tools or the promotion of existing ones. D4I also generated new evidence by working with USAID Missions and local implementing partners to identify data use needs and deadlines for decision making. All D4I assessments and evaluations were designed to generate strong evidence that directly addressed evaluation questions and provided timely results in a user-friendly format.

New/innovative methods applied
1.7 Number of instances of methods, approaches, and tools developed by D4I applied to meet information needs
56/25 (LOP)

Evidence generated
1.8 Number and percentage of analyses, assessments, and evaluations conducted with D4I support that generate strong evidence needed for program and policy decision making
89/56 (LOP)

Capacity to use data sources strengthened
1.6 Number and percentage of local organizations that gain or strengthen skills to use or assess available data sources with support from D4I
28/16 (LOP)

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Chlorhexidine Coverage for Newborn Umbilical Cord Care in Bangladesh and Nepal

Chlorhexidine digluconate (CHX) is a low-cost antiseptic used in newborn care to avert umbilical cord infections and reduce neonatal deaths. D4I conducted descriptive, bivariate, and multivariate analyses to assess coverage of CHX care and identify factors influencing which newborns received this intervention. These analyses used Demographic and Health Survey (DHS) data from Bangladesh and Nepal, two countries that incorporated a new DHS question on CHX use.

The study found that overall CHX coverage was approximately 50% in Nepal, compared to 33% in Bangladesh. In both countries, a strong association was observed between health facility delivery and the likelihood of a newborn receiving CHX care. In 2024, D4I published a paper on the study in the journal of Maternal Health, Neonatology, and Perinatology and summarized the findings in a policy brief.

Evaluation of the Multi-Country MOMENTUM Private Healthcare Delivery Project with Field Visits in Benin & Ghana

D4I conducted a midterm evaluation of the USAID-funded *MOMENTUM Private Healthcare Delivery* (MPHD) project, assessing its interventions, implementation status, quality, achievements, and obstacles. The evaluation included field visits to *Benin* and Ghana. Findings indicated that MPHD made progress toward its objectives across four key result areas and three main technical approaches, though gaps and challenges remain. The midterm evaluation highlighted opportunities to strengthen programming for the remainder of the project period and to guide future investments in private sector engagement for FP, RH, MCH, and nutrition.

A pregnant woman taking medicine with assistance from a midwife at a health center in Benin. 2019 Karl Job/USAID

*Students arriving for class at a high school in Casablanca. © 2013 Arne Hoel/ World Bank*

Harvesting groundnuts in Zimbabwe. © 2013 David Brazier/International Water Management Institute (IWMI)

Thematic Evaluation of FP Strategic Transitions in Honduras, Indonesia, Morocco, and Peru

D4I conducted a *multi-country thematic FP evaluation* to assess the sustainability of FP and reproductive health programs that had transitioned out of USAID's bilateral assistance. Focusing on *Honduras*, *Indonesia*, *Morocco*, and *Peru*, the thematic evaluation was guided by a *transition framework*. The thematic evaluation examined the extent to which government, civil society, private sector, and other local actors continued to engage in FP programs and achieved positive health outcomes over time.

Assessment of the USAID Multi-Sectoral Nutrition Strategy in Bangladesh, Mali, Nepal, Rwanda, and Uganda

D4I completed an assessment of the USAID Multi-Sectoral Nutrition Strategy (MSNS) across five countries—Bangladesh, Mali, Nepal, Rwanda, and Uganda.The assessment provided detailed information into how the MSNS influenced multi-sectoral nutrition coordination, planning, and implementation from 2014 to 2025 and offered recommendations for improving programming and implementation effectiveness. Findings revealed significant support for MSNS implementation through USAID funding for MSN programming. The MSNS played a key role in influencing the design of USAID-funded projects and, in some countries, informed the development of National Multi-Sectoral Nutrition Plans. D4I published a *report* on the findings and held virtual dissemination meetings with U.S. Government counterparts, implementing partners, and other actors in Mali, Rwanda, and Uganda. These findings will inform the development of a subsequent MSNS in 2026.
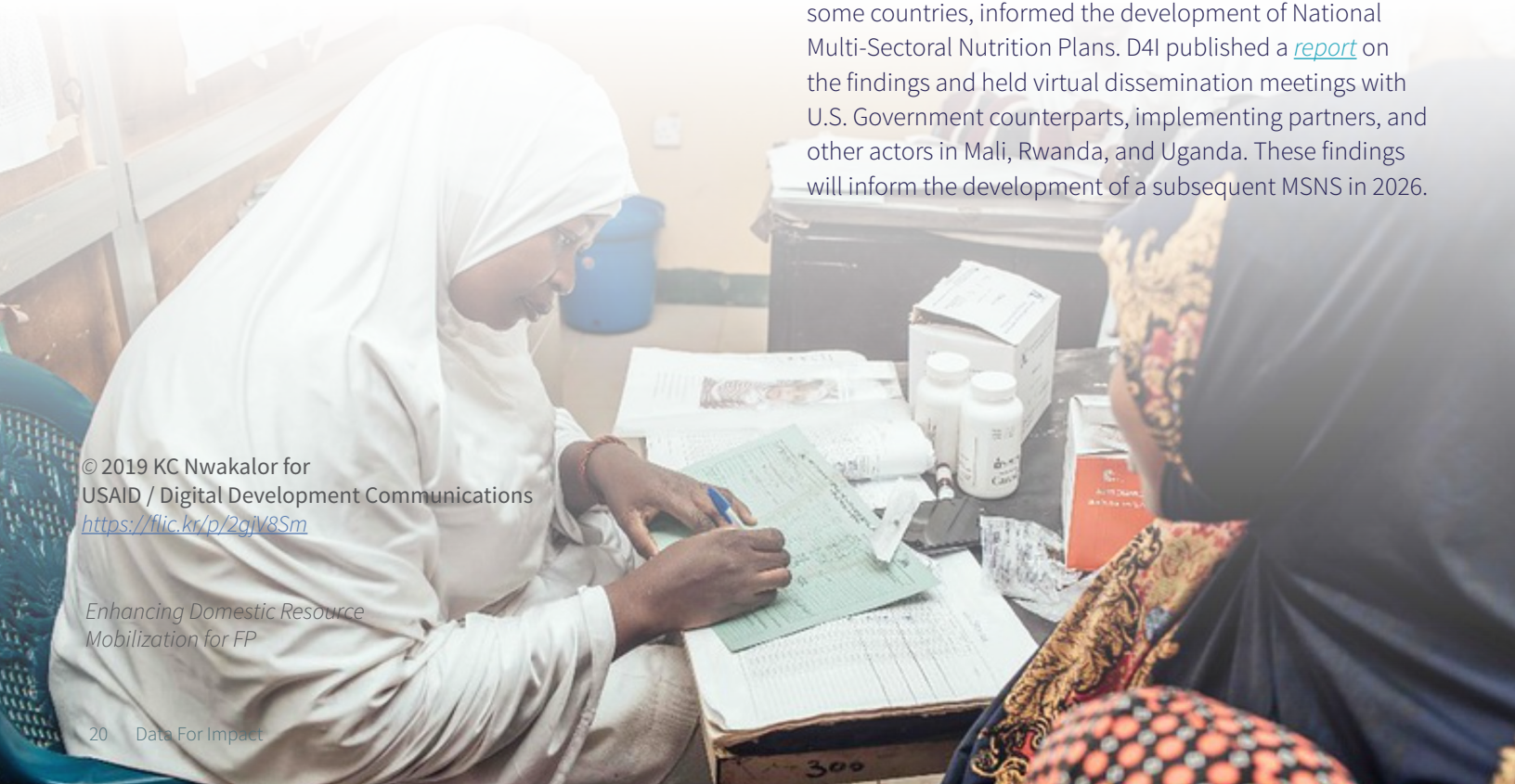
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https://flic.kr/p/2gjV8Sm

Enhancing Domestic Resource Mobilization for FP

The D4I Legacy: Using Routine Data for Research & Evaluation

Despite their significant potential to support timely local decision making, routine health information system (RHIS) data—collected regularly at public, private, and community-level health facilities and institutions—are often overlooked by evaluators in favor of other data sources, such as stand-alone surveys tailored to meet specific evaluation objectives.

D4I brought experience in supporting countries to conduct rigorous evaluations and research to generate and use high-quality data as evidence to improve programs, policies, and outcomes. Building on the work of the USAID-funded MEASURE Evaluation project, D4I expanded evaluation, data quality, and strengthening health systems through the adaptation of existing tools and methods, the development of new methodologies, and the use of routine data.

D4I supported the development of the EN-MINI and EWEN-MINSMI tools for RHIS to measure maternal, newborn, and stillbirth data. These tools were designed to support the Every Woman Every Newborn Everywhere (EWENE) initiative.

A Practical Guide to Using Routine Data in Evaluation

D4I developed a *guide* for using routine data in evaluations and research, summarizing findings from *13 related technical briefs*. These briefs focused on topics such as the rationale for using routine data, including what worked well, the main challenges, and lessons learned. The guide serves as a resource for future evaluators and researchers and includes examples from sub-Saharan Africa and Ukraine across a range of health areas, including tuberculosis, HIV/AIDS, MCH, FP, malaria, and health service utilization.

EN-MINI and EWEN-MINSMI Tools Applied by the IMPULSE Project

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 RHIS. The EN-MINI Tools were designed to optimize RHIS data for use in reviewing progress and performance while enabling data use for policies and actions to improve outcomes for newborns and prevent stillbirths.*

In 2022, the Chiese Foundation-funded Improving Quality and Use of Newborn Indicators in African Countries (IMPULSE) project began using the EN-MINI tools during the project's first phase. IMPULSE phase one used EN-MINI tools to collect data in health facilities in the Central African Republic, Ethiopia, Tanzania, and Uganda to explore the quality and use of newborn data. Results from this phase informed the development of a novel intervention aimed at improving newborn data quality.

To expand the availability and use of the EN-MINI tools, D4I supported their translation into Kiswahili, while the IMPULSE project translated the tools into Amharic and French.

In 2024, the London School of Hygiene & Tropical Medicine, Ifakara Health Institute in Tanzania, and D4I launched the **Every Woman Every Newborn-Measurement Improvement for Newborn, Stillbirth, and Maternal Indicators (EWEN-MINSMI) Tools** for RHIS. **Piloted** in Tanzania, the EWEN-MINSMI tools focused **on** *maternal, newborn, and stillbirth data and supported* the *Every Woman Every Newborn Everywhere (EWENE)* initiative. The EWEN-MINSMI Tools expanded upon the EN-MINI Tools by integrating maternal health indicators.

Both tools provide guidance on priority actions to improve the availability, quality, and use of maternal, newborn, and stillbirth indicators within RHIS. The free to use tools are user-friendly and were designed for programmatic use, featuring automatic analysis capabilities for both subnational and national use. The implementation of the EN-MINI and EWEN-MINSMI tools has the potential to catalyze significant improvements in maternal, newborn, and stillbirth health outcomes by promoting data quality and enabling strategic decision making across the healthcare system. These tools generate the detailed information necessary to prioritize actions aimed at improving data quality and use.

IR 2: Individual and Organizational Capacity Strengthened for Assessments and Evaluations

D4I strengthened the technical and management capacities of local actors to collect, analyze, and use data, supporting more equitable, effective, and sustainable development in alignment with *USAID's Local Capacity Strengthening Policy*. The project developed resources to strengthen capacity for conducting assessments and evaluations, including capacity and performance assessment tools, guidance, institutional strengthening plans, and curricula. Through monitoring the application of these resources, D4I identified more specific instances of their demand and usefulness. D4I also monitored strengthening of local organizations' technical skills for implementing assessments and evaluations as a result of collaboration with the project.

D4I did not meet the LOP goal for IR 2.3, Number of instances of resources and materials developed by D4I applied to assess and/or strengthen technical and/or management capacity for assessments or evaluations. Achievement of this indicator reflects both the application of D4I resources supported by the project and those that occurred independently. While project-supported applications were easily tracked through the project's management information system and project updates, gathering information on applications that took place through other projects was difficult. Given D4I's focus on cost-effectiveness, significant resources were not allocated to follow up on actions that took place outside of the project. As a result, achievements toward this indicator may be underreported.

Capacity strengthening materials applied
2.3 Number of instances of resources and materials developed by D4I applied to assess and/or strengthen technical and/or management capacity for assessments or evaluations

13/15 (LOP)

New/innovative methods applied
2.4 Number and percentage of local organizations that gain or strengthen technical and/or management skills for implementation of an assessment or evaluation with support from D4I

14/10 (LOP)

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The D4I Legacy: Localizing & Strengthening Local Capacity in MERL

Wherever possible, D4I incorporated intentional, demand-driven processes that began with understanding local systems and the roles of local actors. The project developed the *Research and Evaluation Capacity Assessment Tool and Resource Package (RECAP)* to support effective capacity action planning, enabling local organizations to rapidly assess their technical and management capacities for conducting research and evaluations. D4I funded four small grants and provided technical support to sub-grantee teams in Afghanistan, Bangladesh, Nepal, and Nigeria to enhance local research capacity and address knowledge gaps in FP. D4I worked with a local research organization in Rwanda to strengthen capacity in qualitative research methods. Throughout 2024, D4I also hosted a webinar series focused on localization in global health MERL.

Use of the RECAP Tool

Developed by D4I, the *RECAP tool* guides users in creating actionable plans for institutional strengthening, with the goals of improving country and organizational capacity to address local health information gaps and securing direct awards from USAID and other funders.

In collaboration with Nigeria-based Data Research and Mapping Consult (DRMC), Ltd., D4I implemented the *RECAP tool* to identify existing organizational strengths and opportunities for growth in qualitative and quantitative data collection, analysis, and dissemination. In Malawi, *RECAP was used to support the Centre for Social Research* (CSR) in identifying capacity strengthening priorities related to qualitative analysis, knowledge translation, and dissemination for the SEED evaluation.

> **"Our partnership with D4I will surely impact positively on our future work... With the knowledge acquired, we will now be able to carry out qualitative studies in a better way (in research design, data collection, and analysis)."**
>
> *Nigeria, DRMC*

Universities and projects outside of D4I also used the RECAP tool. In Ethiopia, three universities—Jigjiga University, Jinka University, and Samara University—used RECAP for capacity assessment in preparation for their work on the USAID-funded Lowlands Health Activity. Representatives from all three universities expressed plans to use the RECAP tool for future baseline self-assessments and to monitor their progress toward evaluation capacity strengthening.

The USAID-funded Surveys for Monitoring in Resilience and Food Security (SMRFS) project also adapted the RECAP tool for use with local subrecipients collaborating on the implementation of population-based surveys in Ghana, Kenya, Mali, and Uganda. The project adapted the tool to focus on quantitative domains of capacity strengthening and introduced a domain focused on mapping, household listing, and GIS analysis.

Small Grants Program

Small grants can foster an effective and sustainable country-led platform by providing local research groups in LMICs with the technical and financial support needed to identify local information needs. D4I funded four *small grants* and provided ongoing one-on-one technical assistance to the sub-grantee teams in four USAID PRH-priority countries—Afghanistan, Bangladesh, Nepal, and Nigeria.

Through a D4I small grant, a research team from the Organization for Research and Community Development (ORCD) in Afghanistan analyzed the 2018 Afghanistan Household Survey to *explore regional disparities in FP use*, identify key factors contributing to unmet needs across the country, and provide targeted recommendations. In Nepal, a research team at the

> **This was the first project managed entirely by local people. They were used to always working with foreigners, but since I am Afghan, and was the only PI to work with them on a project, it was quite a relief to them, and they learned quite a lot. Even though the funding wasn't huge, they felt very honored to say that the entire team was Afghan and that they could manage the project themselves.** 🔵🔵
>
> *Manizha Faqir, the principal investigator from ORCD*

Central Institute of Science and Technology College evaluated the *impact of the COVID-19 crisis on FP commodities* in Gandaki Province, revealing challenges and adaptations in procurement, stock management, and service delivery. In Bangladesh, researchers from the Department of Population Science and Human Resource Development at the University of Rajshahi assessed the *readiness of health facilities to deliver FP services,* using Service Provision Assessments data from 10 countries. Meanwhile, the Health Policy Research Group at the University of Nigeria in Enugu explored *strategies to boost domestic funding for FP services* in Ebonyi State, revealing significant gaps and recommending increased government allocations to ensure sustainable improvements.

Strengthening Local Capacity in Rwanda

D4I worked with a local Rwandan organization, Research Hub, to conduct a *qualitative midterm evaluation* of the *Rwanda Gikuriro Kurio Bose (GKB) - Integrated Nutrition and Early Childhood Development (INECD)* activity. Together, D4I and Research Hub staff identified priorities for capacity strengthening, including qualitative research methods and analysis tools such as photovoice, Most Significant Change, and Dedoose. Research Hub staff who participated in D4I-led trainings described their experience of using these methods for the first as informative, effective, and highly applicable to their work. Participants noted that the training not only strengthened their individual skills but also benefitted their entire organization, stating, "We feel like we have increased the critical mass of staff who have skills."

Localization in MERL webinar series

D4I's Localization in MERL webinar series showcased tools and approaches for effective capacity action planning, monitoring sustainability—including local actors' roles in complex program systems—and promoting local voices through social accountability methods, among other topics. A total of 675 participants across 77 countries attended at least one of the five public webinars, two of which offered live interpretation in languages other than English. Webinar recordings and slide decks remain accessible on the *D4I website*.

A D4I Legacy Success Story:

Collaborating with Universities and Governments to Strengthen M&E Systems

D4I strengthened the capacity of local actors to conduct rigorous evaluations in countries where USAID works. The project implemented activities in partnership with local institutions, including governments and universities, by promoting local ownership and prioritizing mutual collaboration.

University Collaborations

D4I adopted various approaches to strengthen the local capacities of universities in Armenia, Bangladesh, DRC, Ethiopia, Malawi, and Moldova. Faculty and students from partner universities identified their unique capacity strengthening priorities, and D4I worked closely with each institution to develop tailored interventions addressing their specific needs.

D4I Armenia recognized participation in M&E module development. © 2023 Varazdat Rafaelyan

Developing M&E and Data Use Curricula for Future Social Workers in Armenia and Moldova

D4I transformed social work education through collaboration with universities in Armenia and Moldova. In Armenia, D4I provided small grants to Armenia State Pedagogical University, the National Institute of Labor and Social Research, the Public Administration Academy of Armenia, and Yerevan State University to integrate M&E courses into their in-service and pre-service social work training curricula. By August 2023, these institutions had developed or updated M&E courses and received approval to institutionalize them within their social assistance curricula.

In Moldova, D4I worked with Moldova State University (MSU) and Ion Creanga Pedagogical State University (ICSPU) to develop curricula, methodological guides, student handbooks, and internship programs for a new M&E and data use curriculum for social assistance students. These new courses have been integrated into ICSPU's bachelor's program and MSU's master's-level social assistance program. In 2023, with the support of a grant provided by D4I, Alexei Mateevici College developed a curriculum for a compulsory statistics course. The course was designed to be integrated into the overall curriculum for the Social Pedagogue qualification. According to the MOER's education plan, this mandatory course will be taught in all six technical colleges in the country that train social pedagogues.

Developing MEL Curricula in the Department of Population Science at Dhaka University

In _Bangladesh_, D4I partnered with the _Department of Population Science at Dhaka University_ (DPS-DU) to enhance faculty and student skills in population research and training. _This collaboration_ resulted in an updated curriculum, mentoring of Master's students, and enhanced local capacity for locally led MEL in health, population, and nutrition (HPN) programs. Together, D4I and DPS-DU developed a sustainable short-term training program on basic M&E of HPN programs, designed to meet the continuing education needs of health professionals. Additionally, D4I collaborated with DPS-DU faculty to design and lead a MEL workshop for Ministry of Health and Family Welfare (MOHFW) program managers.

Strengthening Evaluation Capacity at the Kinshasa School of Public Health

In the _DRC_, D4I worked with the _Kinshasa School of Public Health_ (KSPH) to strengthen evaluation capacity. _Through interviews and surveys with KSPH faculty and students_, a core set of evaluation learning modules was selected by KSPH. These modules were made accessible online through the school's learning management platform.

KSPH also identified the acquisition of more direct funding for evaluations and research as a fundamental goal. To support this goal, a grant resource library was created. Additionally, an online community of practice was co-designed and created to support internal networking and foster connections with alumni and other collaborators. This forum allows users to post technical questions, job opportunities, and other items of interest to evaluation learners and practitioners.

Strengthening Capacity for Electronic Data Collection, Qualitative Analysis, and Supporting the Next Generation of Researchers at Jimma University

In _Ethiopia_, D4I collaborated with _Jimma University_ to provide MEL support for the Packard Foundation-funded integrated development project FUTURES—My Forest, My Livelihood, My Family, which serves communities in the country's Yayu Biosphere region. Demand-driven capacity strengthening at Jimma University included training on Open Data Kit (ODK), an open-source suite of tools for mobile data collection, and on Dedoose qualitative software for baseline and midline data collection. Faculty from Jimma University and D4I staff also served as thesis advisors for two female MSc students in the College of Agriculture and Veterinary Medicine. Additionally, D4I and Jimma University co-authored two manuscripts, further enhancing the capacity of both students and faculty.

Launch of the D4I and DPS-DU collaboration. © D4I

Results model for KSPH capacity strengthening plan

Pause and reflect session with data collectors. © 2023 Almetsehay Sisay, Jimma University

Strengthening Capacity for Rigorous Evaluation at the University of Malawi's Centre for Social Research

D4I conducted an impact evaluation of the USAID- and PEPFAR-funded Malawi Secondary Education Expansion for Development (SEED) activity in collaboration with the *Centre for Social Research (CSR) at the University of Malawi*. Beyond the experiential learning opportunities provided by co-implementing a large-scale evaluation, *D4I and CSR worked together* to identify a set of capacity-strengthening activities using the RECAP tool. D4I's capacity strengthening interventions in *Malawi* included training on qualitative software and collaborative analysis, mentoring on the difference-in-differences method, and training on data visualization and the collaborative dissemination of evaluation findings.

Click on the video to hear CSR Senior Research Fellow, Tawonga Mwase-Vuma, discuss CSR's capacity strengthening experience.

Government Collaborations

D4I collaborated with governments to strengthen M&E by fostering mutuality, developing tools, and supporting local ownership of processes and priorities. Through tailored technical assistance in knowledge translation, D4I strengthened M&E systems to generate timely, actionable evidence for decision making.

Strengthening Armenia's Systems for Child Protection and C-TIP

D4I worked with the Armenia MOLSA to implement and improve child protection and counter-trafficking in persons (C-TIP) systems. The project promoted the establishment of an operational and multifunctional *case management information system* to collect, monitor, and report data on children in residential and family-based alternative care or those at risk of violence, abuse, or neglect. D4I also supported MOLSA in the effective implementation and monitoring of the 2020-2022 *C-TIP National Action Plan*.

Strengthening Data Use at the Bangladesh MOHFW

Since 2012, USAID Bangladesh has supported the Bangladesh MOHFW Program Management and Monitoring Unit (PMMU) through the MEASURE Evaluation Phase IV and D4I projects to strengthen capacity for efficiently using high-quality routine health information and evaluations for evidence-informed decision making. One key approach involved embedding technical advisors within the PMMU, as described in a MEASURE Evaluation *brief*.

Developing Indicators with Front-Line Workers to Improve Child Protection and Care in Colombia

In *Colombia*, D4I applied innovative methods such as user-centered design processes and decision analysis workshops to support the Colombian Institute of Family Welfare (ICBF). The aim of these efforts was strengthening the collection and use of high-quality routine data and *developing and prioritizing indicators* for M&E of child protection and case management services.

Supporting the Government of Moldova in Data Use

In *Moldova*, D4I partnered with the government and local actors to promote a culture of data use for improving outcomes for children in adversity. The project *mapped indicators* for monitoring the rights of persons with disabilities and developed Moldova's *first compendium on disability*. D4I also supported the government in launching two Data Review Rooms, located in *Ştefan Vodă rayon* and *Chişinău,* to facilitate regular, timely, and targeted reviews of available data on Ukrainian refugee children and families transiting or residing in Moldova. Additionally, D4I supported Moldova's 37 Territorial Social Assistance Structures (TSAS) to *improve capacity* for M&E data quality, analytics, and use.

Partner-Centered Approaches to Capacity Strengthening with the Rwanda National Child Development Agency

D4I partnered with the *Rwanda National Child Development Agency* (NCDA) to enhance local M&E capacity and information systems for child protection services. To identify areas and opportunities for M&E capacity strengthening, D4I and NCDA teams co-organized a five-day Child Protection Management Information System stakeholder workshop. The full results of this catalytic assessment process are detailed in an *M&E Capacity Assessment Report*. Capacity strengthening interventions were aligned with the goals, priorities, and expected outcomes outlined in the *M&E Capacity Strengthening Plan*. The process of designing and implementing this plan offered lessons learned: use local solutions, adopt a systems approach, and align efforts with existing strategic guidelines and policies.

Building Digital Skills in the Child Protection Workforce in Uganda

D4I collaborated with the Uganda Ministry of Gender, Labor, and Social Development to enhance *digital skills* and data systems for monitoring care reform. *This effort* contributed to improved routine data collection, management, and evidence-informed planning and programming for children in adversity.

Strengthening Diverse Capacities through Diverse Approaches

Effective local capacity strengthening with partner universities and governments involved working with faculty and students and government staff in the identification of their priorities and the development of appropriate, tailored interventions. D4I collaborated with universities and governments to strengthen M&E through diverse approaches of capacity action planning, learning-by-doing, the development of tools, and fostering local ownership of processes and priorities.

> " [The work with D4I is] going to strengthen us as an institution to give better service. "
>
> —Colombia, ICBF

The launch of D4I's first Data Review Room in Ştefan Vodă © 2023 D4I/Proimagine

D4I Digital Skills Assessment Guide Pilot Workshop Series in Uganda. © 2023 Scott Isbrandt/D4I

IR 3: Use of Evaluation Data Facilitated and Enhanced through Communication Products

D4I facilitated the use of data for decision making by supporting partners with data visualization, communication, and knowledge products, including interactive data dashboards, evaluation reports, information bulletins, action-oriented briefs, and infographics. These products were shared through dissemination events, the D4I website, social media channels, and partner networks. D4I monitored instances of data use for program and policy decisions, defined as data-informed recommendations submitted to decision makers with a request for action.

CARE Ethiopia Uses FUTURES Midline Evaluation Data

D4I led a midline evaluation of the Packard Foundation-funded project, FUTURES—My Forest, My Livelihood, My Family, implemented by CARE Ethiopia. The evaluation findings were presented to affiliates from the implementing consortium and the Packard Foundation, contributing to development of the proposal for Phase II of the FUTURES project. Recommendations from the evaluation informed the scope and design of the project's second phase. Findings from the midline evaluation highlighted areas for improvement, including limited male youth participation in project activities, insufficient community participation in forest conservation activities, and a need for increased local and government ownership of the project's integrated approach.

Capacity strengthening materials applied
3.2 Number of instances of data use for programs and policies that are facilitated by D4I approaches, products, or support

54/25 (LOP)

Based on the evaluation results, key activities such as FP and sexual and RH services, livelihoods for women and youth, forest conservation practices, climate-smart agriculture, and multi-sectoral partnerships and communication remained in the next phase, with emphasis on increasing participation in identified areas. FUTURES Phase II focused on systems strengthening and partner capacity to sustain programming beyond the project's two-year duration. FUTURES Phase II prioritized the inclusion of the poorest households, persons with disabilities, and unemployed youth, as recommended in the midline report. By incorporating findings from the midline evaluation into the planning of FUTURES Phase II, the project adapted to community needs, thus increasing its equity, effectiveness, and sustainability.

2019 Maheder Haileselassie Getty Images/Images of Empowerment

D4I's Legacy
Advancing the Global M&E Agenda

D4I advanced the global M&E agenda by partnering USAID, WHO, and other global organizations and technical working groups, providing thought leadership and expertise in evaluation and localization. At the country level, D4I engaged local actors in the design, implementation, and analysis of evaluations, while promoting sustainable programs through evidence-informed approaches and adaptable tools.

D4I accomplished this by hosting resources such as the FP/RH Indicators Database, updating the WHO's guidance on routine health data analysis and use, and contributing toward High Impact Practices (HIPs) in FP. Further, D4I supported private sector engagement through the development of a digital self-assessment monitoring tool and contributed to global efforts in strengthening measurement of child protection and care.

HIPs Core Components

High impact practices (HIPs) in FP are a collection of evidence-informed practices identified by global experts that have demonstrated measurable impact on contraceptive uptake and related outcomes across varied settings. D4I conducted a *qualitative assessment* to evaluate the implementation of three service delivery HIPs—community health workers, mobile outreach service delivery, and immediate postpartum FP—across several USAID-funded projects in *Bangladesh* and *Tanzania*. Overall, D4I developed a list of 20 core components for the three service delivery HIPs. Learn more about how projects can *monitor HIPs implementation* using the *core components checklist*.

D4I collaborated with the *Research for Scalable Solutions (R4S) project* and *The Challenge Initiative* to *harmonize the core components*. Additionally, D4I served on a steering committee that planned global dissemination efforts on HIPs measurement. Other steering committee members included USAID, the *Bill & Melinda Gates Foundation*, *UNFPA*, *WHO*, FP2030, R4S, and Ministry of Health staff from Burkina Faso, Mozambique, Nepal, Nigeria, and Uganda. In 2024, a *series of webinars* were conducted to share new insights and tools for advancing HIP implementation measurement to support strategic decision making.

Supporting the WHO in Routine Health Data Analysis and Use

D4I, in collaboration with GEMNet-Health, supported the WHO in updating guidance and developing capacity strengthening materials for the *Analysis and use of health facility data: guidance for maternal, newborn, child and adolescent health (MNCAH) programme managers*. *Publicly launched by the WHO in November 2023, the guidance and accompanying* *capacity strengthening materials* feature a catalog of MNCAH indicators that can be monitored through health management information system data, along with detailed instructions for analyzing and visualizing the indicators.

Private Sector Engagement Self-Assessment Monitoring Tool

The *Private Sector Engagement Self-Assessment Monitoring (PSE-SAM) Tool* supports USAID Missions and their private sector partners in assessing and improving their engagement strategies. Piloted in the Philippines and Tanzania, the tool is available online, offering automated analysis and results visualization. Learn how to use the PSE-SAM tool by watching *this webinar.*

FP/RH Measurement

Through strategic partnerships and innovative tools, D4I has driven advancements in FP/RH measurement by fostering expert collaboration, enhancing indicator guidance, and improving data quality assessment methodologies. In March 2024, D4I partnered with the International Union for the Scientific Study of Population (IUSSP) *Panel on Rethinking Family Planning Measurement with a Rights and Justice Lens* and the Population Council-Kenya to convene an *expert meeting* in Mombasa, Kenya. This global gathering brought together over 50 experts to reexamine FP measurement, focusing on person-centered, context-sensitive approaches. Participants identified measures to assess FP progress, opportunities, and gaps, and discussed strategies to advance global FP measurement. Learn more from the *meeting report*.

Group discussion at the IUSSP meeting © 2024 D4I

D4I has advanced global health through FP/RH MERL with the *FP/RH Indicators Database*. Since 2013, this digital resource has provided comprehensive guidance on more than 450 indicators in FP/RH programmatic areas. Each indicator includes a detailed indicator reference sheet with definitions, data requirements, sources, purposes, and considerations. Available in English, *Bangla*, *French*, *Romanian*, and *Spanish*, this global resource is regularly updated to reflect new metrics and evolving programmatic areas. D4I recently identified and validated new FP/RH finance indicators that are now included. Learn more about the FP/RH Indicators Database's impact in the success story highlighting the *Top 10 Most Viewed FP/RH Indicators* and about indicator standardization in this D4I *blog*.

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D4I also partnered with the Track 20 project to develop guidelines for data quality assessments that account for limited resources in FP programs by providing a framework to integrate two tools–MEASURE Evaluation's *Routine Data Quality Assessment* (RDQA) tool and Track 20's *Service Statistics to Estimated Modern Use* (SS to EMU) tool–specifically developed for HMIS data quality and use through a top-down and bottom-up approach. Access the *curriculum presentations*, *Training Curriculum for the Integrated Approach to Family Planning Data Quality Assessment* . and *User Guidelines for the Integrated Approach to Family Planning Data Quality Assessment (French)*.

Global Goods: Strengthening Country Measurement of Child Protection and Care

In collaboration with USAID, UNICEF, representatives from country governments such as Cambodia and Uganda, and implementers, D4I supported the development and dissemination of guidance, tools and approaches for measuring the strengthening of child care and protection systems at the country, regional, and global levels. Explore the approaches and tools designed to support data use in strengthening the care system below:

- *Supporting Countries to Measure Progress and Outcomes of National Care Reforms: Development of Care System Reform Logic Model and Indicator Mapping*

- *Child Protection Case Management Information Systems: Promoting Appropriate Care for Children – A Framework for Engagement*

- *Case Management Information System Assessment Toolkit*

Success Story:

The Top 10 Most Viewed FP/RH Indicators

Since its launch in 2012, the *FP/RH Indicators Database* has been accessed more than 1.5 million times, with over 500,000 visits occurring since 2020. Curious about which indicators are the most popular? Let's dive into the Top 10 most viewed indicators, which collectively account for more than 100,000 recent visits


10. Condom use at last high-risk sex

Condom use at last high-risk sex is the only indicator from the Men's Health and STI/HIV content areas to rank in the Top 10. This indicator tracks the performance of HIV prevention programs, with increases in condom use among the target population reflecting the success of condom promotion campaigns.

9. Minimum package of antenatal care services defined

For women whose pregnancies are progressing normally, the WHO recommends at least eight antenatal care visits, with each visit including appropriate care for the condition and stage of pregnancy. The *minimum package of antenatal care services defined* indicator, which uses policy or guidance documents as its data source, measures national-level commitment to the provision of quality antenatal care services.
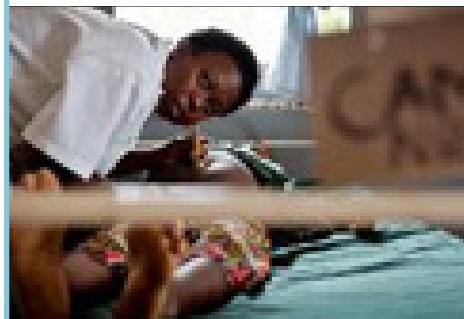
8. Legal status of abortion

The *legal status of abortion* indicator assesses a country's legal restrictions related to the termination of pregnancy, a factor directly related to the incidence of unsafe abortions. Complications from unsafe abortions are a major contributor to maternal mortality and morbidity. This indicator is part of a suite of key metrics used for monitoring and evaluating post-abortion care.

2022 USAID/Mozambique

7. Perinatal mortality rate

Indicators for rates have consistently been popular in the database, as users seek precise definitions of terms and calculation guidance. The *perinatal mortality rate* (PMR),a key outcome indicator for newborn care, reflects the quality of prenatal, intrapartum, and newborn care. However, PMR estimates are subject to data quality problems due to reliability issues, as outlined in the indicator reference sheet.
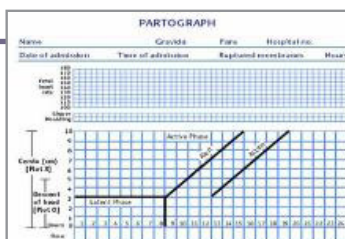
2015 Finn Thilsted/World Fish

6. Couple-years of protection

The *couple-years of protection* (CYP) indicator measures the estimated protection provided by FP based on the volume of contraceptive method distribution to clients. This indicator helps to monitor health system performance and track trends and progress over time. CYP calculation is complex, requiring the application of evidence-based conversion factors to quantify the duration of contraceptive protection provided per unit distributed. As one of the most used FP outcome indicators, clear and accessible guidance on CYP calculation is essential, assuring its position among the top indicators in the database.

4. Contraceptive prevalence rate

Contraceptive prevalence rate (CPR), one of the most used outcome indicators for FP, represents the percent of women who are currently using (or whose partners are using) a contraceptive method. Though often referred to as a rate, CPR is technically a ratio, which may explain why database users frequently seek clarification on its definition.

3. Age-specific fertility rate

Age-specific fertility rates (ASFRs) are used to assess the age patterns of fertility and serve as an intermediate step in calculating total fertility rate. This indicator is particularly relevant for countries, cities, or districts implementing adolescent RH interventions aimed at reducing unintended pregnancies.

5. Percent of deliveries in which a partogram is correctly used

A partogram or partograph is a simple chart used by clinical staff to monitor labor and identify when it is not progressing satisfactorily. Incorrect use of the partogram remains a persistent problem, meaning that use of *this indicator* as a quality of care measure should be interpreted with caution. This challenge may explain why this indicator is so frequently viewed.

2. Percent of women who received at least two doses of tetanus-toxoid vaccine in their last pregnancy

Neonatal tetanus is often fatal but can be prevented by immunizing women with at least two doses of tetanus-toxoid, which protects newborns against tetanus for the first two months of life. *Tetanus-toxoid vaccination* is therefore an integral component of the antenatal care package offered to women in most low- and middle-income countries.

1. Total fertility rate

The most viewed indicator in the FP/RH Indicators Database is *total fertility rate* (TFR). TFR is a hypothetical measure of a woman's completed fertility based on current age-specific fertility patterns, TFR is a favorite among demographers, FP practitioners, and program evaluators. Since the database's launch in 2013, the TFR indicator has garnered more than 140,000 views.

2016 Riccardo Gangale/VectorWorks, Courtesy of Photoshare

Summary

Each of the Top 10 indicators received more than 7,000 views over the course of the D4I project. Other frequently visited indicators and sections include *gender sensitivity in the service delivery environment*, *women and girls' status and empowerment*, *gender*, and the *quality assurance approach*. The *WHO's short list of reproductive health indicators for global monitoring* is also highly popular.

Explore more than 450 indicators in *D4I's FP/RH Indicators Database*.

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How D4I Approached Results
Work Plans

Work plans guided D4I activities and were designed to address one or more of the project's IRs. Work plans included activity benchmarks, deliverables, and performance targets. The MEL team monitored activity progress against the approved work plans, identifying challenges and documenting achievements to track progress toward the IRs.

Management Information System (MIS)

Modeled after the MEASURE Evaluation Phase IV proprietary MIS, D4I developed a system to efficiently collect data on activity implementation status, outputs, and costs. The MIS was used to monitor and track implementation and spending, identify and address issues, synthesize project achievements, and inform ongoing project learning. Activity leads, supervisors, and the USAID AOR team accessed performance dashboards within the MIS to monitor data. The MEL team reviewed progress, flagged issues with deliverables, and provided updates through regular activity reviews and semi-annual reports. By enabling regular exchange of information between the MEL team and activity leads, the MIS maximized efficiencies and ensured USAID access to vital project information.

Results System

The MEL team used routine project MIS data to inform and populate the Results System, documenting project achievements and progress toward indicator targets. They also collected data on additional project achievements outside routine monitoring through regular communication with project staff. As project achievements were documented in the MIS, the MEL team ensured that accomplishments accurately reflected progress toward achievement of the IRs.

Data Sources

Outcome indicators related to evidence generation, institutional strengthening, and data use required additional documentation. To track the achievement of these indicators, the following data collection instruments were used.

Information Needs-and-Use Statements

All work plans involving activities designed to improve or contribute to the generation of evidence to respond to a specific information need included a needs-and-use statement. This statement outlined the information need the activity sought to address, identified the intended data users and their planned use of the data, and established deadlines by which the data were needed for decision-making purposes. These statements were used to determine whether completed activities generated strong evidence for use in program and policy decision making.

Institutional Strengthening Assessments

D4I activities conducted in collaboration with local organizations included a capacity assessment when possible. These assessments informed the technical assistance provided to partners, aided in the development of institutional strengthening plans, and served as baseline and endline for documenting outcomes.

Surveys and Interviews

The MEL team developed semi-structured surveys and conducted interviews with D4I partners and collaborators to document institutional strengthening and data use outcomes. The MEL team also conducted interviews when additional follow-up was needed to document high-level project achievements.

The D4I Legacy: Integrating Gender across MERL

D4I prioritized gender integration across MERL activities to ensure the availability of data to accurately assess gender and health outcomes, guiding policy and programmatic decisions. Through a solutions-driven approach that applied a gender lens, D4I advocated for gender, diversity, equity, and inclusion through collaboration with local partners to address inequalities in program design, implementation, monitoring, and evaluation. D4I facilitated this through systematic gender integration in work planning and the development of an SOP on gender integration for all activities. Gender-focused activities strengthened gender competency among FP providers in Ghana, validated a reproductive empowerment scale, and engaged youth in a unique data dissemination opportunity in Bangladesh.

D4I's Systematic Approach to Integrating Gender Equity in MERL

D4I systematized gender integration by requiring gender integration plans in activity work plans and providing comprehensive guidance for integrating gender and equity into MERL activities. This included staff training and the development of supportive materials, such as a _Standard Operating Procedure for Integrating Gender and inclusive language guidance_. The _SOP for Integrating Gender_ outlines key terms, scenarios, and practical prompts to ensure researchers consider gender at every stage of the research process.

Strengthening Gender Competency among FP Providers

Building on formative work by the USAID-supported HRH2030 project, D4I developed and piloted a _Gender Competency Self-Assessment Tool_ and _eLearning course to enhance the gender competency of FP providers_. The tool was piloted in Ghana and Uganda. In collaboration with the Ghana Health Services, D4I then tested various training implementation modalities, of the training which included the HRH2030 eLearning course and the D4I assessment tool, to inform roll-out. Read this _blog_ post to explore the _tool_ and _hear insights and recommendations_ from trained FP providers.

Measuring Reproductive Empowerment in Sub-Saharan Africa

D4I used longitudinal data to test the predictive validity of the _Reproductive Empowerment Scale, originally developed under MEASURE Evaluation Phase IV,_ to assess women's capacity to make informed reproductive health (RH) decisions in sub-Saharan Africa. This tool measures women's communication with healthcare providers and partners, decision-making abilities, social support, and the influence of social norms around RH and fertility. To learn more, explore this brief (available in _English and French_) and this _webinar_.

Engaging Youth in Dissemination of National-Level Survey Results in Bangladesh

The Bangladesh Adolescent Health and Wellbeing Survey (BAHWS) 2019-20 was the first nationally representative survey on adolescent health in Bangladesh. In February 2021, D4I facilitated a _dissemination event_ that invited youth engagement in presenting and discussing the survey results and their implications for health programming and policy. Shusmita Khan, formerly of D4I Bangladesh, _interviewed two young women involved in the BAHWS dissemination_ to share lessons learned about engaging youth in survey dissemination.

Adolescent panel at the BAHWS 2019-2020 dissemination event.
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Gender Integration

Gender equality is critical for achieving global public health goals, and D4I prioritized gender integration throughout the project to ensure the availability of high-quality data to assess the gender and health outcomes of programs and guide decision making at all levels. By applying a gender lens, D4I ensured that the needs, realities, and participation of women, men, boys, girls, and gender non-conforming or LGBTQIA+ individuals were considered by all parties involved.

In Year 1, 31% (5 of 16) of activity work plans considered how boys, girls, women, men, and LGBTQI+ persons were involved or might be differently affected by the context of the work undertaken and included plans for gender integration. **By Year 2, 78% of activity work plans included plans for gender integration, and from Years 3 to 6, 100% of activity work plans incorporated strategies for gender integration.** Throughout the life of the project, three institutional strengthening plans addressed gender-related considerations, and all research and evaluation activities and processes addressed gender. D4I partnered with one women-owned and operated organization, CREMES International in Tanzania, for institutional strengthening activities. In Moldova, D4I awarded a grant to La Strada, a local women-operated NGO, to conduct a research study on digital harm and exclusion among vulnerable children and families.

Scale-Up and Sustainability of Project Interventions

With support from the UNC team, partner organizations effectively communicated with USAID/Washington and relevant Missions about their activities. Partner organizations were responsible for developing detailed work plans and budgets, including benchmarks and deliverables, which were prepared annually for both new and continuing activities. For multi-year activities, work plans were typically developed with input from USAID and Missions through email exchanges and meetings.

Some Mission-funded activities employed in-country D4I staff who played a pivotal role in advocating for their activities. In Moldova, for example, D4I maintained a robust and dedicated team that worked closely with the Moldovan MOLSP and USAID/Moldova. This collaboration established strong relationships with important government contacts and other organizations, resulting in significant buy-in from the Moldovan government and establishing a solid foundation for scale-up in the country.

D4I prioritized the effective exchange of activity information with USAID by convening biweekly meetings with the USAID/Washington AOR team and activity-specific Mission meetings. The UNC management team established processes and mechanisms to enhance project communication and coordination, including quarterly all-staff meetings, internal advisory group meetings, regular reporting cycles to monitor progress and document achievements, and semi-annual state-of-the-project meetings.

Sustainability Efforts and Hand-Off Procedures

The D4I project concluded in March 2025, with most technical work completed by October 2024. Beginning in Spring 2024, D4I senior management and the MEL team held biweekly check-in meetings with each partner to monitor close-out progress. While most D4I activities completed their technical work prior to the project's end, a few will continue into the Global Health Program Evaluation, Analysis, Research, and Learning (GH PEARL) project—a consortium, implemented by the Carolina Population Center at UNC, in partnership with GEMNet-Health, icddr,b, Ifakara Health Institute, Palladium, Q2 Impact, and Tulane University (Appendix 4).

In the final months of the D4I project, non-continuing activities developed handover procedures and tools to ensure the sustainability of project interventions. In Rwanda, D4I developed a Partner Reporting System (PRS) for the NCDA to facilitate the review of child protection data for decision making. D4I worked with the NCDA, UNICEF, and USAID/Rwanda to ensure a smooth and appropriate handover and long-term activity sustainability. This system enables the NCDA to receive and review data from implementing partners, supporting informed decision making.

In Moldova, D4I prioritized sustainability throughout the project. Following implementation of the Data Review Rooms in Chisinau Municipality and Stefan Voda rayon, D4I developed guidance documents for users to support long-term sustainability. These rooms are now accessible to any data user and can be used for purposes beyond the refugee crisis.

Throughout the life of the project, D4I built strong relationships with governments, universities, and local partners, providing effective capacity strengthening support to 11 countries and 40 organizations. The skills gained by these actors will enable them to continue D4I's work and contribute to future MERL projects, such as Global Health PEARL.

Behavioral Interventions for Sustainable Evidence Use

D4I researched behavioral barriers and enablers to the use of global health evaluation findings in collaboration with USAID and implementing partners. This research resulted in the development of 10 recommendations to increase the use of evaluation findings. Through a pilot test in Nigeria and an experimental study in South Africa, D4I provided evidence-informed approaches to increase evidence use among decision makers.

In Nigeria, the pilot explored strategies to increase engagement with qualitative findings from the USAID Nigeria Health, Population, and Nutrition Multi-Activity Evaluation. Strategies included using a commitment device and sending tailored email messages with evaluation, using a combination of behavioral insights. In South Africa, the study employed an experimental design to examine messages addressing two challenges: (1) the perception that qualitative evidence is less trustworthy or of a lower quality than quantitative research, and (2) how evaluators' perceived credibility impact perceptions of the credibility and quality of evaluation evidence.

The results and recommendations from this activity will be carried forward into the GH PEARL project to increase knowledge synthesis through intentional behavioral interventions to improve knowledge management and knowledge translation.

COUNTRY SPOTLIGHTS

Armenia Counter-trafficking in Persons workshop. © 2022 Data for Impact

Armenia

From 2020 to 2023, D4I supported the U.S. Government's *Advancing Protection and Care for Children in Adversity* **strategy in** *Armenia*. In partnership with the Armenia *Ministry of Labor and Social Affairs* (MOLSA), D4I worked to strengthen the collection, management, and use of routine data to improve case management for child protection and *counter-trafficking in persons* (C-TIP) systems.

This partnership included promoting the establishment of a *case management information system* (CMIS) for child protection and care, as well as the collection of recommendations for establishing monitoring and oversight systems to improve its implementation of the *2023-2025 C-TIP National Action Plan* to support effective responses to vulnerable populations. To learn more about this work, explore this D4I-hosted webinar from December 2022: *"Promoting Health Equity in the Armenia D4I Counter-Trafficking in Persons (C-TIP) Activity."* Additionally, D4I supported Yerevan Municipality in establishing standardized data collection and reporting mechanisms to better address the needs of children.

Armenia was included in a D4I assessment of the social service workforce to understand how technical support strengthened critical components of the workforce for effective social service provision. D4I provided small grants to four institutions—Armenia State Pedagogical University (APSU), the National Institute of Labor and Social Research, the Public Administration Academy of Armenia (PAARA), and Yerevan State University (YSU)—to develop M&E courses, which were subsequently institutionalized into social work training curricula.

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Women and children in a fishing village. 2009 Peter Fredenburg/World Fish

Bangladesh

Since 2012, USAID/Bangladesh has worked to strengthen data use and program evaluation in the Bangladesh Ministry of Health and Family Welfare (MOHFW), the University of Dhaka, and other local actors through the USAID-funded MEASURE Evaluation and D4I projects. D4I further bolstered local capacity for research and evaluation through partnerships with *icddr,b*, NIPORT, and Dhaka University, enabling *data-informed improvements in health, population*, and *nutrition programs*. Through these partnerships, D4I implemented various approaches to strengthen research and dissemination capacity, enhance individual and system capacities to use quality data, investigate program effectiveness, and foster learning from evidence.

Key Highlights

- D4I conducted rigorous impact evaluations of USAID/Bangladesh programs. Health facility survey data were used to evaluate the *MaMoni Health Systems Strengthening Project.* Additionally, D4I conducted an impact evaluation of the *Improving Nutrition through Community Approaches project.*

- D4I's partnership with the Department of Population Sciences at Dhaka University enhanced skills in population research and training. This collaboration led to an updated curriculum, mentoring of Master's students, and enhanced local capacity for locally-led MEL in health, population, and nutrition programs.

- D4I provided technical assistance and capacity strengthening to the MOHFW, Program Management and Monitoring Unit (PMMU). By embedding technical advisors within the PMMU, D4I strengthened the use of data for decision making, supporting the MOHFW in monitoring the country's health strategy and sector-wide health program.

- D4I strengthened the Directorate General of Family Planning's (DGFP) leadership, implementation, and scale-up of the electronic Management Information System (eMIS) across all divisions in Bangladesh, in collaboration with USAID eMIS partners.

- D4I collaborated with icddr,b's Research for Decision Makers project and NIPORT to strengthen capacity for implementation research, population surveys, in-depth analyses, and outcome and impact evaluations through technical assistance.

  - D4I and RDM provided data analysis and dissemination support to NIPORT for the 2019-2020 Bangladesh Adolescent Health Wellbeing Survey (BAHWS) and jointly conducted analyses of national-level household, health facility, and maternal mortality surveys. D4I supported national-level dissemination of the BAHWS 2019-20 by hosting a global webinar and facilitated a report-writing workshop for the 2022 Bangladesh Health Facility Survey (BHFS).

- Additionally, D4I and its partners co-led an implementation research study and assessment on improving postpartum family planning (PPFP) in collaboration with USAID's MaMoni Maternal and Newborn Care Strengthening Project.

- D4I and RDM also collaborated on storytelling through journalist events, organizing nine sessions covering a wide variety of health topics.

Research Mentorship

The collaboration with RDM expanded early- and mid-career researchers' access to a wider network of senior researchers, providing valuable opportunities for mentoring and professional development. To learn more, please explore the *journey of research mentorship and skill development from the perspective of two key icddr,b staff members*.

A village health clinic in Shorobe Ngamiland Province. © 2015 Shelah Bloom/MEASURE Evaluation

Botswana

In *Botswana*, D4I partnered with the local research organization Premiere to assess the PEPFAR-funded *DREAMS* (Determined, Resilient, Empowered, AIDS-free, Mentored and Safe) initiative. The mixed-methods study incorporated *network analysis and participatory mapping* to assess referral networks for adolescent girls and young women (AGYW) accessing HIV services. Results from this study can be used to strengthen referral networks for DREAMS services and better align service provision with the preferences of AGYW.

Burundi

D4I implemented the final evaluation of the USAID/Burundi Tubiteho project, launched in 2019 to improve maternal, newborn, and child health in *Burundi.* In partnership with Burundi-based Centre d'Etudes et de Recherche en Population et Développement (CERPED), D4I used qualitative methods and SWOT analysis to assess the project's impact and sustainability. Key findings show that the project was largely successful in increasing access to quality essential health services, though gaps remained in M&E and certain service areas. Recommendations for future health initiatives in Burundi emphasized the need for sustained capacity strengthening, adequate resource allocation, and infrastructure development to ensure sustainability, as well as enhanced data collection and monitoring practices for ongoing performance assessment.

Visit to USAID-supported President's Malaria Initiative site in Cambodia. 2016 Richard Nyberg/USAID

Cambodia

D4I supported the Government of *Cambodia* in strengthening its child protection and social service workforce programs and policies. This support included measuring progress, providing training in monitoring and evaluation, enhancing digital skills, and assessing the Government's Case Management Information System (CMIS). Additionally, D4I assessed social service workforce strengthening activities in the country to understand how technical support contributed to critical components of the workforce for effective service provision.

D4I workshop with front-line child protection workers in Colombia. © 2023 Data for Impact

Colombia

D4I partnered with the *ICBF* in *Colombia* to improve the collection and use of routine child protection data. By enhancing the usability of the Sistema de Información Misional and strengthening the capacity of subnational staff in *evidence-informed decision making*, D4I supported the ICBF in developing *indicators for its new case management system,* aimed at improving service outcomes.

Women's farming cooperative meeting in the village of Dona. 2017 Sandra Coburn/USAID Land

Côte d'Ivoire

D4I, in collaboration with *Côte d'Ivoire-*based Synergie Expertise, conducted an evaluation to assess the economic impact of malaria burden on vulnerable groups and the effectiveness of the government's free healthcare policies aimed at increasing access to and use of health services. The evaluation employed a mixed-methods approach, including a desk review, key informant interviews (KIIs), focus group discussions (FGDs), and secondary data analysis. Findings from the evaluation will support USAID/Côte d'Ivoire and the Côte d'Ivoire MOH to improve access to malaria services for vulnerable populations.

Clinic in Bunyakiri. 2015 Morgana Wingard/USAID

Democratic Republic of the Congo (DRC)

In the DRC, D4I conducted a *mixed-methods impact and performance evaluation* of the USAID/DRC *Integrated Health Program* in partnership with the *Kinshasa School of Public Health (KSPH)*. The evaluation encompassed baseline, midline, and endline data collection, including health facility assessments, qualitative interviews, FGDs, and impact analysis using routine data from District Health Information Software, version 2 (DHIS2). Findings indicated that USAID IHP positively impacted 4 of 13 indicators assessed—complicated pneumonia treatment, measles vaccination for children, complicated diarrhea and dehydration treatment, and new acceptors of modern contraceptive methods among women ages 15-49 . In addition to learning through collaborative evaluation implementation with D4I, KSPH and D4I implemented a coordinated set of evaluation capacity strengthening interventions based upon a baseline needs assessment.

D4I also assessed the impact of the COVID-19 pandemic on health service utilization in the DRC and conducted three stand-alone studies to contribute to USAID IHP's learning agenda.

Pause and reflect session with data collectors. 2023 Almetsehay Sisay/Jimma University

Ethiopia

In collaboration with Jimma University, D4I assessed the *Packard Foundation-funded FUTURES project* to evaluate its impact on reproductive health, economic livelihood, agriculture, and forest conservation outcomes in the Yayu Coffee Forest Biosphere Reserve. *Baseline results* indicated relatively high levels of FP use, livelihood opportunities for women and youth, and improved forest conservation practices. However, participation in forest management,

women's use of financial services, and the application of improved crop production practices, technologies, and inputs were lower. Results from the baseline evaluation were used by FUTURES to inform implementation and MEL activities.

The *midline evaluation* of FUTURES revealed areas for improvement, including limited male youth participation in project activities, continued low community participation in forest management, and a need for greater local and government ownership of the project's integrated approach. CARE Ethiopia and the Packard Foundation used these findings to inform to the proposal of Phase II of the project, ensuring that FUTURES Phase II adapts to community needs to increase equity, effectiveness, and sustainability.

D4I conducted an endline evaluation of *USAID/Ethiopia's Private Health Sector Project* (PHSP) to assess its successes and challenges in strengthening the private health care system and expanding access to key health services. Findings from the evaluation provide valuable insights to help the Government of Ethiopia formulate future strategies for private sector engagement and to assist USAID/Ethiopia in developing the follow-on PHSP project.

Infant surrounded by protective malaria bed net in Ghana. © 2010 Arne Hoel/The World Bank

Ghana

Building on formative work by the USAID-supported HRH2030 project, D4I developed and piloted a *Gender Competency Self-Assessment Tool* and *eLearning course to enhance the gender competency of FP providers*. In collaboration with the Ghana Health Services, the project tested different implementation modalities of the training, incorporating the HRH2030 eLearning course and the D4I assessment tool, to inform the roll-out. To learn more, please read this *blog post*, explore the *tool*, and *gain insights and recommendations* from trained FP providers.

Kenyan mother and child. 2014 Jonathan Torgovnik/Getty Images/Images of Empowerment

Kenya

D4I addressed data gaps on neonatal mortality by conducting a *desk review and secondary analysis* to generate estimates for nine counties in *Kenya, providing* guidance for USAID/Kenya's MCH interventions. The *findings* showed that neonatal mortality rates (NMR) remained high and constant over time, highlighting the need for neonatal mortality-specific programs and policies, as well as enhanced reporting mechanisms.

D4I provided technical support to USAID/Washington and USAID/Kenya to study the determinants of under-5 mortality in Kenya. The study analyzed secondary data sources using Bayesian analysis, a novel method for analyzing the potential contribution of health services strengthening to under-5 mortality at the subnational level. Findings provided evidence of the positive contribution of health system strengthening activities in Kenya to improvements in under-5 mortality rates.

Assistance in Southern Madagascar. © 2021 USAID

Madagascar

In *Madagascar,* D4I conducted midterm evaluations of the USAID/Madagascar-funded Improving Market Partnerships and Access to Commodities Together (*IMPACT*) and Accessible Continuum of Care and Essential Services Sustained (*ACCESS*) programs. These evaluations assessed the effectiveness of supply chain improvements, capacity strengthening of district health management teams, and health service delivery.

For the ACCESS evaluation, D4I collaborated with CONSULTUS, a Madagascar-based research firm, to conduct data collection, analysis, and reporting. Findings suggested that ACCESS improved health service quality and the continuum of care, implemented a capacity strengthening approach at the subnational level, and promoted healthy behaviors and supportive supervision. The midterm evaluation of the IMPACT program offered recommendations that the implementing partner incorporated into their work planning.

Malawi construction of rural SEED community day secondary school © 2022 Matt Harder/Tetra Tech

Malawi

In *Malawi*, D4I conducted a *mixed-methods impact evaluation* of the Malawi Secondary Education Expansion for Development (SEED) program. The evaluation assessed outcomes in education, gender-based violence, early childhood and forced marriage, sexual and reproductive health (SRH), and menstrual hygiene management. Results indicated that the construction of new community day secondary schools (CDSSs) in rural areas and the expansion of existing CDSSs in overcrowded urban areas positively impacted youth education, child marriage, and SRH outcomes. D4I provided USAID/Malawi and the Ministry of Education with 10 recommendations to enhance the program and improve health outcomes.

D4I also carried out process monitoring for the Organized Network of Services for Everyone's (ONSE) Health project. The monitoring efforts provided insights that informed recommendations to improve access to and the quality of MCH services.

Moldova

Since 2020, *D4I Moldova* partnered with Moldova's Ministry of Labor and Social Protection (MOLSP), National Social Assistance Agency (NSAA), Territorial Social Assistance Structures (TSAS), universities, and technical colleges to strengthen data collection systems and promote a culture of data use to improve outcomes for children in adversity. D4I provided technical assistance, grants, and equipment to strengthen data systems, including support for Moldova's *response to the Ukrainian refugee crisis* through data-informed strategic planning and emergency response efforts.

D4I's work in Moldova received two awards in recognition of the project's contributions to supporting Ukrainian refugees. In June 2023, D4I Moldova, through partner organization Palladium, was the recipient of an ISOA Global Impact Award. Palladium was recognized with the "Support to Ukraine" Global Impact Award for D4I's efforts to support Ukrainian refugees in Moldova. In September 2023, USAID's Bureau for Policy, Planning, and Learning recognized USAID/Moldova's D4I activity for excellence in external collaboration and adaptive management. D4I was one of nine winners in the 2023 Collaborating, Learning, and Adapting (CLA) Case Competition, selected from more than 150 applicants.

Key Highlights

Data Review and Use:

- D4I launched two Data Review Rooms—one at Ștefan Vodă rayon and another at the MOLSP—to support partners in providing humanitarian aid, accommodations, cash allowances, and basic services to over 100,000 Ukrainian refugees within Moldova's borders.

- D4I developed a data use strategy and mapped national and international *best practices in data review and use,* which were disseminated and reviewed. To institutionalize data use practices, D4I conducted data review meetings with multiple rayons and developed a *practical guide*. In partnership with the MOLSP and NSAA, D4I also organized two *Share Fairs* to showcase good local practices in data use.

Child Protection Information System

- D4I developed an automated child protection information system (CPIS) to improve the overall quality of child protection and care in Moldova. The CPIS provides case managers with improved access to information about available services, enabling them to make faster and better informed referrals. The system was launched by the MOLSP and USAID/Moldova in September 2024.

Collaboration with Government and Universities

- D4I *mapped indicators* for monitoring the rights of persons with disabilities and developed Moldova's *first compendium on disability*.

- D4I conducted an ex-ante assessment of the National Child Protection Program 2022–2026 and developed a monitoring tool that the MOLSP routinely uses to track progress and support regular reporting.

- D4I worked with the MOLSP and TSAA to introduce performance management into the social assistance system. A Performance Management Framework was developed featuring 162 KPIs, standard operating Procedures (SOPs), standardized dashboards for data visualization, and digital tools for documenting and monitoring decisions.

Quality of Life Survey

- D4I conducted the *Moldova Quality of Life Survey* (MQOLS), a national-level household survey designed to assess the population's health and wellbeing and to better understand the potential impact of the Ukrainian refugee crisis. The MQOLS results were disseminated nationally in July 2024 at an event attended by 80 participants, including representatives from government, donors, CSOs, academia, and media. During the event, participants developed an action plan focused on health and medical care as well as civic participation.

Digital Harm

- D4I, in partnership with La Strada, conducted a study on Children's Safety in the Digital Environment. *Based on the study findings*, the National Center for the Prevention of Child Abuse provided training and mentorship on digital risks and safeguarding guidance on children's digital safety to 244 child protection specialists across all districts in Moldova. This activity was supported through a D4I grant.

A mother prepares local river roots for her seven children and grandchildren. 2016 Aurélie Marrier d'Unienville/IFRC

Mozambique

In *Mozambique*, D4I worked with the Maternal Mortality Estimation Inter-agency Group (MMEIG), the U.S. Census Bureau, and UNFPA to update guidance on using census data for maternal mortality ratio (MMR) estimation. D4I triangulated data from four different sources on maternal mortality, providing a detailed understanding of maternal mortality in Mozambique. This activity enabled comparisons and contrasts between estimates from the various data sources.

Nigeria

In *Nigeria,* D4I evaluated four USAID/Nigeria health, population, and nutrition activities to compare the effectiveness of integrated health programming versus disease-focused (malaria) approaches in three states—Ebonyi, Kebbi, and Zamfara. The evaluated activities included *Breakthrough ACTION-Nigeria*, *Global Health Supply Chain Program Procurement and Supply Management*, the Integrated Health Program (IHP), and the *President's Malaria Initiative for States*. The evaluation sought to understand how effectively these different activities collaborated and coordinated to achieve desired outcomes and to identify synergies within the portfolio. D4I implemented the evaluation in partnership with Nigerian-based *DRMC*.

Educating and Empowering Mothers in Rwanda. 2014 Global Communities/Juozas Cernius

Rwanda

In *Rwanda*, D4I supported the *National Child Development Agency* to strengthen its capacity to review and use child protection data management systems, enhancing evidence generation through development of data management systems to achieve improved child protection and welfare outcomes. With D4I's support, the NCDA developed a Partner Reporting System to enhance performance monitoring and promote informed decision making in child development and protection interventions in the country.

D4I also worked with local Rwandan organization Research Hub to conduct a qualitative midterm evaluation of the *Rwanda Rwanda Gikuriro Kurio Bose (GKB) - Integrated Nutrition and Early Childhood Development (INECD)* activity. The evaluation aimed to understand the experiences of community-based workers, facility-level providers, and participating parents and families with the GKB activity to inform adaptations and improvements. The findings showed overall positive attitudes toward the GKB activity, with recommendations for improvement including additional training and increased support for families and community-based workers.

Two moms in a clinic. © 2017 John Rae/The Global Financing Facility

Tanzania

D4I provided *site-level monitoring* and data collection for USAID/Tanzania and its partners to assess whether quality standards and best practices were being met in key health areas, including HIV/AIDS; tuberculosis; reproductive, maternal, newborn, child, and adolescent health; and FP in *Tanzania*.

D4I also supported the objectives of the *Every Newborn Action Plan* and *Ending Preventable Maternal Mortality* by enhancing data collection on maternal and newborn care outcomes. The *implementation of the EN-MINI Tools in Tanzania* was a collaborative and pivotal initiative involving policymakers, healthcare professionals, and data experts. The intiative aimed to improve data quality and use across the healthcare system, emphasizing the critical role of healthcare professionals in enhancing data quality.

2014 Jonathan Torgovnik/Getty Images/Images of Empowerment

Uganda

D4I collaborated with the *Uganda* Ministry of Gender, Labor, and Social Development (MGLSD), USAID/Uganda, UNICEF, and other local partners to strengthen routine data quality and use and to launch standard indicators and M&E guidelines for alternative care. Additionally, D4I piloted a *gender-competency self-assessment tool* with FP providers, assessed Uganda's implementation of the *Multi-Sectoral Nutrition Strategy,* and supported the measurement of child care and protection systems.

D4I conducted geographical mapping of children's homes and supported the MGLSD in planning safe and sustainable family care solutions for children residing in unapproved children's homes (UCHs). In Mukono district, D4I collaborated with a local partner, Catholic Relief Services (CRS), to earmark UCHs for emergency closure. Together, D4I, CRS, the MGLSD, and the Mukono District Local Government developed and implemented initial plans to transition children from these homes into appropriate placement options, including foster care, kinship care, and approved children's homes.

West Africa AmplifyPF Evaluation in Burkina Faso, Cote d'Ivoire, Niger, and Togo

D4I conducted a Phase 1 assessment and a Phase 2 *performance evaluation* of the USAID/West Africa-funded Amplify PF project, a FP project that aims to reduce unmet need for contraception in Burkina Faso, Côte d'Ivoire, Niger, and Togo. During Phase 1, D4I conducted a rapid qualitative assessment and reviewed secondary data sources, including project reports, to generate preliminary findings about the project's successes, challenges, and lessons learned. USAID/West Africa used these findings to inform the next phase of the AmplifyPF project.

Dissemination event in Côte d'Ivoire with D4I and CERA Group © 2023 Data for Impact

The Phase 2 evaluation studied the project's impacts, including barriers and facilitators, the degree of localization, and its potential for sustainability, using a mixed-methods approach. D4I presented the findings in Côte d'Ivoire and Togo and through an *evaluation report*. USAID/West Africa plans to use these results to inform the next phase of the AmplifyPF project.

A smiling mother holding her baby. 2016 U.S. President's Malaria Initiative

Zambia

D4I pretested responsive care and early learning counseling cards developed by *USAID Advancing Nutrition* in *Zambia* to assess their appropriateness for caregivers of children under two. FGDs were conducted with these caregivers, and in-depth interviews (IDIs) were held with healthcare providers. Based on D4I's assessment findings and recommendations, changes were made to the illustrations to improve clarity, promote gender parity, and remove distracting or potentially counterproductive elements.
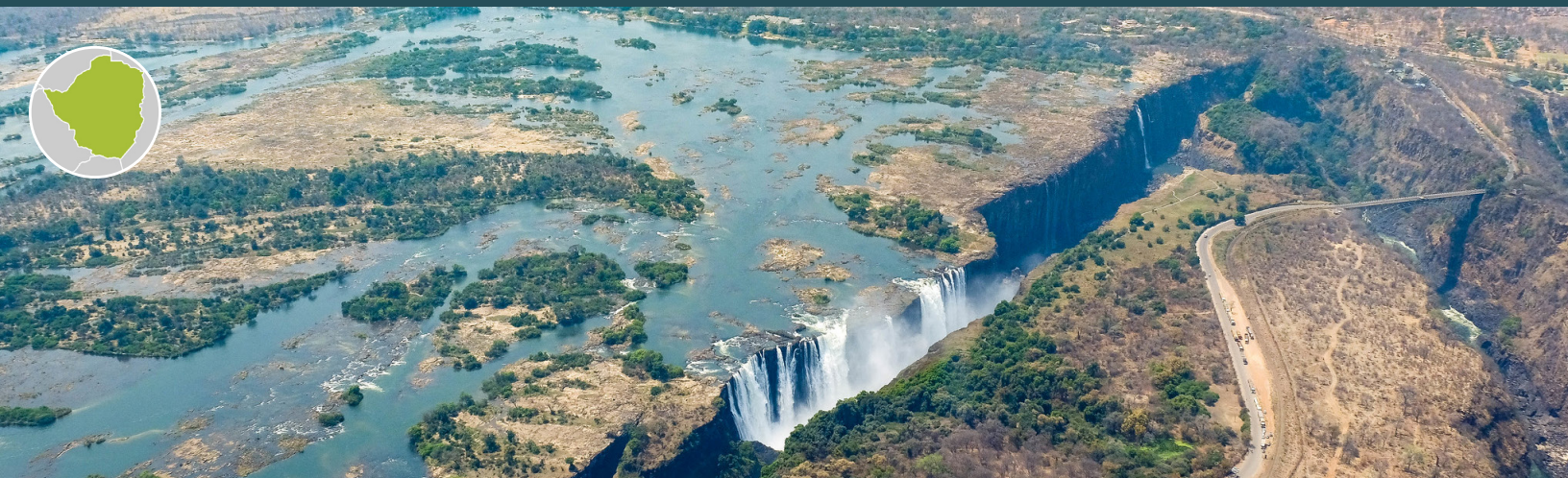
Victoria Falls in Zimbabwe. 2017 Serena Tang

Zimbabwe

In *Zimbabwe*, D4I collaborated with local research firm M-Consulting Group to use qualitative and quantitative methods to evaluate the Zimbabwe Assistance Program in Malaria (ZAPIM), a United States President's Malaria Initiative (PMI)-funded project aimed at strengthening the capacity of Zimbabwe's National Malaria Control Program (NMCP) to prevent and treat malaria. PMI and USAID/Zimbabwe used the assessment findings to plan for the next iteration of ZAPIM.

Challenges and Lessons Learned

Throughout D4I, we learned that proactive communication with USAID Missions and project IPs is essential for fostering strong collaboration and ensuring activity success. By engaging in open, regular discussions, we were able to align priorities, anticipate challenges, better localize our efforts and adapt our approaches as needed. This kind of engagement helped establish trust and transparency, ultimately leading to more effective implementation, better products, and more sustainable results. Additionally, we found that partnerships with local government officials and ministry leaders were crucial, as these champions played a key role in advocating for and sustaining project efforts.

One of the most important lessons we learned was that to effect higher level performance improvement capacity strengthening activities require long-term commitment and continuous collaboration. Short-term engagements are not enough to build sustainable expertise that contributes measurably to organizational goals; instead, we saw the greatest impact when we invested in multi-year engagement and tailored support, such as through our partnership with icddr,b in Bangladesh for over 10-years. By working alongside local institutions over extended periods, we were able to foster meaningful knowledge transfer. This intensive, long-term approach not only strengthened local systems but also enhanced the likelihood of ongoing impact.

We also recognized the value of having USAID champions who actively supported the adoption of innovative methodologies. Their leadership and advocacy helped accelerate the uptake of new approaches and provided critical support in navigating institutional barriers. For example, USAID was instrumental in connecting us with Missions to pilot the PSE-SAM tool and serve as test users for the digital version. Those early champions in Washington and abroad in turn promoted the tool to other groups, including PSE Hub members. In addition, we found that expanding our dissemination strategies to reach new audiences—such as youth—helped amplify the impact of our findings and encouraged broader community engagement. By involving a more diverse range of partners, we were able to foster more inclusive and effective knowledge-sharing.

D4I, icddr,b, Dhaka University, & MOHFW dinner, Aug 2022

Despite challenges posed by the COVID-19 pandemic—including travel restrictions, disruptions in data collection, and staff illnesses—D4I adaptively managed its operations to meet project objectives in a complex and evolving environment. D4I developed innovative methods to better understand the impact of COVID-19 on health service utilization using RHIS data in Bangladesh, DRC, and Uganda.

Faced with restrictions on in-person gatherings, D4I adapted its activities for virtual implementation. The RECAP tool was piloted virtually and designed to accommodate online interviews. Planning meetings for the HPN evaluation in Nigeria were adapted from a single, large in-person event to several shorter, virtual sessions to gain input on the study framework, evaluation questions, and methods. In Bangladesh, training sessions for community health workers and health facility staff were adapted for the Moodle eLearning platform. The online materials were well-received and remain in use. However, implementing activities virtually often required more time than in-person events due to scheduling complexities and potential internet access challenges. Activity leads also noted that relationship-building took longer in virtual settings compared to in-person interactions.

When conducting meetings and sharing project findings virtually, ensuring participant understanding is vital. In the DRC, a midline evaluation dissemination held virtually due to unrest in the country, led to misunderstandings of the methodology and results by some end users. This challenge underscores the importance of incorporating knowledge management (KM) and knowledge translation (KT) into activity design from the beginning to ensure Missions and audiences clearly understand the results. Incorporating data visualization best practices, such as titles that summarize key messages, helps to communicate findings effectively. To strengthen researchers' KM/KT capacity, D4I hosted internal technical exchanges on quantitative and qualitative data visualization and updated templates to integrate best practices.

Malawi SEED Midline Evaluation Dissemination, Feb 2024, Sally Zweimueller, D4I

D4I encountered challenges with delays and competing priorities across project areas. The project collaborated closely with Missions, MOHs, and other partners, responding to new requests and adapting to evolving activity needs. However, new requests often took priority over work outlined in the original work plan, leading to delays, restructuring, and rebudgeting. While the D4I project's culture was responsive and willing to take on new work by request, its systems were not as adaptive because work plans were approved 1-2 years in advance, making it difficult to accommodate changes. To address this under the Global Health PEARL project, staff plan to incorporate CLA processes—such as pause and reflect sessions and after-action reviews—into work planning. This will improve communication with Missions and promote more intentional and thoughtful discussion as the work evolves. Additionally, work plans will include "responsive TA" funds, set aside to allow for easier adaptations as needed.

Throughout the life of the project, D4I faced challenges related to staff transitions and leave, which highlighted the need for effective knowledge handover in diverse circumstances. These experiences underscored that tacit knowledge and institutional memory are enabling conditions for success. D4I's approaches emphasized the importance of establishing systems that capture, store, and facilitate seamless knowledge transfer among key staff.

The project faced unforeseen challenges due to natural disasters and insecurity but demonstrated adaptive management in overcoming them. In Malawi, Cyclone Freddy led to activity delays, and immediate communication with USAID/Malawi was key to resolving issues as they emerged. In Afghanistan, insecurity necessitated the evacuation of researchers during the Small Grants Program, yet the team continued its work despite this disruption. In Year 6, work in Bangladesh was delayed by a government overthrow, student protests, and flooding. In response, the D4I team prioritized key benchmarks and deliverables, cancelled those that could not be completed, then continued working where possible. In each of these challenging circumstances, D4I staff showed flexibility, dedication, and resilience in the face of unrest and climate crises.

For further information on lessons learned from D4I's work, the [D4I website](#) includes webinars, publications, and blogs documenting the project's lessons learned on specific monitoring, evaluation, and research topics. Examples include:

Webinars:

[Lessons Learned for Drawing on Multiple Secondary Data Sources in Evaluation](#)

[Lessons Learned in Using Organizational Network Analysis for Planning and Evaluation of Global Health Programs](#)

[Webinar Series on Lessons Learned in Localization in Monitoring, Evaluation, Research and Learning](#)

Publications and Blogs:

[Strengthening Diverse Capacities through Diverse Approaches at Partner Universities](#)

[Lessons Learned from Application of the Most Significant Change (MSC) in Nigeria](#)

[D4I's Work in Moldova: Using Data-informed Decisions to Protect At-risk Children](#)

Top New Resources Generated

StoryMap

EN-MINI Tools and _EWEN-MINSMI Tools_ for Routine Health Information Systems

Research and Evaluation Capacity Assessment Tool and Resource Package (RECAP)

Measuring Performance Improvement in MERL

Standard Operating Procedure for Integrating Gender in Monitoring, Evaluation, and Research

Localization in MERL webinar series playlist

Private Sector Engagement Self-Assessment Monitoring (PSE-SAM) Tool

10 Recommendations to Increase the Use of Evaluation Findings

High Impact Practices in FP: Assessing HIP Core Components

Provider Self-Assessment Tool to Measure Gender Competency for FP Services

Recommendations for Strengthening Research and Evaluation Capacity to Support Sustainable Health Programs

Training Curriculum for the Integrated Approach to Family Planning Data Quality Assessment

A Practical Guide to Using Routine Data in Evaluation

What approaches and tools are available to support data use in care system reform and strengthening?

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Data for Impact

University of North Carolina at Chapel Hill

123 West Franklin Street, Suite 330

Chapel Hill, NC 27516 USA

Phone: 919-445-6949

D4I@unc.edu

www.data4impactproject.org