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BLC and loveLife staff during a contact session in Polokwane

CASE STUDY

March 2014

BLC Migration Corridor project: Strengthening M&E at **loveLife**

Introduction

Monitoring and evaluation (M&E) is an important component of project management. Often grouped together, monitoring and evaluation are separate but complementary areas which assess performance according to results at various levels. They contribute to efficient implementation and use of funds, in turn ensuring that the broader project goals are met.

The USAID-funded Building Local Capacity for Delivery of HIV Services in Southern Africa Project (BLC), implemented by Management Sciences for Health, builds the institutional and technical skills and capacity of its government and civil society partners, based on an evaluation of each partner's individual needs. Frequently, M&E is one of the areas requiring support.

Background

BLC is implementing the Migration Corridor project to provide needs-based HIV prevention services to migrant populations and communities affected by migration along major transport corridors in the southern Africa region. In mid-2013, BLC awarded one-year performance-based grants to two South African civil society organizations (CSOs): New

loveLife Trust (loveLife) and Treatment Action Campaign. Both CSOs are implementing activities in Limpopo Province, South Africa. Limpopo shares borders with Botswana, Mozambique, and Zimbabwe, and is a gateway for many migrants entering South Africa—making it a strategic area in which to address migrant health issues.

In partnership with BLC, loveLife is integrating HIV prevention activities for migrants, mobile populations, and affected communities into its existing HIV prevention programs for youth in Polokwane and Phalaborwa municipalities.

A key feature of BLC's approach to performance-based grants is the provision of technical assistance to improve the leadership, management, governance, and program capacity of partners for provision of better-quality and sustainable HIV prevention services even after BLC support has ended.

BLC assessed loveLife using its Organizational Capacity Assessment (OCA) to identify gaps and inform the priorities for capacity building interventions. An HIV prevention program component was incorporated into the OCA to identify specific areas of programming improvement required. loveLife scored 71 out of 100 points.

At the conclusion of the assessment, BLC and loveLife jointly developed a capacity building plan based on the results. Priority areas for capacity building included: HIV prevention training on interventions tailored to the needs of migrants; strengthening grant management systems; and building M&E knowledge, skills, and systems.

Specific M&E-related issues identified by the OCA include:

- Understanding of M&E at loveLife’s provincial level is limited, particularly terminology and concepts
- Dependence of the provincial level on the national headquarters for support in data analysis and reporting
- Limited evaluation capacity in terms of staff and skills

Interventions

BLC’s technical assistance spans the project management cycle, providing guidance and support from the beginning of partnership. In fact, BLC often places greater emphasis on the initial stages of the cycle, finding that early investment pays higher dividends in the long run and results in higher-quality data. BLC provided extensive support to loveLife during the project’s beginning stages, in addition to on-going M&E support during project implementation.

New loveLife Trust (loveLife)

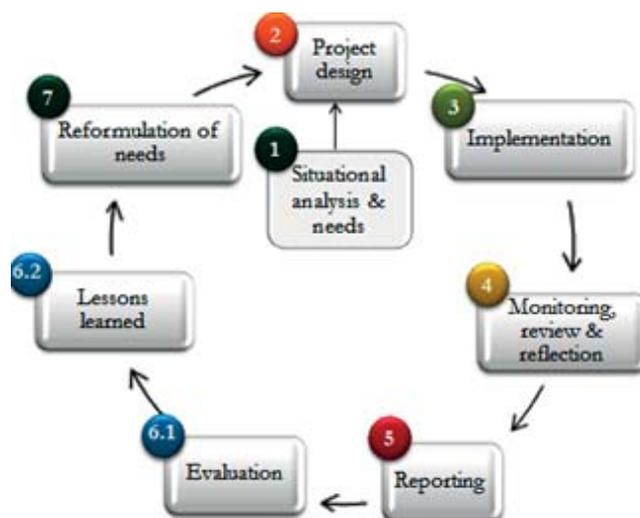
Launched in 1999, loveLife promotes HIV-free living among youth aged 12-19, using a holistic approach to youth development and behavior change that motivates young people to take charge of their lives and seek a brighter future. It conducts activities to raise young people’s self-esteem, sense of hope, and purpose, and builds life skills and knowledge about sexual and reproductive health and HIV through sustained engagement, using messages to which youth can relate.

loveLife also works to change social and traditional norms by engaging with communities and parents through dialogues and other activities. loveLife’s activities address structural barriers, such as access to services, by providing adolescent-friendly centers and spaces in clinics.

For more on loveLife visit:

www.lovelife.org.za

The project management cycle



Stage 1 & 2

BLC support during the situational analysis and project design

- To launch the partnership, BLC conducted an initial orientation meeting in June 2013. loveLife’s M&E managers, among other staff, were introduced to the Migration Corridor project, including M&E-specific content such as monitoring requirements, indicators, data quality, and reporting expectations.
- BLC and loveLife conducted a baseline assessment of loveLife’s current HIV prevention program scope, reach, and quality in July 2013. The baseline assessment served two purposes: it provided loveLife with relevant data to inform the design of activities for project implementation, and it will be the basis for comparison to assess the outcomes of implemented activities at the end of the project.
- A unique challenge to the Migration Corridor project was to define the term “migrant,” as many of the targeted youth in Phalaborwa and Polokwane municipalities were born in South Africa and do not refer to themselves as “migrants.” This needed to be clarified in order to adapt loveLife’s standard M&E tools for data collection.
- After reviewing various definitions, the UNESCO definition was selected as the most simple and relevant to the Migration Corridor project: a migrant is “Any person who lives temporarily or permanently in a country where he or she was not born, and has acquired some significant social ties to this country.”

Using this definition, BLC and loveLife decided that the indicator be measured as a binary response (Yes/No) in the attendance register, by asking participants what country they were born in.

Stage 3

BLC support during implementation

- In September 2013, BLC undertook an on-site review and verification of the quality of records (paper and database) for loveLife activities carried out during June to August 2013. To address the M&E challenges identified during this visit, BLC conducted a training workshop for five loveLife staff (Limpopo Provincial Manager, a Regional Manager, and three Regional Program Leaders) on data quality and verification. BLC used loveLife's own data collection and reporting tools to align the training materials to the organization's specific processes.

The workshop included:

- o the various types of data quality problems BLC identified during the review, including omissions, miscalculations, duplication, and inconsistencies
- o the importance of data quality assurance for organizational efficiency and effectiveness, to enable appropriate decision making and to improve the confidence of stakeholders
- o a review of data quality principles (availability, accuracy, completeness, consistency, timeliness, and integrity)

“...this training has helped me to look at data critically; I can now perform data spot checks with implementers”

- Kgomotso Papo, loveLife Regional Program Leader

loveLife implementation sites in Limpopo, South Africa



In partnership with BLC, loveLife has reached 1,934 beneficiaries with HIV prevention messages through community-wide events in Limpopo province. These events promote healthy life styles among migrant youth and communities affected by migration, and include community dialogues, screenings, cluster games and holiday programs.

Stage 4 & 5

BLC support during monitoring, evaluation, and reporting

- BLC assisted to adapt the paper-based registers used to record attendance at loveLife programs. The following variables were added:
 - o Nationality (for the classification of participants as migrants)
 - o Nationality of parents (for the classification of participants as migrants)
 - o Length of time in the community (collected as additional information to indicate level of permanence)
 - o Date of birth (to have another variable to check for double entries)
- In its review of loveLife data collection tools, BLC identified instances of duplication of names in attendance registers, also known as double counting. loveLife did not have a process to address this frequent problem. BLC prepared an Excel spreadsheet for the purpose of capturing data. Information on attendees at loveLife activities recorded in paper registers are entered into the spreadsheet to reduce double counting.



loveLife youth volunteers during a discussion

Results

“BLC technical assistance has helped loveLife improve its M&E system and skills at the provincial and national levels. BLC continues to conduct M&E support visits to verify monthly reports and improve data quality. As a result of the interventions, double counting decreased from 103 identified during the first data verification to none identified in the January 2014 data verification. loveLife has demonstrated motivation to maintain high data quality standards: regional program leaders have implemented various measures to reduce quality issues in their teams, including training for their teams of implementers; reviewing forms for duplicates before data capturing; reviewing their databases for duplicates before submission for reporting; and improving their document management. BLC expects that M&E materials developed and provided to loveLife in Limpopo will be shared with loveLife teams in other regional and provincial offices—multiplying the impact of the capacity strengthening.

Launched in 2010, the USAID-funded Building Local Capacity for Delivery of HIV Services in Southern Africa Project (BLC) strengthens government, parastatal, and civil society entities to effectively address the challenges of the HIV and AIDS epidemic.

Throughout the Southern Africa region and with specific activities in six countries, BLC provides technical assistance in organizational development, including leadership, management, and governance in three key program areas: 1) care and support for orphans and vulnerable children; 2) HIV prevention; and 3) community-based care.

Next steps

BLC will continue to support loveLife for the remainder of its project life. This will include evaluation, documenting lessons learned, and reformulation of needs to guide future efforts.

Stage 6.1

- BLC will support loveLife to conduct a final evaluation at the conclusion of the project (May 2014), during which end-of-project data will be compared to the baseline findings. This includes changes in knowledge and attitudes about HIV and AIDS, perceptions of community cohesion, and access to health services by the target populations.

Stage 6.2 & 7

- BLC and loveLife will document successes, challenges, and lessons learned from the project to share internally, to inform future work with other partners, and externally, to benefit the wider development community.

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www.hivsharespace.net/collection/blc

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