

Australian Government Department of Foreign Affairs and Trade



DATA SYSTEMS VALIDATION REVIEW

Australian NGO Cooperation Program (ANCP)

October 2018

CONTENTS

EXECUTIVE SUMMARY		3	
1.	BACKGROUND	6	
1.1	Overview of the Australian NGO Cooperation Program	6	
1.2	Overview of the ANCP Monitoring, Evaluation and Learning Framework	7	
1.3	Context of the review	8	
2.	OBJECTIVES	9	
2.1	Purpose and Scope	9	
2.2	Methodology	9	
2.3	Review Limitations	10	
3.	REVIEW FINDINGS	11	
3.1	To what extent can DFAT be confident in the evidence provided by ANCP NGOs?	11	
3.2	What lessons are there for ANCP NGO M&E systems, within the ANCP MELF?	19	
4.	4. RECOMMENDATIONS		
ANN	EX A- ANCP PROGRAM LOGIC	23 <u>3</u>	
ANN	EX B- KEY INFORMANT INTERVIEW QUESTIONS	23	
ANN	EX C- RIGOUR OF DATA RUBRIC	24	
ANN	EX D- VIGNETTES OF THE EIGHT CASE STUDY NGOS	25	
Wo	rld Vision Australia	25	
Oxfa	am Australia	25	
The	Fred Hollows Foundation	26	

1

Adventist Development and Relief Agency (ADRA)	27
Brien Holden Vision Institute	28
Marie Stopes International Australia	28
International Women's Development Agency	29
Interplast Australia and New Zealand	30

LIST OF FIGURES

Figure 1. The eight ANCP NGOs disaggregate most of their indicator reporting by gender 15

Figure 2. There is a high level of variation in indicator data being disaggregated by disability 17

Figure 3. Most ANCP NGOs exceed their targets by over 40% or more 19

LIST OF TABLES

Table 1. Examples of indicators more likely to increase/decrease strength of evidence 14

Table 2. Questions/criteria to guide Document Review and Key Informant Interviews 24

ACRONYMS

ACFID Australian Council for International Development	
ADPlan Annual Development Plan	
ADR	Aggregate Development Result
ADRA	Adventist Development and Relief Agency
ANCP	Australian NGO Cooperation Program
ANGO	ANCP Non-Government Organisation
BHVI	Brien Holden Vision Institute
DFAT	Department of Foreign Affairs and Trade
FHF	Fred Hollows Foundation
HQ	Head Quarters
IWDA	International Women's Development Agency
KEQ	Key Evaluation Question
MIS	Management Information Systems
M&E	Monitoring and Evaluation
MELF	Monitoring Evaluation Learning Framework
MSIA	Marie Stopes International Australia
NGO	Non-Government Organisation
ODE	Office of Development Effectiveness
SDG	Sustainable Development Goal
SoE	Strength of Evidence
WVA	World Vision Australia
	1

2

EXECUTIVE SUMMARY

Introduction

The Australian NGO Cooperation Program (ANCP) is the Australia Government's longest running and largest Non-Government Organisations (NGOs) program that consists of a partnership between the Department of Foreign Affairs and Trade (DFAT) and accredited Australian NGOs. Established over 40 years ago, ANCP provided funding of \$128.8 million in 2017-18 to 57 ANCP NGOs (hereon referred to as ANGOs) to support more than 450 projects in over 50 countries. The goal for the ANCP program is to support accredited NGOs to improve the living standards and well-being of individuals and communities in developing countries. ANCP's strength is that it recognises ANGOs' organisational independence, and this flexibility is noted as aiding alignment with DFAT's broad development goals.

The ANCP Monitoring, Evaluation and Learning Framework (MELF) guides information gathering and reporting on the Program. Where possible, the MELF draws on NGOs' existing monitoring and evaluation (M&E) systems which are considered during accreditation. NGOs are required to monitor, evaluate and report to DFAT on the performance of their individual ANCP projects. Evidence drawn from the MELF informs ANCP's annual aid program quality reporting, and helps demonstrate ANCP's contribution to Australian foreign policy objectives, as outlined in the 2017 Foreign Policy White Paper's 'four tests' for allocating development assistance.¹

This purpose of this review is to provide DFAT with the following:

- An assessment of the extent that DFAT and ANCP NGOs have confidence in the results reporting systems used by [the larger] ANCP NGOs;
- Recommendations for areas of work to strengthen these systems within the ANCP Monitoring, Evaluation and Learning Framework (MELF).

Context of the review

An evaluation of ANCP was conducted by the Office of Development Effectiveness (ODE) in 2015, leading to a number of recommendations. This review has been commissioned to act on recommendation 4 (c):

That DFAT build upon the ANCP monitoring, evaluation and learning framework (MELF) in order to strengthen the role of qualitative, quantitative and geographic data in generating evidence for learning, policy and program improvement. This should include:

c. introduction of a system of independent review and validation of the performance management and results reporting systems used by the larger ANCP members DFAT agreed to the recommendation in its Management Response, and noted that "DFAT will formalise the validation of performance management and results reporting through existing MELF and accreditation systems."

¹ Is it in Australia's national interest? Will it promote inclusive growth and reduce poverty? Does Australia's contribution add value and leverage partner funding? Will it deliver results and value for money?



The review engaged with eight ANGOs representing three 'large' and five 'full' ANGOs.² Whilst the ODE recommendation focused on 'larger ANCP members', DFAT took the opportunity to expand the scope of the validation exercise to assess data quality across a broader range of ANGOs. The methodology used included a review of the eight ANGO M&E system documents, and key informant interviews. A Summit Workshop in Melbourne was held on 26 July 2018 where the preliminary findings from the review of eight ANGOs was presented to a total of 25 ANGOs, which provided an opportunity to validate and expand the findings and test the recommendations.

Overall findings

The overall findings are presented with recognition that ANCP operates within ANGOs' existing systems and processes, which is recognised as contributing to the program's strength, as well as creating challenges with regards to consistency in reporting.

To what extent can DFAT be confident in the evidence provided by ANCP NGOs?

Overall there is **relatively robust level of rigour³** in the output data provided by ANGOs to DFAT through the online portal, ANCP Online.

Whilst ANGOs demonstrate variation in their M&E systems, they have all been through accreditation and therefore all have quality assurance systems in place that meet ANCP's minimum expectations. Larger NGOs and those with country offices and field teams tend to have greater resources for M&E allocated to sampling, triangulating, in-country missions, and external evaluations.

There are over 100 indicators that ANGOs can report against as part of the ANCP MELF, with **variation in the rigour of reporting against types of indicators**. Indicators range from the specific and easily counted (e.g. Number of water points built or upgraded) to less specific and more open to estimations (e.g. Number of people with increased access to safe water). Some indicators can be interpreted more subjectively than others, and therefore lead to inconsistency as they are aggregated. The level of rigour for some indicators diminishes as they are aggregated, due to the different methodologies applied in their counting at the NGO and project level. DFAT provides definitions for a small number of indicators known as the Aggregate Development Results (ADRs) but many indicators have no definition, as the ANCP MELF recognises the need to operate within ANGO systems and national contexts. Some ANGOs provide very specific guidance/definitions for specific indicators, whereas others leave it to local implementation partners or follow national systems. This means that data reported against indicators tend to be consistent at the project level, but less consistent as they are aggregated.

There is generally a **robust level of rigour for sex/gender disaggregated data**. The **disability disaggregated has an adequate-weak level of rigour** due to a range of factors, such as local partner capacity, differences in definitions, use of estimations, and NGO perceptions on risk of further marginalisation. **Rigour of urban/rural disaggregation is generally weak**. Most NGOs do not disaggregate by urban/rural, and in cases where it is disaggregated, it is often estimated.

What lessons are there for ANCP NGO M&E systems, within the ANCP MELF?

A number of lessons arise from the review, leading to the recommendations. The lessons and recommendations are about the ANCP as a program, and implementation will vary between ANGOs.

³ See Annex C for rigour of data rubric

² Large (formerly Partner) receive funding > \$3million, full receive funding between \$300,000 to \$3million. At the time of the ODE evaluation, there were 10 'Large' and 28 'Full' ANGOs

Local implementation partners, who are responsible for data collection, have different levels of M&E resourcing and different approaches to data collection for ANCP indicators.

Data quality checks are undertaken at different levels (e.g. field office, national office, Australian HQ), but quality assurance processes could be strengthened through greater attention during ANGO in-country missions. ANGOs and their local implementing partners often need to report to multiple funding partners which can lead to different data needs beyond ANCP. This can add pressure on local implementing partners' data collection and impact data quality, particularly when M&E capacity and resources are limited.

ANGOs should ensure that M&E systems are sufficient resourced, including capacity building of local partners where required. ANGOs are increasingly focussing on performance/outcome reporting, and whilst the annual ANGO Performance Reports provides for reporting on outcomes identified in the Annual Development Plan (ADPlan), there is an opportunity for the ANCP MELF to include qualitative outcome indicators with standardised, robust methods that allow for aggregation. ⁴ There are some instances of learning and sharing best-practices across ANGOs, but there are opportunities for more sharing to improve data collection and overall data quality. The ANCP MEL Reference Group is not sufficiently utilised as a forum to facilitate ANGOs to discuss data collection issues and learn from each other.

Recommendations

The following recommendations are made based on the findings from the review:

- 1 DFAT, in consultation with ANGOs, to review the ANCP Program Logic and MELF, specifically to:
 - a. increase the emphasis on qualitative outcome indicators that demonstrate instances of significant change,
 - b. reduce the total number of indicators,
 - c. improve reporting against the Sustainable Development Goals (SDGs), and
 - d. provide more detailed guidance on indicators, where appropriate, whilst maintaining ANCP's focus on flexibility and working within partner systems.
- 2 DFAT to further facilitate the ANCP MEL Reference Group, ensuring that it is convened on a regular basis. The objective of this is to get agreement on proposed changes, generate good practices of M&E to be shared across partners, and provide a learning forum for feedback on monitoring, evaluation and reporting.
- 3 DFAT, in collaboration with the ANCP MEL Reference group, to revise the disaggregation of data. This could include clearer definitions for disability, and reviewing the need for disaggregation of urban/rural.
- 4 ANGOs to allocate, as appropriate to their situation, more ANCP funding (up to 10%) to M&E to improve the quality of data coming from local partners. DFAT may consider encouraging ANGOs to allocate, at a minimum, 4% of ANCP funding to M&E, to ensure that partners are sufficiently investing in these areas, including MIS.
- 5 ANGOs to increase the quality assurance of data provided by their project partners. This could include building capacity of local partners; having increased resources available at country, regional or HQ level; and including data quality assurance/capacity assessments as part of the incountry monitoring missions.

⁴ Examples of robust qualitative outcome indicators have been used in the Indonesia and Timor-Leste Performance Assessment Framework (PAF), and aggregate to demonstrate instances of outcomes such as policy influence, or other 'stories of change'.

1. BACKGROUND

1.1 Overview of the Australian NGO Cooperation Program

The Australian NGO Cooperation Program (ANCP) is an Australian aid program that consists of a partnership between the Department of Foreign Affairs and Trade (DFAT) and accredited Australian NGOs (ANGOs). Having been established over 40 years ago the ANCP is the Australia Government's longest running and largest NGO program. As stated in the ANCP Program Logic (see Annex A), the goal for the ANCP is 'through support to accredited Australian NGOs, improve the living standards and well-being of individuals and communities in developing countries'.

ANCP is managed by a team within DFAT's NGOs and Volunteers Branch (NVB). In 2017-18, ANCP provided \$128.8 million to 57 ANGOs to support more than 450 projects in over 50 countries. These projects are undertaken in a wide range of sectors including health, education, water, sanitation and hygiene, human rights and ending violence against women. According to the ANCP Manual, ANGOs can use up to 10% of their grant for administration costs and an additional 10% for design, monitoring and evaluation. DFAT used approximately 0.54% (\$700,000) of the total ANCP allocation for program support in 2017-18.

In order to receive ANCP funding, NGOs must pass <u>accreditation</u>. Accreditation is an independent review of Australian NGOs' systems and processes against the following criteria: identity and structure; development philosophies and management practices; ability to monitor and report on the effectiveness of activities, approaches to partnership and development collaboration; links with the Australian community; financial systems; safeguards and risk management (including child protection). The accreditation process requires Australian NGOs to re-apply for accreditation every five years.

ANCP is a distinct program of engagement between DFAT and ANGOs that is designed to supplement the NGOs' own activities. ANCP's strength is that it recognises ANGOs' organisational independence, and this flexibility is noted as aiding alignment with DFAT's broad development goals.⁵

⁵ ODE, 2015. Evaluation of the Australian NGO Cooperation Program Final Report

1.2 Overview of the ANCP Monitoring, Evaluation and Learning Framework

The ANCP Monitoring, Evaluation and Learning Framework (MELF) guides information gathering and reporting on the Program. Where possible, **the MELF draws on ANGOs' existing monitoring and evaluation systems which are considered during accreditation**. ANGOs are required to monitor, evaluate and report to DFAT on the performance of their individual ANCP projects, using information available through ANGO systems. Evidence drawn from the MELF informs ANCP's annual aid program quality reporting.

Data from the indicators provide information about the range and scope of ANCP funded work including against a number of the Australian Aid Program's Aggregate Development Results (ADRs), in addition to the unique indicators developed for ANCP. The indicators are a way to capture quantitative information about the contribution ANCP NGOs are making to DFAT's strategic goals and highlights reported on through the ANCP Annual Program Performance Report (APPR). As recognised in the MELF, this quantitative information complements (and is not a substitute for) quantitative information provided by ANCP NGOs. The MELF helps demonstrate ANCP's contribution to Australian foreign policy objectives, as outlined in the 2017 Foreign Policy White Paper's 'four tests' for allocating development assistance.⁶

ANCP aims to remain flexible and responsive to community needs, and therefore ANGOs have different operating models for delivery of ANCP projects. Some ANGOs work directly with local implementing partners including local NGOs, government bodies and churches; others work through their international alliance or federation who in turn work with local implementing partners. ANGOs are responsible for reporting requirements under the MELF; drawing information from in-country implementing partners. The ANCP MELF is highly regarded by ANGOs, who have used the system to improve their own practices and procedures through working within a common framework.⁷ It particularly suits larger organisations, as some smaller ANGOs struggle with meeting the reporting requirements due to having less sophisticated systems and limited resources (staff and time) that they can devote to monitoring and evaluation.

The ANCP MELF was implemented in 2012 aiming to introduce a greater level of consistency and reliability in reporting by ANGOs and a systematic approach to reporting across the program. A range of data collection methods are used depending on the intervention. ANGOs report the total number of direct beneficiaries, which are disaggregated by sex, age group (child, adult) and disability and reported through the ANCP Online portal. Annual performance reports, thematic reviews and evaluation reports use these numbers with qualitative analysis to summarise findings.

⁶ Is it in Australia's national interest? Will it promote inclusive growth and reduce poverty? Does Australia's contribution add value and leverage partner funding? Will it deliver results and value for money?

⁷ Ibid.

1.3 Context of the review

The 2015 **ODE Evaluation of ANCP** found that the ANCP was a successful and highly valued program. The ANCP extends the reach of the Australian aid program by supporting activities, building relationships and developing capacity in sectors and geographic areas beyond the foot print of DFAT's regional and bilateral aid programs.

However, the ODE Evaluation identified some issues with the strength of data. Through focus group discussions with ANGOs, it was revealed that in some instances indicator values were based on 'best guesses', while other figures provided by NGOs were validated and regarded as very accurate. During field visits it was stated that the accuracy of reported results has continued to improve. While most results are regarded as reliable and fit for purpose, there is little evidence that data is validated or verified through independent sources. Apart from regular field visits to selected sites, there is little evidence of triangulation with independent sources of evidence.

The ODE Evaluation noted the contribution of ANCP results reporting to overall aid program Aggregate Development Results (ADRs). Since data quality was raised through the ODE Evaluation, the issue has been discussed at the three annual reflections held to date (August 2017, August 2016, September 2015) and credibility of data across the ANCP has been strengthened by providing additional guidance and definitions to ANGOs. ANGOs received training at the 2017 Annual Reflections on how to select the most appropriate gender equality marker and abide by the OECD DAC criteria released in December 2016. Gender equality project data was also a focus of the 2017-18 Annual Development Plans (ADPlans) and 2016-17 Performance Reporting assessment. Templates were updated in 2017 to strengthen the disaggregation of gender and disability data which was also discussed during moderation of the 2016-17 ANCP Annual Program Performance Report (APPR).

The ODE Evaluation also identified areas for improvement including articulating program level outcomes, clarifying accreditation levels and funding, detailing Posts' responsibilities within the program, and improving approaches to sharing and learning. These recommendations have been used as a program management tool since it was published in August 2015. Achievements against implementation of the recommendations have been documented through the ANCP APPR.

While most of the recommendations have been implemented, **recommendation 4 (c)** remained unaddressed and is the focus of this review:

That DFAT build upon the ANCP monitoring, evaluation and learning framework (MELF) in order to strengthen the role of qualitative, quantitative and geographic data in generating evidence for learning, policy and program improvement. This should include:

c. introduction of a system of independent review and validation of the performance management and results reporting systems used by the larger ANCP members

DFAT's management response to this recommendation stated that it 'will formalise the validation of performance management and results reporting through existing MELF and accreditation systems'.

2. OBJECTIVES

2.1 Purpose and Scope

This review's purpose is to provide DFAT with the following:

- An assessment of the extent to which DFAT and ANCP NGOs have confidence in the results reporting systems used by [the larger] ANCP NGOs;
- Recommendations for areas of work that can strengthen these systems within the ANCP Monitoring, Evaluation and Learning Framework (MELF).

The learnings and recommendations from this review will inform the ongoing management response to the 2015 ODE Evaluation of NCP, specifically recommendation 4 (c).

2.2 Methodology

The review team, from Clear Horizon, comprised of two Principal Consultants and Monitoring and Evaluation specialists. The review team was supported by a Consultant at the Summit Workshop.

A Review Plan was developed to guide the review. The review plan, following discussion with the NVB team, expanded on the Key Evaluation Questions (KEQs) put forward in the Terms of Reference (ToR).

The NVB team invited ANGOs to take part in the review. The following 8 ANGO's were self-nominated and used as case studies for the review. The ANGOs are categorised according to the amount of ANCP funding received, with all categories represented except for 'base' funding (<\$150K).

Large (>\$3 million, former Partner organisations)

- Oxfam Australia
- World Vision Australia (WVA)
- Fred Hollows Foundation (FHF)

Full (\$300,000 to \$3 million)

- Adventist Development and Relief Agency (ADRA)
- Brien Holden Vision Institute (BHVI)
- Marie Stopes International Australia (MSIA)
- Interplast
- International Women's Development Agency (IWDA)

9



The review was guided by two KEQs, and associated sub-questions.

- 1 To what extent can DFAT be confident in the evidence provided by ANCP NGOs?
 - a. To what extent are NGO M&E systems able to provide credible quantitative data?
 - b. How rigorous is the data used to support claims of achievement, including sex and disability disaggregated data?
- 2 What lessons are there for ANCP NGO M&E systems, within the ANCP MELF?
 - a. What lessons are there from different approaches used by NGOs to collect sex and disability disaggregated data?
 - b. What challenges and opportunities do NGOs face in providing credible information?
 - c. What opportunities are there to streamline data collection to strengthen confidence and usefulness of quantitative data?

The review methodology included (i) a document review; (ii) semi-structured key informant interviews; (iii) data synthesis and (iv) a summit workshop to present, discuss and finalise the review findings. Each of these steps are outlined in more detail below.

Document review: Documents were submitted by the 8 ANGO case studies and from DFAT's ANCP Online system that provided insight into the ANGOs' M&E systems and guidelines, reports and data collection tools. Program documentation was reviewed to identify evidence to answer the KEQs.

Key informant interviews: Key informant interviews were undertaken with the 8 ANGOs to order to explore their M&E systems, resourcing and quality assurance processes (see Annex B for interview guide). **Synthesis:** The evidence from the document review and the key informant interview was collated into an overarching evidence matrix where draft findings were developed in line with the KEQs. The rigour of data (KEQ 1) was assessed using a rubric, which can be found in Annex C.

Summit Workshop: A Summit Workshop was conducted with 30 representatives from 25 ANGOs including base agencies. During this workshop the participants were presented with a summarised version of the evidence collected. Participants engaged with the evidence; challenging, affirming and adding evidence. Participants then worked together to refine the initial draft findings and develop recommendations. Reporting: Based on the above synthesis and the Summit Workshop, a draft report was developed and feedback incorporated into a final report. Vignettes (Annex D) were drafted for each of the 8 case study ANGOs based on the document reviews and interviews. These serve to provide further evidence of the ANGO M&E approaches, including data quality verification.

2.3 Review Limitations

The review team noted the following limitations:

- The review utilised an 'opt-in' approach to selecting ANGOs, but the respondents cover a significant percentage of the total ANCP funding (including the top three recipients; World Vision Australia, Oxfam Australia and Fred Hollows Foundation⁸). Whilst the review assesses 8 ANGOs (3 'large' and 5 'full'), the Summit Workshop included 25 ANGOs from a total 57 in the program.
- The review was not an audit of data from initial data collection in country to reporting into the ANCP online system. Rather, the review considered credibility of data based on ANGO M&E systems, through a review of documents and interviews.

⁸ Based on 2018-19 grant amounts

3. REVIEW FINDINGS

3.1 To what extent can DFAT be confident in the evidence provided by ANCP NGOs?

The findings are presented with recognition that ANCP operates within ANGOs' existing systems and processes, which is recognised as contributing to the program's strength, as well as creating challenges with regards to consistency in reporting.

Key findings

Whilst ANGOs demonstrate variation in their M&E systems, they have all been through accreditation and therefore all have quality assurance systems in place that meet ANCP's minimum expectations. For most NGOs this includes quality assurance check points, external evaluations, monitoring trips, establishment of baselines and provision of guidance to in-country teams and local partners. However, there are variations in the level of M&E resourcing of ANGOs, and the resourcing of local partners.

Overall there is relatively robust level of rigour in the output data provided by ANGOs to DFAT through the online portal, ANCP Online. There is variation in the rigour of reporting against types of indicators, including ADRs. Some indicators can be interpreted more subjectively than others, and therefore lead to inconsistency as they are aggregated. The level of rigour for some indicators diminishes as they are aggregated, due to the different methodologies applied in their counting at the ANGO and project level. This is exacerbated by the level of guidance provided to local implementing partners, which also varies from organisation to organisation.

There is generally a robust level of rigour for sex/gender disaggregated data. The disability disaggregated data has an adequate-weak level of rigour. Rigour of urban/rural disaggregation is generally weak.

Larger NGOs have more resources for M&E and data quality checks

All ANGOs have M&E systems that meet the minimum requirements for ANCP accreditation. Larger ANGOs tend to have more resources allocated to M&E, which has a positive effect on data quality. However, organisation size is not a necessary and sufficient condition for having sufficient resources, as some medium and smaller ANGOs (by organisational size) with a high dependence on ANCP put more emphasis on M&E. ANGOs that have access to external resources (e.g. global partnerships) may also have more resources.

Larger ANGOs tend to have more resources available at head office and in country offices for M&E. This includes more human and financial resourcing for M&E and M&E support. Data quality checks are generally completed in a hierarchical fashion: at the field level (often by local NGO partners), then at the country office and then at the ANGO's Head Quarters (HQ), prior to submission to ANCP. Quality assurance processes can vary at each level based on the capacity and capability of those reviewing data. Larger organisations, with more M&E resourcing, therefore have a greater capacity for data quality assurance.

Some organisations have larger teams dedicated to M&E (e.g. Oxfam, WVA) but for other organisations this is embedded into the role of a project manager/coordinator (e.g. Interplast- see Annex D).

ANGOs look for ways to improve data quality, and those with adequate resources are investing in reviews and operational improvements. For example, there was one instance of an ANGO (ADRA- see Annex D) undertaking an internal review of its MEL system, including the quality of data reported to ANCP. The same NGO has invested in a customised MIS that puts data collection *"front and centre…and sharpens the thinking around rigour of definitions"*. There was also one instance of an NGO (FHF- see Annex D) investing in a data quality review process of its local partners to check on data quality.

Predominantly the ANGO's Management Information Systems (MIS) rely on less sophisticated technology such as excel spreadsheets that lack version control. This is partly due to the fact that they are working in a developing context. There were two instances of ANGOs interviewed where it was apparent that there is clear line of site from data collection to reporting. There are opportunities to expand the role of IT systems in M&E across ANGO's through sharing of experiences and if sufficient resources are allocated to M&E.

Individual indicators have different levels of rigour

Some ANCP indicators are more open to interpretation than others which can lead to less rigorous data when aggregated. There are over 100 indicators that ANGOs can report against in the ANCP MELF, with variation in the rigour of reporting against types of indicators. Indicators range from the specific and easily counted (e.g. Number of water points built or upgraded) to less specific and more open to estimations (e.g. Number of people with increased access to safe water). More subjective indicators can lead to inconsistency as they are aggregated. This includes some ADRs; even though they have guidance notes attached, some indicators (e.g. 'Number of women and men with increased access to safe water') are more likely to rely on population counts in some instances (e.g. households, or community population) rather than actual measures of men and women using water points. This issue is across all development programs, not just ANCP.

Table 1 outlines a few examples of indicators that are more likely have robust rigour, because of their ease of counting, and/or likelihood of traceable records, compared to those that are more likely to lead to a weaker rigour, because of the risk of overestimations, and difficulty in having records of data.

There can be differences between beneficiary numbers, which are stand-alone, and only counted once, and indicator numbers, where one beneficiary can be counted multiple times. This leads to instances where the total across all indicators is greater than the number of beneficiaries reported. This is an acceptable practice, as it relates to different measures- the total number of people that can benefit from a project, and the number of people that benefit from specific activities delivered by a project.

During the interviews, two organisations had conflicting approaches to reporting on advocacy to beneficiaries, with a large organisation stating they no longer included the provision of leaflets in their beneficiary data and another full organisation stating that in some cases they included leaflets and in other cases they did not.

Some ANGOs at the Summit Workshop suggested aligning the indicators with Sustainable Development Goals (SDGs) which is what most local partners and ANGOs need to report on. DFAT's ANCP Annual Program Report 2016-17 highlighted the need for the ANCP to consider the SDGs in the management response.



Table 1. Examples of indicators more likely to increase/decrease strength of evidence (SoE	Table 1. Examples of indicators more	likely to increase/decrease	strength of evidence (SoE)
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Indicators that are more likely to lead to a high SoE		
1.106	Number (x) of water points built or upgraded	
2.201	Number (x) of teachers trained	
3.310	Number of activities/training for community leaders and organisations which include a focus on climate change and environment issues	
Indicators that are more likely to lead to a low SoE		
1.101	Number (x) of people with increased access to safe water	
2.402	Number (x) of people provided with awareness of the importance of education	
3.311	Number (x) of people exposed to awareness raising campaigns/activities highlighting climate change and environment issues	

DFAT provides definitions for the ADRs but definitions for all other ANCP MELF indicators were not developed, recognising the need to operate within ANGO systems and national contexts. Some ANGOs provide very specific guidance/definitions for specific indicators (e.g. Oxfam, WVA, FHF- see Annex D) whereas others leave it to local implementation partners or follow national systems. This means that data reported against indicators tend to be consistent at the project level, but less consistent as they are aggregated.⁹ For some organisations this flexibility around definitions is regarded as positive because ANCP accountability is only one purpose of reporting.

There is broad variation across the ANGOs and local implementing partners in defining and counting beneficiaries, which is a factor of operating within ANGO M&E systems. One ANGO interviewed (MSIA- see Annex D) reported that there was a range of interpretations of 'beneficiary' across their organisation. For some projects, beneficiaries may be counted as people who receive leaflets informing them of a service, whilst in other projects only direct service recipients are counted as beneficiaries. As stated by a Summit Workshop participant,

'We need more nuanced or complex examples, re: how to report on beneficiary indicators, especially regarding projects that have advocacy objectives. Many NGOs now have advocacy as a key operational approach- often this makes beneficiary data inconsistent. One year we might report on the number of civil servants trained to change policy and the next year it might be the beneficiaries who benefit for a change of policy, i.e. millions of people.'

⁹ The issue of aggregation was also noted in the 2018 ACFID report 'Demonstrating outcomes and impacts across different scales'

13

Gender disaggregation is generally robust

Sex/gender disaggregation generally has a robust level of rigour. Nearly all the indicators that the ANGOs reported against were disaggregated by gender (Figure 1). Some ANGOs provide standardised definitions and guidelines around disaggregation by sex/gender. However ANGOs expressed some confusion at the Summit Workshop as to whether data should be disaggregated by sex or gender.¹⁰

ANGOs are generally using gender, but there may be differences in interpreting and collecting data based on differing definitions, and confusion about how to report on indeterminate or transgender. It was noted by one ANGO (BHVI- see Annex D) that there is no category for people who identify as transgender, which makes reporting on projects working with transgender beneficiaries unclear. This has been rectified in ANCP Online for 2018-19 ADPlans and 2017-18 Performance Reports. Some ANGOs believe that disaggregating by gender, rather than sex, would be less binary, more contextual and more appropriate than disaggregating by sex. However, another Summit Workshop participant stated that more specific reporting on gender should not be a requirement as it is not appropriate in all contexts.



Figure 1. The eight ANGOs disaggregate most of their indicator reporting by gender

¹⁰ Noting that the 'Australian Government Guidelines on the Recognition of Sex and Gender' (2013) states that the preferred approach is to collect and use gender information.

14



Disability disaggregation is adequate-weak

Disability disaggregation has a weak level of rigour due to a range of factors, such as local partner capacity, estimations, and risk of marginalisation. Recognising that ANGOs have made considerable progress in disability disaggregation through implementing measures to collect and report on disability, and that different ANGOs and local partners are at different stages of the journey, disability disaggregation currently remains more challenging than gender and is likely under-represented. Whilst DFAT requests this information and ANGOs generally would benefit from it to improve inclusive development outcomes, disability disaggregation has proven difficult to collect in a consistent manner (see Figure 2). The 2015 ODE review also noted that there were limitations to reporting disability indicators.

ANGOs have a range of approaches to defining disability with some providing standardised definitions and others using local/national definitions, often based on the national health system definition of disability. Therefore ANGOs have different definitions which makes aggregation for ANCP purposes problematic. There was discussion at the Summit Workshop on the merits of the Washington Group questions¹¹, but the applicability of the questions across different project and contexts was contentious. DFAT are strong advocates for the use of the Washington Group questions in developing country contexts for disaggregating data for the purposes of monitoring implementation of the UN Convention on the Rights of Persons with Disabilities (CRPD) and the Sustainable Development Goals (SDGs).

Disability data collection is conducted, in some cases, by observation and in others by estimation as relying on self-reporting of disability is likely to lead to a high level of under-representation. For instance, some smaller projects/partners in some instances use census data (e.g. 15% of the population with a disability) which is then used to multiply against their beneficiaries, rather than collecting primary data on disability. Some sectors also find difficulty in defining disabilities based on the time of data collection; for example, whether a person is counted as having a disability if they have vision impairment, but no longer has a disability after glasses or surgery. There was discussion on the need for definitions to include psycho-social disability, but noting that this was more difficult to report.

There are instances where local partners' understanding of disability is limited, leading to disability disaggregation focused on observable physical disabilities. One ANGO reported that there have been instances where their local partners reported that they have had no beneficiaries with a disability. Some ANGOs also commented that it would be more beneficial to focus on understanding disability issues in more depth to inform programming, rather than collecting disability disaggregation data at the output level, particularly where the data is of limited use to local partners. However, understanding disability issues and reporting on disaggregated data should not be considered an either/or, but as complementary. Over time, it is expected that ANGOs reporting on disability disaggregation will improve, as has occurred with gender disaggregation.

¹¹ The Washington Group question sets are designed to provide common definitions, concepts, standards and methodologies in the production of statistics about person. They are produced by The Washington Group on Disability Statistics (WG), a UN city group established under the United Nations Statistical Commission. They are designed to be inserted into existing data tools (e.g. surveys) that collect individual level data. Problems arise when data tools, such as have been used by NGOs, are only collecting household level data.





Urban/rural disaggregation is weak

Urban/rural disaggregation has a weak level of rigour. Data is often not disaggregated according to urban/rural and when it is, this is often done by estimation. ANGOs noted that urban/rural was not collected routinely, nor was it important for them. It was noted that it could also be difficult to determine urban/rural, for example if a service was delivered in an urban area, but was accessed by rural people. Peri-urban was also noted as a classification that is often important, exacerbating the delineation of urban and rural.

The level of guidance/definitions for indicators differs between ANGOs

ANGOs differ in the level of guidance they provide to field staff or local partners to standardise data collection. Some ANGOs (e.g. MSIA, Interplast- see Annex D) provide specific data collection templates (especially for clinical-type services), though in some instances, projects with multiple donors require different templates (e.g. BHVI- see Annex D). Discussion at the Summit Workshop indicated that some ANGOs utilised standardised ANCP template for all projects whereas some ANGOs interviewed had a guidance document that are used to develop context specific frameworks (e.g. WVA, ADRA-see Annex D). One ANGO indicated that the primary focus of their MEL guidance was on program quality and improvement over accountability to ANCP (Oxfam- see Annex D). The differing levels of guidance can affect data quality, particularly if local partners do not have a high level of M&E capacity or training, leading to the possibility of indicators being interpreted differently across the different data collection points, and therefore impacting on data quality (e.g. see previous quote on beneficiary counting).

Local partners have differing capacity in M&E

It is not uncommon that the responsibility for primary data collection lies with local partners who have differing capacity and capability in M&E (e.g. Oxfam, ADRA, FHF). This can affect the quality of data collection, particularly if there is limited guidance in how to interpret indicators, and where there are no standardised templates for recording counts. It was noted during interviews and at the Summit Workshop that the more disaggregation ANCP requires, the more complex and time-consuming data collection was for local partners, which increased the likelihood of data entry errors, or estimations.

ANGOs often provide some level of capacity building to local partners, generally through assistance with reporting and operational support during monitoring visits. During the interviews there were a few examples where organisations provide bespoke M&E training to their staff and partners (e.g. Oxfam, ADRA). The level of M&E support ANGOs can provide to local partners is often related to their level of M&E resourcing.

Baselines and end lines are generally used to track indicators

ANGOs generally collect baselines and end lines. In cases where they are not being collected it is often in the case of service delivery. Longer projects (e.g. > 36 months) may collect a midline (e.g. WVA, Oxfam), but NGOs at the Summit Workshop questioned the need and return on investment from midlines, noting this is not a Program requirement. Baselines are difficult to collect for some sectors - for example blindness prevalence - making outcomes more difficult to track. In some cases, epidemiological studies are used instead of baselines.

External evaluations are undertaken but often rely on ANGO data collection

ANGOs use external evaluations at the end of projects as per ANCP MELF requirements. Mid-term evaluations are conducted internally or externally depending on ANGOs and their level of M&E resourcing, as identified in the MELF. However, these evaluations are not necessarily independent as the evaluator is generally using ANGO data, or relying on ANGOs or local partners for data collection. External evaluations are sometimes used to provide a validation of existing data. More strategic projects, for example new countries, new partners, pilots or initiatives etc., have greater resources allocated to them for evaluations and these predominantly focus on learning and improvement.

Monitoring missions are generally not used to quality assure data

Monitoring visits are conducted by almost all ANGOs at a minimum of once per year. The primary purpose for monitoring visits tends to be a check on program quality and operational trouble shooting, with some triangulation of data through observations and informant interviews. However, there is a challenge for ANGO missions to undertake detailed data quality assurance processes and/or capacity assessments of quality assurance.

Low accuracy in setting targets

An analysis of the data uploaded by the eight NGOs into the ANCP online reporting system demonstrated that *more than half of the targets for indicators were exceeded by over 40% or more* (Figure 3). In cases where targets are met with a zero it is only because activities are not undertaken at all. The ANCP Manual notes that ANGOs should revise ADPlans when changes to expected beneficiary numbers increase or decrease by 20% or more. ANGOs may have misunderstandings on when revisions are required, thinking that it is only when revising targets down. The 2013 'Review of the Monitoring, Evaluation and Learning Framework for the AusAID NGO Cooperation Program' also identified ANGOs difficulties in setting baselines and targets.

Figure 3. Most ANCP NGOs exceed their targets by over 40% or more



3.2 What lessons are there for ANCP NGO M&E systems, within the ANCP MELF?

A number of lessons arise from the review, leading to the recommendations. The lessons and recommendations are about the ANCP as a program, and implementation will vary between ANGOs.

Key findings

Data collection relies on project partners (local offices or partners) who have different levels of M&E resourcing and have different approaches to data collection for ANCP indicators. ANGOs currently do not consistently quality assure the data quality, and could do so through their in-country missions. ANGOs and their local implementing partners often need to report to multiple funding partners which can lead to different data needs beyond ANCP. This can add pressure on local implementing partners' data collection and impact data quality, particularly when M&E capacity and resources are limited. ANGOs should ensure that M&E systems are sufficiently resourced, including capacity building of local partners where required. ANGOs are increasingly focussing on performance/outcome reporting, and whilst the annual ANGO Performance Reports provides for reporting on outcomes identified in the Annual Development Plan (ADPlan), there is an opportunity for the ANCP MELF to include qualitative outcome indicators with standardised, robust methods that allow for aggregation. There are some instances of learning and sharing best-practices across ANGOs, but there are opportunities for more sharing to improve data collection and overall data quality. The ANCP MEL Reference Group is not sufficiently utilised as a forum to facilitate ANGOs to discuss data collection issues and learn from each other.

ANGOs to include data quality assurance as part of in country missions

ANGO missions could be used to strengthen the quality assurance processes and rigour of the data systems, and data being collected. This should be done through a strength-based approach so as to maintain and reinforce partnerships, rather than through a compliance approach. There is one ANGO (FHF- see Annex D) that is trialling a Routine Data Quality Assessment (RDQA) tool, and the benefits and lessons from this process could be shared with other ANGOs through the ANCP MEL Reference Group.

ANGOs to improve consistency of data collection at the project level

Not all ANGOs provide guidance/definitions to local implementation partners and field staff, and there are instances where indicators have been interpreted differently across data collection points. Furthermore, ANGOs and their local implementing partners often need to report to multiple funding partners which can lead to different data needs beyond ANCP. This can add pressure on local implementing partners' data collection and impact data quality, particularly when M&E capacity and resources are limited. Whilst the ANCP MELF recognises the importance of working within ANGO M&E systems, standardisation at the project level through indicator guidance/definitions and/or data collection templates would improve consistency and data quality. The level of consistency can be checked through the data quality checks undertaken by field staff, local offices and HQ, and facilitated by user-friendly MIS. The ANCP MEL Reference Group provides a forum for sharing lessons and approaches to improve consistency of data collection. This links to the 2015 ODE Evaluation Recommendation 5.¹² However the group has not sufficiently been utilised as a forum to facilitate learning.

¹² That DFAT, ACFID and the ANCP NGOs commit to testing new approaches to improve the sharing of lessons between Australian and local NGOs and DFAT aid staff. This could be largely undertaken within existing resources, harnessing opportunities to bring people together

The evaluation identified significant scope for improving sharing and learning across the ANCP. The MELF, inclusive of all its related activities and reports, is a valuable source of information for learning, policy development and program improvement but currently this information is underutilised and under-resourced. The thematic reviews in particular represent a valuable vehicle for driving learning, however, these are limited in scope and frequency. There is also scope for the evaluations conducted by NGOs to be shared more widely.

ANGOs to sufficiently resource M&E systems

Resourcing (financial and skills) affect data quality at the local partner level.¹³ Some NGOs interviewed, as well as some participants at the Summit Workshop, indicated that additional resources would help build capacity of local partners and facilitate more monitoring missions. The ANCP allows up to 10% of funds to be allocated to Design, M&E across the total ANCP grant. ANGOs decide on the allocation across individual projects and as a total for their organisation. This provides an opportunity for ANGOs to adequately resource the M&E systems for ANCP projects. DFAT could use the ANCP MEL Reference Group to encourage ANGOs to review and sufficiently resource their M&E systems.

ANGOs and DFAT to consider ways to improve outcome reporting

A number of ANGOs are looking to improve their outcome reporting. For example, ADRA recently completed (2017) an internal review of M&E for ANCP supported projects and identified a need to improve outcome to impact measurement. ANGOs, through interviews and discussion at the Summit Workshop, perceived that DFAT focused on using the quantitative output level data rather than the narrative reporting. Whilst the annual ANGO Performance Reports provides for reporting on outcomes identified in the Annual Development Plan (ADPlan), there is an opportunity for the ANCP MELF to include qualitative outcome indicators (e.g. policy and systems strengthening) with standardised, robust methods that allow for aggregation, as recently used with the Indonesia and Timor-Leste Performance Assessment Frameworks. These could be taken up by ANGOs where relevant to their projects, with appropriate capacity building and M&E resourcing for both ANGOs and their local partners.

The ANCP MEL Reference Group to be used more effectively as a forum for learning

Most of the NGOs are actively making attempts to improve their data quality, e.g. through internal reviews, trialling data quality reviews systems for local partners, implementing customised MIS. There was one instance of an NGO (ADRA- see Annex D) engaging with an international organisation (Humanity and Inclusion, formerly Handicap International) to better define disability vs impairment. These partnerships provide an opportunity for ANGOs to learn from each other. The ANCP MEL Reference Group provides a forum for DFAT and NGOs to discuss issues and learn from each other.¹⁴ The group has not sufficiently been utilised as a forum to facilitate learning.

through learning events and using available technology to make existing evaluations and other studies more readily available. The ANCP Theory of Change could be used to help define a focused learning agenda.

¹³ This lessons is also found in ACFID's 2018 report on 'Demonstrating outcomes and impact across different scales'

¹⁴ The 2018 ACFID report also recommends the need to establish a resourced community of practice for MEL practitioners to share experiences and expertise and capture lessons and insights on outcomes and impacts across different scales.

4. RECOMMENDATIONS

The following recommendations are made based on the findings from the review:

- 1 DFAT, in consultation with ANGOs, to review the ANCP Program Logic and MELF, specifically to:
 - a. increase the emphasis on qualitative outcome indicators that demonstrate instances of significant change,
 - b. reduce the total number of indicators,
 - c. improve reporting against the Sustainable Development Goals (SDGs), and
 - d. provide more detailed guidance on indicators, where appropriate, whilst maintaining ANCP's focus on flexibility and working within partner systems.
- 2 DFAT to further facilitate the ANCP MEL Reference Group, ensuring that it is convened on a regular basis. The objective of this is to get agreement on proposed changes, generate good practices of M&E to be shared across partners, and provide a learning forum for feedback on monitoring, evaluation and reporting.
- 3 DFAT, in collaboration with the ANCP MEL Reference group, to revise the disaggregation of data. This could include clearer definitions for disability, and reviewing the need for disaggregation of urban/rural.
- 4 ANGOs to allocate, as appropriate to their situation, more ANCP funding (up to 10%) to M&E to improve the quality of data coming from local partners. DFAT may consider encouraging ANGOs to allocate, at a minimum, 4% of ANCP funding to M&E, to ensure that partners are sufficiently investing in these areas, including MIS.
- 5 ANGOs to increase the quality assurance of data provided by their project partners. This could include building capacity of local partners; having increased resources available at country, regional or HQ level; and including data quality assurance/capacity assessments as part of the in-country monitoring missions.



ANNEX A- ANCP PROGRAM LOGIC

The purpose of the aid program is to promote Australia's national interests by contributing to sustainable economic growth and poverty reduction.

ANCP Goal: Through support to accredited Australian NGOs, improve the living standards & well-being of individuals and communities in developing countries



Through a cycle of continuous improvement, the Program promotes transformational change in areas such as access to information and services, building knowledge and skills, making informed decisions, and building trust and respect.

	Outcome 1	Outcome 2	Outcome 3
	Meeting ANCP contributions to DFAT performance benchmarks	Transparent, consistent approach to allocation of funds from DFAT	Increased dialogue and mutual learning between in-country partners, ANGOs and DFAT
Intermediate Outcomes	Sharing evidence of learning, innovation, good development practice	Increased awareness and support of ANCP by Australian public, international donors and in-country partners	Mutual accountability/ co-investment & representation agreed upon with in-country partners
	Efficient program management systems	Strengthened engagement with DFAT country programs/ posts & thematic areas	Long-term presence/support in-country and/or in sectors
	Quality corporate reporting completed	1 to 5 (or greater) matched funding	List of donors, networks, partnerships
	Strengthened MELF	RDE \$50,000 (Base) or \$100,000 (Full)	Meetings/materials for Posts/thematic areas
Outputs	Performance Assessment Framework (PAF) developed	Formalised funding policy	Diversity of in-country partners
	ANCP & Accreditation Online		
Activities / Accreditation Organisational Review Reports; Annual Development Plans (AD) Reports; Recognised Development Expenditure (RDE) Worksheets; Partner Per M&E visits; Monitoring, Evaluation and Learning Framework (MELF) biennial T Meta-evaluations; DFAT Corporate Reports; Program management surveys; Le events via ACFID		tner Performance Assessments; ennial Thematic Reviews and	

ANNEX B- KEY INFORMANT INTERVIEW QUESTIONS

The following questions were used to guide Key Informant Interviews with the 8 participant ANGOs.

Table 2. Questions to guide Key Informant Interviews

1	What quantitative data is collected (how many indicators are selected), how representative is it, and are baselines used where appropriate?	
2	How is data disaggregated for gender and disability?	
3	What guidelines, definitions etc. are used to inform data, including direct beneficiaries, disability, gender?	
4	How is data collected (primary/secondary sources, tools etc.), and are they appropriate to the project size and rigour required?	
5	Is there breadth of data sources to triangulate information, including monitoring visits (DFAT/Post; independent mid-term reviews/evaluations)?	
6	How is data managed/stored?	
7	How is data analysed (and by whom) and what quality assurance processes are there?	
8	Is data collection sufficiently resourced (staff, skills, understanding of gender and disability, funds) to provide credible data?	

ANNEX C- RIGOUR OF DATA RUBRIC

The following rubric was used to determine the rigour of data (KEQ1)

	Robust	Adequate	Weak
Overall data	Overall evidence includes independent reviews/evaluations, quality assured monitoring data, implementing agency reports validated by monitoring trips and independent research conducted in the sector.	Overall evidence includes implementing agency reports, records of monitoring trips or records of discussions with partners and other stakeholders.	Overall evidence is non-validated assertions or opinions
Disability disaggregation	Disability disaggregated evidence includes independent reviews/evaluations, quality assured monitoring data, implementing agency reports validated by monitoring trips and independent research conducted in the sector.	Disability disaggregated evidence includes implementing agency reports, records of monitoring trips or records of discussions with partners and other stakeholders.	Disability disaggregated evidence is non- validated assertions or opinions
Sex disaggregation	Sex disaggregated evidence includes independent reviews/evaluations, quality assured monitoring data, implementing agency reports validated by monitoring trips and independent research conducted in the sector.	Sex disaggregated evidence includes implementing agency reports, records of monitoring trips or records of discussions with partners and other stakeholders.	Sex disaggregated evidence is non- validated assertions or opinions

ANNEX D- VIGNETTES OF THE EIGHT CASE STUDY NGOS

World Vision Australia

2016-17 Key information

Number of projects	40
Grant amount	\$ 27,474,332
Number of ANCP online indicators reported on	74

Each World Vision Australia (WVA) project has its own Monitoring, Evaluation and Learning (MEL) that is context specific. Data is collected from partners for each project in alignment with their own project-specific frameworks. Data is stored by country partners and provided to WVA during monthly financial and 6 monthly project level reporting.

Data is disaggregated by gender and disability. The definition for disability is determined at the country or project level and therefore differs slightly. However WVA does have guidelines to inform data collection including definitions of gender and direct beneficiaries.

Data is largely analysed at the project level rather than the ANCP level with quality assurance check-points with the in-country MEL team, with specialists and with program managers in Melbourne. Baselines, midline and end lines are generally used.

Data is generally triangulated with other secondary sources from the country which is done by the in-country team and MEL focal points. Monitoring missions are undertaken by the MEL, technical and project management teams. For low priority projects this is once per year and for high priority this is up to five times a year. These involve meeting with the in-country project teams, conducting a field visit to talk with beneficiaries, a review of the project monitoring information and then a debrief with the country director as standard.

Evaluations (Baseline, Mid-term and Final) for ANCP projects which are strategic priority for WVA (about 30% of the ANCP portfolio) are undertaken by consultants selected by the organisation and supported by WVA or by the in-country office. For other projects the evaluations are conducted either by consultants selected by the World Vision in-country office, or (infrequently) by the in-country offices themselves, with quality assurance managed by WVA. The prioritisation of projects for evaluation support occurs annually and is strategy and evidence-building driven. Evaluation of gender-focused priority projects includes key evaluation questions around gender and power dynamics.

Oxfam Australia

2016-17 Key information

Number of projects	19
Grant amount	\$ 11,093,838
Number of ANCP online indicators reported on	56

Oxfam's 'Common Approach to MEL and Social Accountability of Oxfam's Programs' is a broad global guidance on MEL including minimum standards.

MEL frameworks are developed individually for each project using the Common Approach guidelines. The primary focus of MEL is program quality and improvement, accountability and evidence.

Project teams will select the relevant indicators for their project and report against them. Baselines and end lines are collected for all of Oxfam's projects that are over a year in length and mid lines are collected for projects that are three or more years. Partners contribute to the development of project theories of change and MEL Frameworks and collect data relevant to their projects. The Oxfam Evaluation Policy communicates expectations for mid-term and end evaluation every three years dependent on the size of each initiative. The Oxfam Evaluation Policy requires that end evaluations are conducted externally for all initiatives over five years though in practice external evaluation is common for shorter timeframes. This aligns with ANCP MELF expectations. Evaluations and case studies are provided to ANCP annually. All data is disaggregated by gender and disability and urban/rural. Oxfam Output Reporting guidance provides definitions regarding how to identify the people Oxfam works with directly and indirectly for Output Reporting purposes. Data is managed and stored at the country offices, the way in which this is done is different for each office but is generally standardised within a country. Data is analysed by independent researchers, local partners, country offices and the ANCP programmatic leads. The country offices report on a six monthly and annual basis to Oxfam Australia. Oxfam Australia supports the development of ANCP reports. The annual Oxfam Output Reporting process involves collating data and testing for quality and validity across all projects within a country. The first stage of quality assurance is done at the country office, ANCP data which is included in Output Reporting is then also reviewed by Oxfam Australia.

A further element of quality assurance involves project monitoring visits (on average twice a year) by Oxfam Australia program/contract managers. Challenges or risks identified during these missions will continue to be monitored. ANCP project data is also triangulated through research and evaluation.

The Fred Hollows Foundation

2016-17 Key information

Number of projects	20
Grant amount	\$ 6,237,215
Number of ANCP online indicators reported on	9

The Fred Hollows Foundation (FHF) has an M&E team consisting of three staff, regional program coordinators who support M&E in each of the four regional teams and a program development team that supports the development of M&E plans as part of project design. FHF have guidelines for developing MEL frameworks, and definitions documents for the output and outcome indicators in the Program Results Framework (PRF), which helps with consistency in what is measured. FHF also have a new Monitoring, Evaluation, Reporting and Learning (MERL) framework which sets out common expectations to program staff. FHF are working on institutionalising an annual reflection process at country level, which supplements existing project review processes. FHF's program evaluation policy requires independent evaluation at least once during the project cycle, timed to meet the information needs of the program team. Some projects complete both mid-term reviews and end-of-project evaluation. The in-country project officers conduct monitoring/support visits to implementing partners which are normally connected to the national health system. FHF have a data quality working group in Sydney, and are trialling the Routine Data Quality Assessment (RDQA) tool, which covers, amongst other things, data verification and systems assessment.

FHF historically have a set of core indicators for countries to report on. Programs are also expected to collect project-specific data to understand the effectiveness of the project in its context.

FHF have aligned some of their PRF indicators with ANCP MELF indicators to avoid duplication. FHF disaggregate data by gender but find it more difficult to routinely disaggregate by disability as most health information systems/facilities do not collect this data due to complexities involved. FHF is committed to collecting data on disability where feasible, including when conducting research or surveys, and using this to help understand how effectively programs reach people with disabilities.

Data is initially analysed by the in-country project team who conduct the first round of sense making, and then at the regional level the data is scrutinised and questions are asked to clarify inconsistencies or unknowns. For external donor reports such as ANCP Annual Performance Reports, the Resource Mobilisation Team further scrutinises the data to ensure accuracy and relevance.

Data on core output indicators is currently stored in excel and collated manually but FHF are moving to a new project management and M&E system. Most country health systems already have a health management information system; in some cases FHF has worked with country partners to strengthen collection of eye health data within this system. In some cases alternative data collection systems have been built to meet information needs.

Adventist Development and Relief Agency (ADRA)

2016-17 Key information

Number of projects	8
Grant amount	\$ 2,188,228
Number of ANCP online indicators reported on	22

ADRA have a small Development Practice Team that develops and oversees organisational MEL systems and policies, provides quality assurance for project-level M&E plans, and delivers M&E training to field staff. ADRA country programs are independent organisations, with ADRA conducting capacity assessments biennially. ADRA have an Evaluation and Learning Framework that sets out a number of standards to guide M&E as well as a Partner Operations Manual that is used as guidance across all funded programs. ADRA encourages their partners to base their measurement frameworks around a Theory of Change, which may be presented in the form of a logical framework. ADRA also provides guidance to partners on how to count beneficiaries.

Data is disaggregated by gender, disability, age and urban/rural. ADRA uses the countries definitions of disability, usually from the health sector. ADRA is engaging with Handicap International to better define disability vs impairment.

Data collection is generally conducted by local implementation partners, and checked by ADRA project managers, project level M&E staff if there is one, as well as the national program director, before reporting to ADRA Australia quarterly. County offices conduct monitoring visits and check in monthly to validate the quality of the data collected in-country. Mid-term reviews are generally conducted internally, and end-of-project evaluations are done externally, with external consultants providing a level of quality assurance of data. ADRA Australia's Program Managers undertake regular monitoring visits of country projects, usually 1-2 visits per year. In addition, the Development Practice team also undertake occasional monitoring visits.

ADRA recently completed (2017) an internal review of M&E for ANCP supported projects. The review identified a need to improve outcome to impact measurement, including setting specific outputs indicators clearly linking to outcomes and an overarching goal.



Brien Holden Vision Institute

2016-17 Key information

Number of projects	3
Grant amount	\$ 2,119,230
Number of ANCP online indicators reported on	9

Brien Holden Vision Institute (BHVI) work to establish optometry schools and also offer some outreach services. They works with local partners to deliver ANCP projects. BHVI does not have a dedicated M&E team. M&E is incorporated into different roles, including within a team of 4 researchers, and BHVI incorporates M&E capacity building into wider staff training.

ANCP indicators generally align with BHVI data needs. Data is collected by field staff, using paper forms, and then given to country and regional managers. BHVI use elements of standardised forms but this is dependent on the local partner. Some projects have dual funding and therefore different templates are used. BHVI developed a tool to report on 'indirect beneficiaries' to meet ANCP's past reporting needs.

Data is disaggregated for both gender and disability. BHVI have a transgender program in Pakistan and previously found it difficult to report on this as there was previously no transgender or sex indeterminate option as part of ANCP reporting. Urban/rural disaggregation is not routinely collected.

Data analysis is generally conducted at program or project level by the regional/program director though some project and research officers conduct some data analysis. Quality assurance is done at different stages with each region having a nominated person to spot check and look out for unusual patterns. When monitoring visits are conducted they may include the checking of data quality.

BHVI conduct internal evaluations and cross-regional evaluations and use external evaluators in some cases. BHVI conduct baselines studies through situational analysis and sometimes uses epidemiological studies/market feasibility studies as baselines –depending on the scope of the project and the length of the intervention.

BHVI have a bespoke online M&E database which is considered by BHVI too outputs focused and needs to be updated.

Marie Stopes International Australia

2016-17 Key information

Number of projects	4
Grant amount	\$ 1,619,669
Number of ANCP online indicators reported on	4

Marie Stopes International Australia (MSIA) provides guidelines for collecting data, including in particular assessments for people with disability. For clinical services, guidelines are directive and matched to international standards, though less so for the other non-clinical services provided. Data is disaggregated by gender, and disability is estimated from client feedback surveys. MSIA use the Washington Group guidelines to define disability but as the Washington Group ¹⁵ did not provide a representative for the project there is concern that not all the data is being captured and that disability may therefore be underreported.

Across the program it was noted there may be a number of interpretations of the definition of 'beneficiary' for example, with some including those that are provided Information, Education and Communication materials and others only including those who provide clinical support.

Primary data is collected by partners using software on a desktop and phone for regular reporting of client records, however MSIA received feedback from in-country partners that this daily reporting requirement too challenging. However, MSIA are reviewing its data validation standards, which will be simplified and promote reporting on a less frequent basis. Client exit interviews are also conducted which include information about disability but is mainly focused on satisfaction with the service. These are generally coordinated by an external research agency.

Independent evaluations are undertaken for all ANCP projects and additionally MSIA use external consultants to establish baseline and end lines for all ANCP projects. Program support teams from the incountry offices also conduct monitoring visits when needed. Triangulation is conducted through the InforBI quality assurance process which is a data validation process that is utilised by all country offices. All data is submitted using this online system and MSIA cross references submitted reports against this information. MSIA also have an internal auditor that reviews and validates the data, systems and processes.

International Women's Development Agency

2016-17 Key information

Number of projects	9
Grant amount	\$ 646,934
Number of ANCP online indicators reported on	15

Each International Women's Development Agency (IWDA) project has its own Monitoring, Evaluation and Learning Framework (MELF). MELFs are reviewed as part of the design appraisal process, and the annual plan review. IWDA find the ANCP indicators useful and therefore use a range of them as part of their organisation-wide indicators. IWDA provides guidelines and definitions of gender, disability and direct beneficiaries etc., to Australian project managers who work closely with partners, and provide technical support directly to partners as required.

Primary data is collected through in-country partners who are local NGOs. Data is collected in a range of ways. For service provision activities, for example, they conduct a census of who has accessed the programs (using the data processes of the relevant referral mechanisms in the national context) and for initiatives focused on women's empowerment they may use a sample to assess outcomes (using, for example, most significant change), in addition to output-level data from all direct beneficiaries (such as training attendance).

¹⁵ <u>http://www.washingtongroup-disability.com/</u>

Data is disaggregated by gender and although disability data is routinely collected, there are challenges in terms of possible under-reporting due to cultural barriers regarding self-identification of disability but no relevant opportunity to collect data using the Washington Group - Short Set¹⁶. In line with ANCP guidelines, IWDA conducts evaluations of projects every three years and at the completion of project activities, and usually hires external evaluators for end-of-program evaluations. Mid-term evaluations are often conducted by Australian IWDA staff in addition to performing regular in-country financial and programmatic monitoring approximately three times per year (with technical support prioritised on a project by project basis). Incountry partners conduct ongoing monitoring and reflection.

Financial data is submitted every three months and program quantitative data is submitted every six months in addition to bi-annual narrative reports. This quantitative data is stored by the Australian project managers and collated with all IWDA programmatic data. Data is analysed by project managers and their senior managers. Quality assurance is conducted as part of the reporting review process. IWDA do not review the sources of evidence for primary data to quality assure it (such as feedback forms or client service records) but do engage with partners about data collection and provide support to design data collection tools as appropriate, particularly with new partners or partners wanting to collect a new form of data (for example moving from beneficiary participation in activities to quality of activities to impact from activities). Project managers triangulate data using their own knowledge and in close consultation with partners, which is supported by monitoring missions which are conducted 3-5 times a year.

Interplast Australia and New Zealand

2016-17 Key information

Number of projects	6
Grant amount	\$ 568,438
Number of ANCP online indicators reported on	4

Interplast is a small bespoke ANCP NGO that has a long history of providing clinical services and training. All Interplast programs are managed from its Melbourne based office and are delivered by fully qualified medical professionals who volunteer their time and skills. Interplast note that the indicators that they report on are broader than the work that they do.

Quality assurance is conducted in Melbourne when the data collected by volunteers delivering programs is consolidated by the Programs team, and reviewed by clinical governance sub-committees. Interplast do not have a dedicated M&E team, rather, M&E functions of programs are incorporated in the role of the program coordinators. Interplast aim to conduct a formal review of each country program every 3 years. Ongoing monitoring and evaluation is conducted by volunteers and the programs team following the delivery of each individual program activity, and at the end of each year. Interplast have developed their own internal ANCP manual for guidance and for definitions for all beneficiaries.

Data is collected primarily through patient records (which are collected using a custom software program on an IPad at the project level), as well as training records and post-program reports completed by volunteer teams and local partners. Additionally, case studies and patient stories are provided by partners or collected during follow up field missions.

¹⁶ <u>http://www.washingtongroup-disability.com/washington-group-question-sets/short-set-of-disability-questions/</u>



Data is collected in a standardised manner across the organisation because the ANCP requirements are the most specific and therefore enough information is gathered to meet these requirements that can be applied to other donors. Interplast stores the data using FileMaker Pro, and using Microsoft word and excel.

Data is disaggregated by gender but not disability, (as every patient is a person with disability), and it is not appropriate to collect disability information on local medical trainees. Interplast do report on urban/rural though have to make estimations as it is not always evident where individual patients have come from.