

Project and Program Information and Impact Reporting System (PIIRS)

FY16 Data collection/reporting process

**Feedback received and/or questions
answered during the data
collection/reporting process
November 2016 – March 2017**



Feedback-Questions around Monitoring, Evaluation and Learning guidance and training



- **Who in CARE can provide with more in-depth guidance and training on MEL, global data collection, and measurement of the CARE2020 indicators?**

Contact the CI MEL group (echeverria@careinternational.org). The CI MEL group acts as a reference team to further advance improve and expand an interdependent MEL agenda for all CARE, and to facilitate learning and capacity building for a broader MEL network, including MEL and programs staff around the world. The group is composed of CARE staff who lead or are highly involved in the development and management of sector or outcome specific MEL systems, guidance and standards, and can consolidate a global MEL capacity for monitoring, reporting and leaning around the outcomes and approach of the CARE2020 Program Strategy.

Current Members of the CI MEL group include:

Humanitarian Assistance: Uwe Korus (CI CEG)

Sexual, Reproductive and Maternal Health and Rights: Dora Curry (SRMH – USA)

The Right to a Life Free from Violence: tbd

Food and Nutrition Security & Climate Change Resilience: Emily Janoch / Pierre Kadet (FNS USA-Canada)

Women's Economic Empowerment: Regine Skarubowiz (WEE- UK)

Gender Equality: Sarah Eckhoff (Gender – USA)

Governance: Tom Aston (Governance – UK)

Resilience: Mirjam Locadia (Resilience – NL)

Advocacy: Aisha Rahamatali (CI Advocacy)

General MEL: Claudia Sanchez (LAC), George Kurian (India), Gideon Cohen (Southern Africa), Inge Vreeke (Great Lakes), Kaia Ambrose (Canada), Malaika Cheney-Coker (USA), Maria Christophersen (Norway), Neil Poetschka (Australia), Nicola Giordano (UK), Santiago Nuñez Regueiro (France), Sofia Sprechmann (CI - Programs), Toufique Ahmed (Bangladesh), Ximena Echeverria (CI - Programs)

Feedback-Questions around the Project/Program Information and Impact Reporting System – PIIRS



- **What is PIIRS, what is the connection between PIIRS and the CARE 2020 Program Strategy? And why do we have to collect-report data to feed PIIRS every year?**

PIIRS is a CI-wide system for collecting, accessing and reporting relevant information about our work (breadth and depth). PIIRS collects data every year in order to explain (internally and externally) the breadth of CARE's work globally, as well as analyse the depth (impact) of our actions in line with the CARE 2020 Program Strategy

- **How is data reported to PIIRS and who is responsible for the data it collected-reported?**

Being a CI-wide effort, the content and functioning of PIIRS is a collaborative effort of shared responsibilities. CARE Country Offices and CARE Members play a critical role in ensuring quality and completeness of the data hosted in PIIRS, as main holders of grants / implementers of program actions. The CI Secretariat acts as coordinator/manager of the system as a whole. The CI MEL groups acts as a reference group for guidance, training and dialogue around data reporting, and technologies for data management. Every year, data collection forms (Excel) are circulated to all CARE offices , which are then processed by PIIRS, going through a quality control process before final consolidation of an on-line data base and reporting of key figures.

- **What do I get from reporting to PIIRS?**

All data reported to PIIRS every year is hosted in an online database at <https://piirs.care.org>, accessible to all CARE staff around the world. When accessing the online data base you can extract multiple data sets based on your information needs. Note: the system's functionality is mainly of a data repository. Currently, the data base does not operate as a data visualization tool or a tool that allows you to produce reports in one click. Complementary alternatives are being explored to have this functionality in the future.

- **Shouldn't there be an online way for CARE offices to report their data directly instead of excel forms?**

CARE offices could report data to the PIIRS online data base directly. In FY14, seven CARE Country offices participated in a pilot to register data into the web-based data base directly. The learnings from that process showed that off-line forms were still the most adequate way to report data. You can contact echeverria@careinternational.org for more information on this.

- **Feedback for the online data base**

- The online data base should have more functionalities to produce graphs in a user friendly way.
- The online data base should have better functionalities to export data to Excel: It should allow selecting data fields to be columns for inclusion in the excel sheet output

Feedback-Questions around the content of the PIIRS forms



- **What is the difference between a project form and an initiative form ?**

Both forms collect key information on the characteristics of our work, the reach, depth and alignment with CI Program Strategy. The main difference is that the projects form is focused on grant agreements so it captures data on donors, timelines, focus of investments, etc. The initiative form focuses on capturing actions that go beyond projects/grant agreements and this normally involves flexible funds for advocacy, research, capacity building, etc.

- **Program Type classification: “Development Access to and control over economic resources” and “Humanitarian Access to and control over economic resources”, are these concerned only with the women access and control or that will be in general for all genders?**
- **Program Type classification: In the program type classification drop down list there should space for text on explanation about selecting program e.g. development other focusing on inclusive governance and social accountability**
- **Does all the data reported to PIIRS need to be supported by an external evaluation as evidence documented?**
- **How do we treat overlapping-double counting between sectors and between projects?**
- **How do we report on projects implemented in Consortia, where CARE implements part of the actions and partially contributes to the results?**
- **Is it valid to calculate indirect participants by multiplying direct participants by the average size of families?**

Feedback-Questions around the content of the PIIRS forms



- **Feedback to the content of the PIIRS forms**

- The forms have become too long and more complicated.
- French version project form: Question on direct expected participants and total indirect expected participants are inverted.
- All forms: Add West Bank and Gaza as a Country
- Spanish version project form: Question on generic name of donor, when you select an option in the first menu, it automatically select the same one for the other 2 questions below.
- Staff forms should have a comments section.
- For questions that are not pertinent to a project or initiative, there should be N/A options
- English version forms: Indicator 15 at the project form is different from the same indicator in the Initiative form
- Indicator 16 in project forms: Cells E259 and E262 refers to 'Access to non-formal and formal financial services' (there is a mistake in cell E262 repeating non-formal when it should be 'formal')

Feedback-Questions around the definition and incorporation of the global indicators



- **What are the global indicators?**

The 2020 Program Strategy includes a set of global outcomes for CARE and its partners. In order to measure progress towards these outcomes CARE needs a global evidence system. Having a common set of guiding indicators and metrics applicable to CARE projects and programs worldwide will allow collection and aggregation of coherent and comparable outcome and impact data and analysis. The global indicators are therefore an important part of CARE International's architecture for measuring our impact. They will also help us in taking more consistent approaches on monitoring, evaluation and learning (MEL).

- **How were the global indicators selected?**

Indicators were selected drawing on the experience of CARE programs and the current debates around impact measurement in development and humanitarian actions. They were proposed and crafted by the thematic teams working on the outcomes, approaches and roles, with further consultation and input from CARE MEL experts and other interested staff. They were drafted in the context of the Sustainable Development Goals (SDGs) and their indicators, as well as feasibility of measurement. They were reviewed by the CI Program Team, before being approved by the National Directors' Committee in March 2016. Some teams have already started incorporating the indicators.

- **How should the global indicators be applied?**

New projects designed from 1 July 2016 should integrate global level indicators (as appropriate and relevant). Projects contributing to one of the Program Strategy global outcome areas should incorporate at least one relevant outcome indicator. All projects should measure indicators for the CARE approach and roles, as relevant to their activities. For existing projects/programs/contracts, assess where indicators can be integrated in monitoring and evaluation plans- in particular through processes such as annual planning and mid term reviews. Please revise these plans accordingly and integrate indicators where possible. We should also include a relevant selection of the proposed indicators in any upcoming evaluations (from now onwards, wherever possible).

The CI MEL group has the role to facilitate technical support to teams applying the global indicators.

- **We've seen these kind of global indicators introduced by other international NGOs. Have we learned from their experiences?**

In developing our approach with global indicators, we looked at experiences of other NGOs like Save the Children, Plan and Oxfam. Some have an easier task (e.g. child-focused) and others collect a narrower set of impact data and extrapolate across their global program. For CARE, we need to be transparent when we explain how we've arrived at our assertions of impact (the approach we've used, the type of data collected, the assumptions we've made). The experiences of large organizations like UNDP and the World Bank also indicate that they don't always have all the data – for example, more than 40 countries haven't measured poverty in the last 10 years so data is often based on projections and hypothesis of existing in-country data or data from similar settings. In the first year of our new global indicators we won't have a full picture of our impact or reach but we will be able to learn each year how to do this better as well as build the picture over time.

Feedback-Questions around the definition and incorporation of the global indicators



- **How do we incorporate global indicators into projects that don't fit so well with Program Strategy Outcomes (e.g. education projects)?**

CARE's core Approaches (gender equality, governance and resilience) and the Roles we play (humanitarian, innovative solutions and multiplying impact) outlined in the Program Strategy will be relevant across our work. The strategy agreed to focus efforts around achieving and measuring certain outcomes, but we acknowledge this won't capture everything CARE does. CARE's overarching approach (addressing the underlying causes of poverty and social injustice) will be implemented in different ways in different contexts.

While an educational outcome may not specifically link with the strategy Outcomes, we can still record impact data that's relevant for that project. Girls' education is seen as an important part of our approach of strengthening women's equality and voice. It is also an enabling intervention which supports outcomes under WEE, SRMH and right to life free from violence.

Of course, we may not be in a position to aggregate up to a global level on education as a global theme. And that's ok. The focus of the intervention should not be driven by CI global indicators – rather use it as a frame of reference. But just because there is no explicit commitment to joint expertise, and impact measurement around education indicators it does not mean there is misalignment with the strategy. Where there are others in CARE doing education – they can continue to learn from each other and work on technical approaches.

Feedback-Questions around data reporting on the global indicators



- **Where can I find the most recent guidance on the global indicators?**
- **How will data be collected-reported for the global indicators?**

Data on the progress of the global indicators will be collected and reported annually through PIIRS. Other specific studies or analysis may also be made every year (e.g. Impact Reports).

- **Many global indicators use a percentage (%) to reflect impact level changes. At the project level, we can use percentages but this may have very little impact at the national level.**

This is an ongoing discussion. Anytime we use % we need to be clear on denominator. We need numbers who experience change but we also need to know context of change (of total population). In most cases, % change will be for groups/communities we are working with but having information on the context allows for defining the size of CARE's contribution to impact.

- **A number of the global indicators are percentage increases/decreases which give us a snapshot in time but how do we report on changes over time?**
- **In some areas we don't know exact numbers of population – so then what do we do?**

We would do what we do now with our current MEL systems: make our best estimate based on assumptions and sources of available information we do have. This is not a new problem, and many indicators are imperfect and we have to make the best use of the information we have.

- **How do we use DHS data source to measure change at project level? Can we use other data sources beyond those specified in the guidance note?**

It will vary from country to country. In some cases it will be useful, to understand national benchmark and we may be able to break it down to smaller geographic areas. We may also look to other sources of data where needed.

- **The guidance suggests we do some analysis to make sure we are contributing to change but what quality assurance processes are in place?**

This is probably a good question for all M&E systems. In the guidance document, under each indicator there is a section about data collection and questions on contribution to change, to help prompt analysis. Thematic networks in CI will be a useful resource to help compare approaches and methods to help explain change.

Feedback-Questions around data reporting on the global indicators



- **Is there an expectation to incorporate every indicator?**

In new projects, look at the list and pick any global indicators which are relevant to each project. They should incorporate at least one relevant outcome indicator, if possible. There may be more, but you also need to consider what other information is necessary to collect. So bottom line – do our best to incorporate one or more if possible.

- **The PIIRS forms have standardized all the indicators to %, however, some of the indicators were originally expressed in other units (e.g. proportion). How do we manage this?**

All indicators in the PIIRS forms have been expressed in percentages while the actual wording of the indicator may be expressed differently (e.g. % of the population with moderate or severe food insecurity vs. prevalence of the population with moderate or severe food insecurity). We have done this for standardization in the data collection process but doesn't affect the definition of measurement in any way. Please report your data as %. If you have any case with other unit (e.g. proportion or prevalence) that you cannot convert to %, you can also report it but would need to clarify this in the comments section of the form.

- **Can we use other data sources than the ones suggested in the guidance note?**

- **Can we keep using our own data collection approaches?**

- **Does all the data reported to PIIRS need to be supported by an external evaluation as evidence documented?**

- **Is it a problem to double report across CARE approach indicators (e.g. resilience) and outcome level indicators (e.g. food and security)?**

Feedback-Questions around data reporting on the global indicators



• Feedback to the global indicators questions in PIIRS

- In the global indicators reporting , we reported our contribution and achievements but it was really difficult to report the baseline information and the population figures within our limited resources.
- There is lack of clarity over the indicators that use %. People aren't clear what the denominator should be (for instance, if we are looking at a % of women/girls reached, is that % of women/girls who live in our target district, or % of those targeted by the program (a lot smaller in number) or % of women/girls across the country with whom we could have worked, but chose not to through geographic focus, (a much bigger in number). We need further guidance to calculate the result.
- We are having trouble identifying the numerator and the denominator definitions for the % fraction in the indicators. Is the "population that CARE seeks to impact the direct or the indirect beneficiaries?
- Despite having lots of work and results under the projects, we end up not reflecting that in PIIRS because the indicators/evidence requested does not fully match with the nature of the project, the metrics it uses and the context it works in.

Common errors in data entry on impact/outcome indicators in PIIRS FY16:

- Only baseline figures inserted (need both baseline & latest measurement figures to be useful)
- Impact population #'s: inserted those meeting the indicator criteria, rather than the total impact population (to which %'s apply)
- Male/female %'s add up to 100%, rather than representing the % figure for that indicator for women/men
- #'s or dates in the % fields, or vice-versa
- % figures for total population are not consistent (should be the population-size weighted average of % female & % male)
- Data not input on an indicator, despite the project having evidence that could be used
- Projects not reporting against the indicators as they haven't had an evaluation (yet still have solid data from internal records – that can be used for some indicators, at least)
- Impacts from closed projects not captured – as PIIRS form not even submitted
- Figures inserted are different from those in the external evaluation/report
- Figures show worsening situation against the indicators, without explanation
- Interpretation issues of indicator (e.g. the 2 resilience indicators: 15 (capacity) vs. 21 (actions))
- Significant changes in impact population numbers between baseline & latest measurement, without explanation
- Not explaining what exact indicator the project used (e.g. for 6 – contraceptive use, 13 – food security, or 15/21 – resilience – or 19 - participation)

Feedback-Questions around the indicators on Poverty and Social Injustice



- **Indicator #1 (international poverty line) and Indicator #2 (national poverty live): What's the difference between these indicators?**

The difference between the international vs. national poverty lines is usually 1) the method used to measure poverty (measured by consumption, by expense, by cost of basic needs), 2) the threshold (in USD or local currency) and the 3) PPP conversion factors. For the international poverty line, the threshold can be 1.25USD, 1.90USD, etc. and using 2011 purchasing power parity (PPP) conversion factors. For the National poverty line, each country establishes its own method. For instance, the Bureau of Statistics in Bangladesh uses the "Cost of Basic Needs(CBN) method" and the concept of "upper and lower poverty line". Note that even if each country has its own method, they are often converted to international standards to make their data comparable to other countries. In brief, projects using the National Poverty Line indicator should be able to capture this data from the national system. We advise having clarity on the definition of how this poverty figures are measured.

- **Indicator#3 (basic services): If some project is working on agriculture and beneficiaries are supported to access agriculture-related basic services, how many services should be checked in the interview and what will be the cutoff point for counting beneficiaries passing the test.**

Most projects look at the set of services that are relevant to their project (so, for example, services related to milk production and cattle raising in a dairy project), and then access to services is if farmers can access 2 or more of those. Sometimes we collect data on families with access to 3 or more in addition to that.

Feedback-Questions around the outcome indicators: Humanitarian Assistance



- **Indicator #4: What constitutes 'adequate' food quantities, quality or nutritional practices? The 2-page guidance does not define this clearly enough.**
- **Indicator #4: Do cash transfers, that enable disaster-affected populations to purchase the food they need, count here?**
- **Indicator #5: What constitutes '*satisfaction with regards to relevance, timeliness and accountability of humanitarian interventions*'? further guidance is needed on how to measure this, and how to determine the cut-off for "high levels of satisfaction". Are "high levels" are required against all three components ("effectiveness, efficiency and engagement" – and is this the same as "relevance, timeliness and accountability"?) or just one?**
- **General feedback to the humanitarian indicators**

My feedback on the indicators remains the same, they are not appropriately linked to our humanitarian and emergency strategy. We still don't have shelter on this list. I know I sound like a broken record but I would like us to give this feedback again.

Feedback-Questions around the outcome indicators: Sexual Reproductive and Maternal Health and Rights



- **Indicator #9: If one respondent claimed that she can take decisions in one area out of the three (sexual relations, contraceptive use and reproductive health care) then should we count that respondent or not?**

One of two approaches can be used for this: 1) If it's really feasible to add the needed questions to any survey the project is undertaking and gather a reasonably large sample size, it could measure all three and for analysis make a score. This approach would most accurately capture a woman's autonomy in reproductive health and sexuality but the project would need to construct a score and must document meticulously exactly how they do the analysis. 2) Far more straightforward would be to select one of the three possible questions. Which of the three would depend on what they are most likely to affect. For example, if our project focused on improving women's access to quality family planning services, we have chosen to measure the question about being able to make her own decisions about reproductive health care. We expect that to be the far more common approach.

- **In November 2015, there were questions raised about why some indicators were not included. For example reduction in maternal mortality. Were these updated?**

Some indicators did change from the earlier draft versions, and some did not. It was important we didn't have too many indicators so there were some trade-offs in the final selection. The current indicators have been agreed at this stage but it is good for CI to get feedback on interest in other indicators. For example, if maternal mortality is well used across the globe in SRMH then that is useful to know. If in the local context it makes sense for a project working in SRMH to use maternal mortality as an additional indicator, programmers are free to do so.

Feedback-Questions around the outcome indicators: A Life Free from Violence



- **Indicators#10: Do we need to consider all 5 options from the standard DHS question?**

Yes, the respondent needs to answer 'no' to all 5 options in the standard DHS question: "In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she refuses to have sex with him? c) If she argues with him? d) If she neglects the children? e) If she burns the food?". This information is collected via surveys, typically DHS surveys which include standard questions for obtaining data for this indicator (question 932 of the woman's DHS questionnaire, & question 618 of the man's – see <http://dhsprogram.com/publications/publication-dhsq7-dhs-questionnaires-and-manuals.cfm>). Please note: Data should only be collected by teams with specialized knowledge and pre-training to collect this type of sensitive data, to reduce the risk of re-traumatizing GBV survivors.

Feedback-Questions around the outcome indicators: Food and Nutrition Security



- **Indicator # 13: Is using the Food Insecurity Experience Scale (FIES) the only way that we can measure food insecurity? FIES is expensive and some donors are not willing to pay for it. What other measures might be considered acceptable (e.g. FEWS Net IPC scale)?**
- **Indicator 13: We have information on House Hold hunger scale . Is this the same food access-related indicator?**

Both FIES and HHS offer the possibility of an application at HH or individual level. However, the FIES is the one on the green list of the SDGs indicators and gives an opportunity to weight our contributions towards the global targets. If the HHS is a mandatory indicator from your Donor, please keep reporting back on it. If not, and depending on the remaining length of your project (more close to end than start), please keep using it and make sure your shift to FIES for your future programming. If you are at the start of your project and resources allow, you could start using this indicators (in addition to the HHS (in case this one is mandatory) at semi or annual reporting or project MTR and using that new data as a starting for monitoring.

- **Indicator #14: Not all projects are measuring stunting as there are other ways of quantifying malnutrition, can they be included too?**
- **Indicator #14: Many projects are gathering information only up to age 2 (first 1000 days) or under age 3– Is that still valid for the indicator?**

Yes, please report it but make sure to notify that your data has a different age range (e.g. under three instead of under five)

Feedback-Questions around the outcome indicators: Climate Change Resilience



- **Indicator # 15: How do we define 'better able to build resilience'? The 2-page guidance on this indicator is not sufficiently clear (nor is this defined in the IIED document linked to).**
- **Indicator #15; In projects addressing DRR, Resilience and Adaptation to CC, there are a lot of similarities between this indicator and indicator #21 . How do we know which one to report to?**

If the project can both show that a) it has a resilience lens as approach (related to indicator 21) and 2) contributes to actions addressing climate change, (indicator 15), it would be advised to report to both indicators.

Feedback-Questions around the outcome indicators: Women's Economic Empowerment



- **Indicator # 17: How do we measure 'equal participation in decision-making' in a way that is comparable and compatible across a region or group of countries?**
- **Indicator #18: Does the definition of the indicator include informal workers (e.g. in projects where this is our beneficiary groups)?**
- **When reporting on the WEE indicators, should we only report data about Women participants? Or should it also include Men involved in the project actions?**

Feedback-Questions around the approach indicators: Gender, Governance and Resilience



- **Indicator #19: How do we define 'meaningful', so that we can report numbers "participating meaningfully" in a way that is comparable and compatible across a region or group of countries ? The 2-page guidance is not sufficiently clear on this.**
- **Indicator #20: This indicator covers many different things, that do not seem to be comparable. Can a more operational definition be provided of what constitutes 'responsive to....people of all genders'? How do we determine what counts, in a way that is comparable and compatible across CARE? Is this just mentioning gender in a document, having a budget that is split by gender or something else?**
- **Can safety nets or social accountability processes be considered both under governance and resilience?**

Safety net projects are closely linked with resilience (e.g. addressing vulnerabilities, shocks, stresses, or coping mechanisms that people use-need to access a service or other), therefore, it would be important to reflect this at the time of reporting. For example, you can report safety-net actions under inclusive governance (e.g. people reached in the FY), also report data under resilience indicators (% people actively engaged in reducing their vulnerabilities to the shocks that affect them) AND also report data that is relevant to the outcome area that the safety nets are most related with (people reached or impact achieved in as a result of applying safety nets in FNS, SRMH, WEE, etc.)

As per social accountability processes, the relationship of governance and resilience may need to be analyzed and defined based on the nature of each project. They may be linked when addressing vulnerability and targeting of people who benefit of a safety net, and holding government to account for inclusion and exclusion errors for the safety net. If that is the case, same recommendation applies: report data on all relevant information you may have for governance and resilience.

Feedback-Questions around the approach indicators: Gender, Governance and Resilience



- **Indicator #21: What does it mean to build resilience? Will this draw from the definition that CARE is currently developing?**
- **Indicator #21: How do we define 'actively engaged'?**
- **Indicator#21: How should we measure resilience? What questions should we ask? And cut off points?**
- **Indicator #21: How is this indicator different from Indicator #15?**

Feedback-Questions around the roles: Advocacy and Multiplying Impact



- **Where can we find tools and methodologies which could help to better ensure accurate tracking of our advocacy outcomes (especially for the indirect impact population)?**
- **How can PIIRS be used to measure the impact of policy- or advocacy-related efforts that don't really reach end beneficiaries?**
- **We have a huge concern over the fact that our strategy/thinking around 'scale-up' and 'multiplying impact' seems to be focused on advocacy, leveraging, learning, influencing etc. but these activities are the very ones that report very low on-the-ground/participant numbers. How do we capture experiences of massive success that really don't immediately impact people's lives?**