



PROMOTING QUALITY DATA SYSTEMS AND THE VALUE OF GOOD DATA

Making Data Real

The United States Agency for International Development (USAID) and its implementing partners are obliged to produce concrete evidence of the positive impact of U.S. dollars spent abroad. In the past, accountability for project funds meant fiscal responsibility and descriptive reporting. Now—and particularly under USAID’s President’s Emergency Plan for AIDS Relief (PEPFAR) funding—rigid and complex standardized data-reporting requirements force implementing partners to adapt to external systems and reach high standards of excellence in the collection, analysis, and reporting of large quantities of data.

In theory, this is a positive development. In order for project data to be meaningful, implementing partners must be able to stand behind project data just as solidly as financial management practices. We should feel confident that each individual counted as served in a PEPFAR-funded project, for example, can be traced from point of service through reporting channels to the highest levels. However, local organizations responsible for collecting and reporting these data in Mozambique initially had little, if any, experience with rigorous monitoring. Until recently, Mozambican civil society organizations (CSOs) had limited experience documenting results, being held accountable for tracing results to source, using data to inform programming, and developing adequate data-collection tools. Many lacked monitoring and evaluation

CSOs and the Data Challenge

Intermediary organizations like FHI 360 play a critical role in ensuring the quality of data submitted by their local subs, yet many struggle with the low capacity of partner civil society organizations (CSOs) to respond to the increasing volume and complexity of indicators and requirements for collection, reporting, and more. This technical brief describes how CAP Mozambique bridged the gap.

(M&E) systems altogether, lacked sufficient funding to conduct monitoring visits, and struggled to train individuals with low education levels to collect data correctly.

In Mozambique, few CSOs receive direct USAID funding; therefore, they report on project activities to an intermediary organization (IO)—such as FHI 360, which managed the Capable Partners Program (CAP) in Mozambique. This arrangement provided the space to coach Mozambican CSOs and provide them with the knowledge and skills required to meet USAID/PEPFAR’s standards. CAP Mozambique also played a critical role helping CSOs interpret and adapt to changes in the PEPFAR environment that required systems adjustments—such as shifts in strategy, changes to indicators, introduction of new indicators, and additional reporting requirements.

Strengthening CBOs— Helping Communities

The Capable Partners Program (CAP) in Mozambique strengthened the institutional capacity of Mozambican nongovernmental organizations (NGOs), community-based organizations (CBOs), faith-based organizations (FBOs), associations, and their networks to improve the service delivery of HIV/AIDS treatment, care, and prevention programs.

CAP integrated intensive capacity development of its Partners with grants to provide the organizations with opportunities to apply what they learned and demonstrate their capacities to affect HIV/AIDS at the community level. CAP Mozambique was managed by FHI 360 from 2006 to 2016 and was funded by the U.S. Agency for International Development (USAID) and the President’s Emergency Plan for AIDS Relief (PEPFAR).

Since CAP Mozambique depended on Mozambican CSOs for PEPFAR results, the program developed tools and processes to help these organizations meet CAP and USAID/PEPFAR data-quality standards. More than that, however, it was important for Mozambican CSOs to have quality data to analyze project progress, inform decisions, and build their reputations as accountable and credible implementing partners—one of the most significant lessons of all.

Make it Real, Make it Relevant

Over the past decade, a huge influx of resources has been pumped into Mozambique to support HIV/AIDS programming. Between 2004 and 2014, PEPFAR-planned funding for the country totaled \$2,117,300,000 cumulatively.¹ This presented both an enormous opportunity and a challenge. Generous funding yielded substantial positive impacts vis-à-vis the epidemic. On the flip side, pressure to spend such resources and deliver large-scale results affected the capacity of CSOs and IOs to focus on the quality of services they provide and the ability to deliver training and technical assistance (TA) to improve implementation capacity. Just as important, it affected the ability of CSOs and IOs to conduct high-quality monitoring.

Mozambican civil society is young in comparison to some neighboring countries and relatively small. Even CSOs with the capacity to implement HIV/AIDS programming at scale struggle to keep up with the demand to deliver quality results (and data) as well as to serve high numbers of individuals with HIV/AIDS treatment and care. USAID/PEPFAR’s demands for data excellence in such a low-capacity environment can at times feel unreachable, and yet the demands are the reality in this funding environment. Therefore, motivating Mozambican CSO Partners to produce quality data is a critical first step in this journey.

¹ Data reflect information available on the PEPFAR Dashboards, which represent planned new bilateral funding initially approved in the PEPFAR Country Operational Plans/Regional Operational Plans (COPs/ROPs) each fiscal year. As additional funding may be approved and made available after the initial COPs/ROPs submission, or to PEPFAR-supported countries that are not required to submit an annual COP/ROP, data on the Dashboards may not represent the final PEPFAR programmatic funding level in countries each fiscal year.

Over a 10-year period, CAP Mozambique awarded more than 60 grants to Mozambican CSOs providing HIV/AIDS services throughout the country. CAP relied on the following key principles to motivate CSO Partners to produce quality data:

- **Build on grantee knowledge and experience.** Since individuals and organizations are motivated when they feel ownership, taking the time to focus on this relationship between the organization and the work it will be doing is a valuable investment. CAP did this by placing project-developed indicators alongside PEPFAR indicators, building from existing CSO data tools, actively listening to CSO solutions to program and data challenges, and coaching CSO Partners to participate actively during monitoring visits and data quality assessments (DQAs). (The DQA is an assessment process that measures five aspects of data quality: validity, reliability, timeliness, precision, and integrity.)
- **Capitalize on CSO Partner incentives for producing quality data.** People and organizations are motivated by incentives. CAP explored with Partners how producing quality data would help their organizations—not only meet donor requirements. Would quality data result in a better reputation? More funding? Better relationships with stakeholders? Provide information for communications materials? Help the organization learn new skills? Respond to donor pressure? Once the drivers were identified, CAP’s approach was tailored to target them.
- **Demonstrate that data help CSOs, not just donors.** It is possible to create processes that will result in quality data to meet USAID/PEPFAR reporting requirements and also make that data meaningful for the CSO Partners themselves. Striking this balance can be tricky when funding is limited, but is possible, and Partners are motivated to perform when they realize that their own data needs are valued as well.
- **Enforce policies about reporting accurate data.** CAP took the same zero-tolerance approach to data mismanagement that it took to financial mismanagement, by reiterating that data integrity was as important as financial integrity. CAP followed through on this commitment by conducting regular DQA visits, monitoring progress on action plans to improve data quality, and investigating the source and cause of data irregularities found during DQA exercises. Sometimes this led to delays in sending funding advances until incorrect data were cleaned. In one case a CSO Partner did not receive a grant extension as a direct result of regularly reporting incorrect data.

CAP operationalized its approach through the following interventions:

1. **Practical training on M&E fundamentals.** Within the first two months of every grant award, CAP facilitated a three-day training with each Partner to help it understand basic M&E theory and develop an M&E plan, data-collection tools, and an internal system for data collection and reporting.

During the workshop, CAP worked with Partners to “deconstruct” USAID/PEPFAR indicators to help Partners understand how to report accurately. Due to the complexity of the language of many indicators, CAP helped Partners specify exactly how information from their program activities should be described, collected, and consolidated for each PEPFAR indicator.

“Now we understand very well what we are going to do and how we are going to do it. Unlike our other project [not CAP funded], with this training we will be able to prove with our data collection sheets the work we are doing with children.”

—CAP CSO Partner

For example, the following PEPFAR indicator needed to be converted into language that made sense to one CSO's program and staff. Addressing this single PEPFAR indicator also required aggregating information derived from monitoring several activities.

PEPFAR Indicator:

Number of community health workers that successfully completed a pre-service training

Partner Indicators:

- Number of *activistas* facilitating student sessions trained in facilitation, communication, and use of the project sessions guides
- Number of project staff trained in facilitation, in communication about materials in project session guides, and in the supervision of *activistas* to ensure quality
- Number of peer educators trained to work with commercial sex workers and long-distance truck drivers

The reporting tables had the original PEPFAR indicator side by side with its parallel project indicators so that Partner staff became more familiar with the PEPFAR terminology.

2. Frequent participatory monitoring trips. Monitoring trips are learning opportunities, and Partner staff and community health workers were actively engaged. Members at all levels of the organization were encouraged to accompany CAP staff visits to the field. M&E-specific monitoring trips occurred quarterly during regular implementation but were more frequent during the grant start-up period or when there were substantial changes to project indicators. Technical staff also reviewed data-collection sheets and reports during their routine visits to the field and provided appropriate support; this additional feedback reinforced the guidance from the M&E team in a cost-effective manner. TA was provided on site to improve data systems and at times included the participation of executive directors and even Board members.

3. Thorough review and feedback on performance reports. CAP carefully reviewed results data to check for the consistency of data collected with the narrative description of each activity. Aggregate results were compared against data recorded on data collection forms for key indicators to ensure data quality. TA was provided each quarter to help CSO Partners transfer data correctly (from aggregate forms to the report template and/or from a database to the report template), aggregate results properly, and align results data with the narrative description. A minimum of one conversation was required with each Partner to obtain final results in each quarterly reporting period. In some cases more than ten conversations were required. In one case, CAP worked with the Partner in its office for more than two full days to finalize results for that quarter.

"[I gained] capacity to review quarterly reports and monitoring tools, which in the beginning was more like a "seven-headed beast" because CAP was always asking to explain the how, why, and when of everything [in the reports]."

—CAP CSO Partner

4. Annual participatory DQA exercises. CAP Partners, along with community health workers and their supervisors, were required to participate actively in the DQA process so that CSOs could become skilled enough to facilitate their own DQAs in the future. CAP helped Partners review and reflect on the data on site to troubleshoot problems and analyze how project performance, as well as project reporting, could be improved.

Every attempt was made to include all levels of the organization—including Board members—in the DQA process. For some organizations, the DQA was a critical learning moment that helped them realize how they could use data to feed into management decisions, not only to complete donor reports.

5. Tailored capacity development in M&E. Through either CSO Partner meetings or individual training/TA sessions, CAP helped CSO Partners learn how to develop M&E systems, use quantitative and qualitative data for decision making, and identify and write success stories. CAP worked with organizations to ensure adequate, structured supervisory systems² that ensured the continuous monitoring of data collected by Partner staff. When new or different indicators were introduced, CAP invested significant resources to help each Partner adapt data-collection and -reporting systems, retrain field workers and supervisors, and answer the many questions that arose.

Mozambican CSOs Rise to the Challenge

CAP's CSO Partners are now better positioned to respond to USAID/PEPFAR data requirements. They understand the value their data bring to their donor, their organizations, and their beneficiaries. They have developed the systems necessary to guide the implementation of quality programming, collect data to measure progress toward project objectives, and submit quality reports to their donors. Specifically, CAP Partners have demonstrated:

- **Increased ability to meet beneficiaries' needs.** CAP's capacity development work with 21 Partner CSOs was assessed in 2013 through an external mid-term evaluation.³ A key finding from the evaluation was: "Increased capacity in M&E through adoption of more systematic approaches and reliable tools allows the Partners to track the programs better and make adjustments as needed to maximize impacts in their communities."
- **Increased quality of data collected.** Over time, the numbers of errors discovered during the quarterly review of reports and annual DQAs decreased as organizations became more diligent about training and supporting community health workers to fill out data-collection forms correctly and completely and increased the number of staff involved in the verification of data. Organizations reached out to CAP for guidance when they were unclear how to proceed with new requirements. The ability of Partners to respond logically to questions about data they reported also improved dramatically.



CSO STAFF WORKING WITH COMMUNITY MEMBERS.
(MAURO VOMBE | FHI 360)

² For CAP Partners, the M&E process included delegation of supervisory roles to certain individuals, templates to help supervisors observe activities and oversee data-collection processes and data forms, a location for archiving information, and a mechanism to discuss issues as they arose.

³ Blid N, D'Alessio O'Donnell C, Souto M, Parviainen R. (2013) External Evaluation for Capable Partners Program (CAP)—Mozambique Final Evaluation Report.

“[Following the DQA] we had to rethink our monitoring structure and increase monitoring visits. We involved community leaders and began monitoring not only the supervisors, but also the activists and the families served by the project. We realized we were not collecting the information we needed to support our beneficiaries.”

—CAP CSO Partner

“We have always faced challenges reporting on results because there is so much data and our database was difficult to manage. CAP helped us create a new database and now we are able to manage our data much better.”

—CAP CSO Partner

CAP Partners learned why data integrity is important and how to reach high standards, and they now want to meet their own high expectations.

- **Increased quality of reporting.** CAP evaluated report-writing capacity through an assessment tool applied annually. Over the life of CAP, 19 of the 28 Partners whose report-writing capacity was assessed more than once achieved improvement in their overall scores.
- **Increased ability to monitor their own activities.** Ten out of 11 Partners using social and behavior change communication (SBCC) strategies to influence attitudes and behaviors related to HIV/AIDS (and who were assessed at least twice on the M&E component of CAP’s SBCC assessment) improved their M&E scores. These Partners are now better equipped to ensure that project activities contribute toward SBCC goals. At least three CAP Partners incorporated regular DQAs into their own monitoring activities.
- **Ability of some Partners to recognize and resolve problems evidenced by data.** Some Partners progressed quickly and used the DQA exercise to investigate why beneficiaries were not participating at levels originally anticipated. In other cases, incorrect reporting on indicators (a challenge that surfaced during the DQA) led to troubleshooting on how to mobilize the priority target audience as well as properly train project staff.

CAP reached a high level of confidence in the integrity of its CSO Partner data with regular verification, project monitoring, review of quarterly data, and annual DQAs. USAID/Mozambique found project data to be accurate and verifiable, which indicates a level of preparedness by Mozambican CSOs to meet USAID/PEPFAR data requirements if they are funded directly by USAID in the future.

For the CSOs, project monitoring is no longer something they are afraid of or only commit to because it is required. Project monitoring has become clear and tangible—supported by practical tools and processes—and helps Partners see progress towards objectives, provide evidence for the work they are doing, and improve the quality of life in their communities.

Bridging the Gap: Role of IOs in Coaching CSOs to Meet USAID Data Standards

Notwithstanding the advances made by CAP CSOs, the capacity of Mozambican CSOs remains limited in some respects. CAP has learned lessons that IOs can use to support their Partners in meeting this challenge:

- **Allocate sufficient resources.** Allow for sufficient staffing, training, and transportation for monitoring activities. Be flexible with timelines and funding to enable grantees to respond to PEPFAR data requirement changes; allow for grant budget revisions to fund additional project staff training; and monitor the implementation of PEPFAR changes.
- **Initiate frequent discussions about data use.** Demonstrate how solid data will serve the CSOs’ own purposes. Link the role of formative research to their reputations in

their communities. (Gathering data from beneficiaries demonstrates a commitment to respond to beneficiary needs.) Illustrate how data can feed into project design and increase the likelihood of receiving funding. Show how data can contribute to decision making, development of communication products, and other resource mobilization efforts. Talk about how quality data reporting increases their credibility with the government. Insist that they use their own data to prepare annual work plans. Use data in project review meetings and demonstrate how to analyze and use the data to improve performance.

- **Make data everybody's business.** Train program staff, management staff, and members of the Board in data quality, analysis, and use. When the connections between quality data and resource mobilization, organizational sustainability, and an organization's credibility have been demonstrated, staff and Board members at all levels can be motivated to engage. Once project monitoring is deconstructed into a process that is manageable and practical, individuals will no longer be afraid to get involved.
- **Model ethical behavior.** Demonstrate that the IO holds itself to the same high standards to which the implementing CSOs are held. Share project results with Partners, present results to wider stakeholder audiences to promote their successes, and help Partners create communications materials for fundraising. Translate key documents into the local language for dissemination (e.g., success stories, project evaluations, documents demonstrating project results). Verify data with CSOs prior to wider dissemination.
- **Pay attention.** The knowledge that the IO is carefully reviewing the data and asking questions about them is a powerful motivator for Partners to take data seriously.

Finally, IOs must advocate on behalf of CSOs with the donor. IOs understand the needs of both donor and project partners and must act as a bridge, bringing them closer together. Part of the IO's responsibility in ensuring solid data is to inform the donor about how changes to the system affect the quality of data and what the costs of implementing changes may be. Minor changes in M&E requirements can result in substantial (and expensive) changes to tools and processes for local CSOs reporting on activities. A change to one indicator typically leads to a cascade of activities: revision of data collection and aggregation tools, training for CSO staff, training for community health workers, and revision of reporting templates. The good news is that even low-capacity local organizations can reach high standards of data integrity when they have appropriate and timely support to do so.

Document written in 2016.

"[Because of CAP support], we are noticing improvements in the success stories we submit, the accuracy of the data collection forms, our database, and also in the capacity of our facilitators. We had to create (and implement) an action plan to improve the facilitators' capacity to facilitate sessions, complete the data collection forms, and collect ideas for success stories."

—CAP CSO Partner now receiving direct USAID funding

www.FHI360.org
www.NGOconnect.net

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