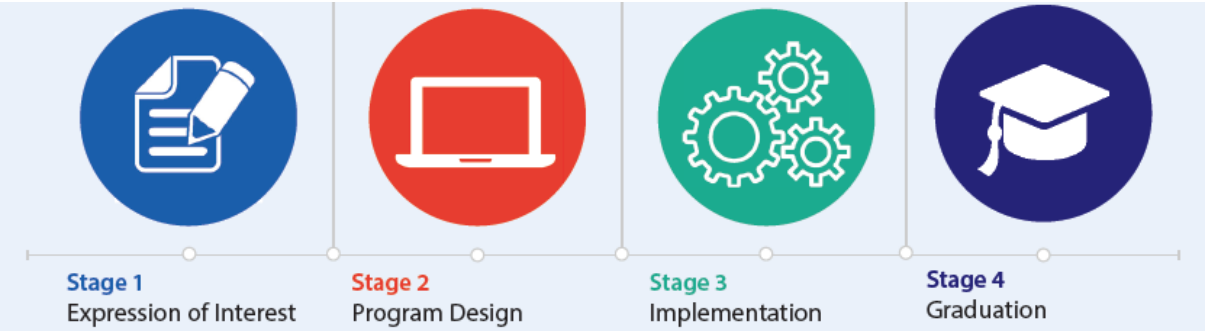
TCI Nigeria's Data for Decision-making (D4D) Approach

Data for decision-making (D4D) is central to everything TCI does. As a result, it is an integral part of the TCI model and incorporated into all of the stages of TCI engagement. This approach to D4D ensures that TCI programming is able to be nimble and cost-effective with the ability to iterate and course correct in an agile fashion.



In Nigeria, the D4D approach is operationalized in the following manner throughout the lifecycle of TCI's engagement with the state. This approach is further embedded in TCI Nigeria's Monitoring, Evaluation & Learning (MEL) Strategy.

Stage 1: Expression of Interest

State selection is done using data provided by the state team applying to TCI.

Stage 2: Program Design

As the state is onboarded, secondary analysis and landscaping activities are carried out to create a situational context for the program in the state. The landscaping activities provide an insight to how data is generated, managed, and used in the state. Results of the landscaping activities are also used to develop relevant technical assistance plans that will be implemented to support the state.

During the initial engagement with every geography, states are supported to turn to their local data systems for evidence as this reflects the state's interaction with HMIS and how well the HMIS gives the true picture of the state's health program. High-volume facilities (also referred to as high-volume sites HVS) which become demonstration sites are selected using data from the DHIS2 platform. In addition, changes in health indices across supported states and Local Government Areas (LGAs) are also assessed using data from the HMIS.

TCI's M&E technical support lead (TSL) begins with the states providing TCI with access to the DHIS2 system that houses the HMIS data. By doing this, the state signals its commitment to partner with TCI and identify the DHIS2 as the platform to monitor and evaluate the partnership.

Stage 3: Implementation

During TCI's engagement with the state, the state HMIS data tools become the primary source of data--an understanding that drives support for the training of health workers on how to complete the HMIS tools correctly and completely, forecasting and distribution of data tools, working with the state officials to improve their analysis capabilities, supporting the data control room activities where the state data is analyzed and planning and review of data quality improvement interventions.

The coaching activities in the model create a platform where the state structure is strengthened, leading to improved coordination and support for data-based decision-making by the state. At the facility and LGA levels, coaching is used to identify and address gaps to improve the quality of the data being reported. On-the-job coaching and peer-to-peer mentoring are some of the modalities employed to implement the coaching strategy, which is tailored to the needs of each the local context. Where non-existent, feedback loops are set up to enable the facility record officers and service providers also identify areas where they have challenges as well as areas requiring improvement.

At the state level, each thematic area of the state representing family planning service delivery, demand generation and advocacy activities are encouraged to have data officers that work closely with the program staff to ensure that data is included in their day-to-day work. This data officer is a staff of the state that is either seconded to the program area or chosen from the unit and supported by TCI to improve data use capabilities and cascade to other areas. In the event where the state is understaffed, the whole unit is supported, thus providing an avenue for capacity transfer, improved presentation skills and confidence to present and use data frequently to make decisions.

At TCI hub level, the state is supported to further analyze the HMIS data from DHIS2 with the aim of monitoring near- to real-time changes in the state's health system before national level surveys, like the MICS and NDHS, are carried out. TCI's client volume estimation methodology is based on its modelling of service statistics data to estimate mc-mcpr (modelled change or modelled growth in mcpr across the LGAs/States) from HMIS estimate.

Besides the service statistics housed in the HMIS, periodic surveys are also used to generate data for the state. Program Improvement Assessment (PIA) is conducted to hone-in on the situation of the demonstration sites and identify key intervention needs. The flexi-track omnibus survey is used to monitor the response to the media campaign and track community level changes in ideation and intention to use family planning among other things at the population level.

Stage 4: Graduation

Data from various sources including program and financial reports, RAISE tool, HMIS etc, is triangulated by TCI to determine the readiness of the state to graduate. This includes looking for evidence that shows (significant) decline in program development resources from TCI (without a decline in quality of implementation); improved state government resource mobilization and advocacy capacity; increased share of state government contribution; institutionalized the high-impact interventions in state annual operational plans and other plans; utilized data from program monitoring and survey results to guide implementation decisions; supporting quarterly RAISE assessments in all locations and utilizing data to inform coaching decisions and graduation.

These different data points ensure that decisions made in the life span of engagement with TCI are based on empirical evidence. The D4D approach also ensures that course correction is seamless and that limited available resources are maximized effectively.