

11 Working with data to evolve a community mobilisation process with pastors in the Philippines

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Introduction

International Care Ministries (ICM) is a faith-based non-governmental organisation (NGO) located in the Philippines that has spent over ten years developing a community-based poverty alleviation programme called *Transform*. Although there are a variety of distinctive characteristics to the *Transform* programme, a foundational component is that every *Transform* programme requires a partner pastor, and without these partnerships, the strategy would need to be completely redesigned. The role of the partner pastor is to organise communities, identify potential participants, teach a 15-week Values curriculum, and maintain connectivity with the community. ICM employs staff trainers who teach Health and Livelihoods alongside the pastor, provide the tools to run the programme with fidelity, and implements a series of targeted poverty interventions for the *Transform* participants, depending on need. In the Philippines, ICM currently provides *Transform* to over 1,000 communities each year, representing a reach of over 30,000 households or 150,000 individuals annually. ICM has conducted numerous studies on the economic, physical, and social outcomes of the programme, and continues to improve and tweak the strategies through innovation.

Although the *Transform* story could be a case study on the process of developing a scalable poverty alleviation strategy, it can also be a case study on how data catalysed a strong partnership between an NGO and faith leaders. The iterative approach of designing, collecting, analysing, reflecting, and acting on data and evidence has helped guide, stimulate, and strengthen the partnership that ICM has with its pastors. It must be said that this was not always done correctly; there were mistakes made and pitfalls to be avoided. In the infancy phase of *Transform*, it became quickly apparent that good quality data were necessary to design a scalable, efficient, evidence-based programme. As data collection infrastructure was set up, there were tensions because some pastors felt that ICM was collecting data on them without clarity around the purpose. These tensions had to be navigated, with clear communication being critical. There are still many areas of improvement needed, and a common appreciation of how data can direct shared resources and energies is the goal.

This chapter explores a series of examples in data collection at ICM and how it has affected our partnerships with pastors in achieving development outcomes. There are a variety of data collection methods, tools, and study designs. The hope is that some of the learnings captured through these experiences can help other organisations as they juggle data and faith partnerships simultaneously.

Targeting

The first topic is targeting because this is when a potential *Transform* household first interacts with ICM and initial data are collected. To maintain a focus on the poorest of the poor, ICM keeps strict requirements for qualification, ensuring that resources are allocated to those most in need. The primary target for the programme are households that live in the conditions of ultrapovertry, which is a classification used in other contexts (Lipton, 1986) but simplified for ICM's context as households that self-report an income of less than \$0.50 USD per person per day. The decision to target ultrapovertry is strategic; in 2015, it was estimated that approximately 26% of the Philippines lived under the National Poverty Line (PSA, 2016), which can be translated as over 20 million people with an income less than roughly \$1.90 USD per person per day. A single approach will not comprehensively address the multifaceted challenges this large proportion faces, which is why *Transform* was designed to be a focussed approach for the poorest segment of those below the National Poverty Line.

To implement strict and accurate targeting, a screening tool was necessary, which led to the utilisation of a Poverty Scorecard which was loosely based on the Progress out of Poverty Index (PPI), which has recently been renamed to the Probability of Poverty Index (IPA, 2018b) for the Philippines. ICM's Poverty Scorecard consists of household characteristics (number of household members, number of serious illnesses in the household) and a series of asset-based indicators (wall, floor and roof materials, electricity, furniture, access to sanitation, etc.). Using an algorithm, which also accounts for self-reported income, the scorecard allows ICM to estimate a poverty 'score' for each household. Communities are approved for *Transform* when a minimum of 30 households below a threshold poverty score are identified, and an individual household's score allows for prioritisation of resources and attention. The eligibility criteria for a community and household is rigidly applied to initiate the programme, but once ICM is confident that the programme has been targeted towards the poorest of the poor, there is flexibility to enter the programme. *Transform* has an open-door policy, and households that are interested can freely join lessons and receive all benefits from the programme once they attend three sessions in a row.

Although the identification of programme participants and eligibility criteria might be a common activity for development organisations, it is not one that the majority of ICM's partner pastors had previously faced, or a primary concern in their day-to-day running of a church. As *Transform* is a programme implemented in partnership with these faith leaders, the process of targeting must be clear, simple, and a shared priority. To date, the Poverty Scorecard appears to be effective.

The pastors understand the data collected, it was transparent why the indicators represented poverty and differential levels of need, and they could administer the scorecards with limited training.

There were also stipulations put in place by ICM to limit the number of current church members a pastor could invite into the programme. The primary aim of *Transform* is poverty reduction, so households must be prioritised according to need first, and to minimise potential biases due to church membership, at most one-third of original participants could be from the church. As mentioned above, visitors can freely join at a later time, but these regulations allowed ICM and the partner pastors to agree upon a list of households to prioritise for *Transform*. This is a good example of how standardised data collection and scoring allows for alignment of priorities for the faith-based organisation and the local faith leaders.

The development of this targeting process did require several iterations of improvement. In the first few years, it became apparent that the quality of data was an issue. When spot checks were conducted, which is when 5%–10% of completed scorecards are revisited by a different surveyor, it appeared that scorecards of certain households were incorrectly filled in, biased towards lower scores to ‘allow’ for eligibility into *Transform*. In the first versions of the scorecards, the scores associated with each indicator were printed onto the paper forms, and the algorithm and threshold calculations were printed at the bottom of the form. In hindsight, this was not helpful for the person filling in the scorecards; the scores were distracting, and one could feel that ‘disqualifying’ a household by accurately recording their status would be socially undesirable or heartless. To address this, the current versions of the scorecards do not have any scores printed on the form, and all of the calculations are done automatically through the database. Even our field staff do not know the algorithm and are not required to tabulate the final score. This was an important lesson in designing the data collection and processing workflow. Hiding the scores and calculations protected the data collectors because it removed the perceived responsibility of being in between a household in need and a poverty alleviation programme. The perspective was not that the data collectors were intentionally trying to deceive the system, but when the thresholds were too obvious, the pastors might feel responsible, and even blamed when certain households were not prioritised. There is a tension between data collection and targeting, which can be a cold process, and the implementation of a poverty reduction programme, which should be altruistic and generous. Shifting the responsibility of calculating a poverty score, and ultimately eligibility, to a database resolved some of that tension and protected the partner pastors and field staff from feeling that they were directly excluding households from receiving a programme due to data they were collecting.

There is value in targeting for poverty reduction using data, but it is arguably more important that the systems are properly designed. There are pros and cons to each strategy utilised for targeting (community-led ranking, propensity scoring, etc.), and each will have implications on both the organisation and partners. In every setting and scenario, the method chosen to target should aim to balance the use of resources, burden on staff and/or partners, accuracy, efficiency, and

potential effects on those that might be excluded from receiving a programme. In certain contexts, it might not be beneficial, and even harmful to target using data, especially if the system is poorly designed.

This was simply a single example of how thoughtful design can alleviate potential biases and protect the partnership between NGO and faith leaders, as data are utilised for prioritising households to reach. The ability ICM has to partner with pastors to target the extreme poor has strategic advantages that are discussed further. Considering the challenge of focussing funds and resources to those in most need, ICM has found a reasonable solution to targeting through our partner pastors and will continue to improve upon it.

Monitoring

The second category of data that ICM collects is broadly referred to as monitoring data. These are data points that are regularly collected on the activities, inputs, and outputs of the *Transform* programme. For example, the attendance of each participant at every session, the number of food packages distributed, etc. are all recorded. These statistics are primarily used by those implementing the strategy to monitor the status of each programme and assess the quality and fidelity of implementation. The metrics collected are also typically those that can be simply and quickly encoded, without the need for analysis or calculation.

In 2009–2010 when *Transform* was first developed, these data were collected on paper, using a series of forms. Each form served a purpose, and as the programme increased in complexity, so did the number of forms. Initially, it was only attendance and dispersals that were recorded, but to maintain proper management of the programmes, it quickly grew to include the height and weight of children, the presence and activity of the partner pastor in the community, and the exact number of business loans distributed and when they were paid back. It was then realised that duplicate data were recorded on these forms, the staff would often need to repeatedly write an individual participant's name, age, and gender on forms for each programme, treatment, protocol, etc. An added level of complexity was the relational nature of the data collected. The profile of the partner pastor and his or her church would need to be linked to the *Transform* programmes hosted there. The profile of children treated for acute malnutrition would need to be linked to the guardian that was attending the sessions. To address these complexities, it became apparent that a customised database would need to be built for ICM's data needs, as off the shelf data storage systems could not support the work.

ICM's database is still a work in progress, but has dramatically increased the strategic oversight that is possible over each programme, and by each layer of supervision. Field staff can access the community they actively work with, and also past communities if comparing data could be helpful. Field office managers can monitor the performance of their own team and identify problem areas. National strategy and programme staff can analyse whether protocols are efficient, effective, and direct innovation towards priority needs. Donors and stakeholders from abroad can also easily access and follow the statistics associated with the

programmes they are interested in. Where possible, the interface matches the paper forms so that encoding is intuitive, and data can be quickly updated. In most cases, the data in the system are a 'live' representation of over 350 programmes concurrently running and updated every 24 hours.

Timely collection and access to monitoring data allows ICM to manage the development of its programmes with a smaller team, but also provides assurances of quality in implementation to its partners. Those data tracked on the presence of partner pastors at each programme allow for a deeper level of accountability in the partnership. The pastors are made aware of the extent of data collected and often energetically take an active role in collecting and reflecting on the data. They recognise that metrics from their communities provide insight into how a programme is doing and often an impetus to engage more if needed. As an example, pastors often reference the number of children being treated for malnutrition, or the number of children receiving an education intervention to their local government officials as a sign of the collective achievement of the pastor and ICM in the community. There were also occasions where pastors would ask whether they could copy ICM's data forms to continue using in their churches and programmes. These pastors saw how the analysis of data could provide feedback on their programme is performing, as well as the ability to track quantitative change in their community. Monitoring data provides the foundation for deeper data analysis and allows for validation that the programme is running and what is happened as a result of the partnerships.

Scale

By design, the *Transform* programme has been set up for scale. The elements that make up the programme were developed to be easily replicated across various contexts, relevant across geographical types, and generalised to the majority of those living in ultrapovertry. The aim was to develop a strategy that could be widely distributed, maximising the reach of our resources without compromising the benefits a household would receive.

Although there was not a specific data set that was utilised to assess the ability of the programme to scale, data were used to weigh the importance of each component and balance the potential negatives and positives of certain design choices. For example, it was important to understand the amount of work a partner pastor could be expected to do as a volunteer. How many productive hours could they give towards *Transform*, how many households could they gather, and what types of content could we deliver as a partnership? It was also important to know how many households would be best for a single *Transform*. Too many households and quality might suffer, but too few and efficiency would be sacrificed. A crucial part of programme delivery also involves volunteer counsellors that are chosen by the partner pastor to assist in the implementation of the programme, discussing topics in small groups, personalised home visits, etc. How many of these volunteer counsellors could the average pastor be able to find?

Feedback to answer these questions was collected through survey forms and the analysis of programmatic data. ICM would ask pastors how many hours they were

willing to volunteer but would also cross reference the hours pastors were observed to be present during the *Transform* programme to see if these matched. Because the pastors' role is completely voluntary, the 'demand' or number of applications to run the programmes was also regularly tracked. When the programme became too complicated, or time- and resource-intensive, a dip in number of applications was a form of feedback letting the ICM team know to simplify or provide additional support for the programme.

The current version of *Transform* serves a minimum of 30 households per four-month programme. To arrive at this number, there were numerous iterations, first starting with programmes of 20 households, then 25 households. After two years of programmes at 25 households, attendance data were closely examined and it became apparent that an average of four to six visitors was present at every programme, so a decision was made to increase the capacity to 30. During this time, longitudinal data collected from households surveys were checked to ensure that key indicators in the average households were still improving at a comparable quantum. ICM did not want to sacrifice programme effect for greater numbers. At the same time, partner pastors were regularly consulted to confirm that the six volunteer counsellors required to assist in the programme was an attainable number.

The resulting programme strategy has many advantages: one is the relatively smaller management structure required to oversee the implementation of *Transform*. There are currently 10 bases that ICM operates out of, spread out across different provinces in the Philippines. Every base is designed to have the same organisation structure, headcount, annual budget, number of vehicles, and, as a result, the same output in terms of number of programmes provided to households in ultrapovertry. This maximisation of output was only possible by carefully interacting with our process data, ensuring that we do not overburden ICM staff or our partner faith leaders. Each base consists of three branch offices which host two teams of trainers (livelihoods and health) that teach in different communities every day of the week, on a weekly cycle. The result is the ability to reach over 1,000 communities via 26 branch offices, serving over 30,000 households a year. The standardised base design also simplifies expansion, as ICM plans to expand to more provinces in the Philippines, and potentially other countries, the design can simply be replicated, and the number of programmes achievable out of that base can be reliably estimated.

This approach also regulates the partnerships with local faith communities that each base must maintain. *Transform* cannot be implemented without partner pastors, so there are key personnel assigned to each base that focus on these relationships. In ICM's pastor network, there are currently approximately 8,000 active pastors who have recently attended a monthly meeting which ICM hosts. These monthly meetings are geographically spread out and organised into 70+ districts. The core purpose of the meetings is to provide training for the pastors on a variety of topics and also maintain connectivity with pastors that have run a *Transform* programme in the past. All pastor profiles (name, age, location of church & community, etc.) are stored in ICM's databases, providing a roster of potential communities that can be a programme site in the future. Using these data, ICM has been able to map the geographic coverage of ICM's partner

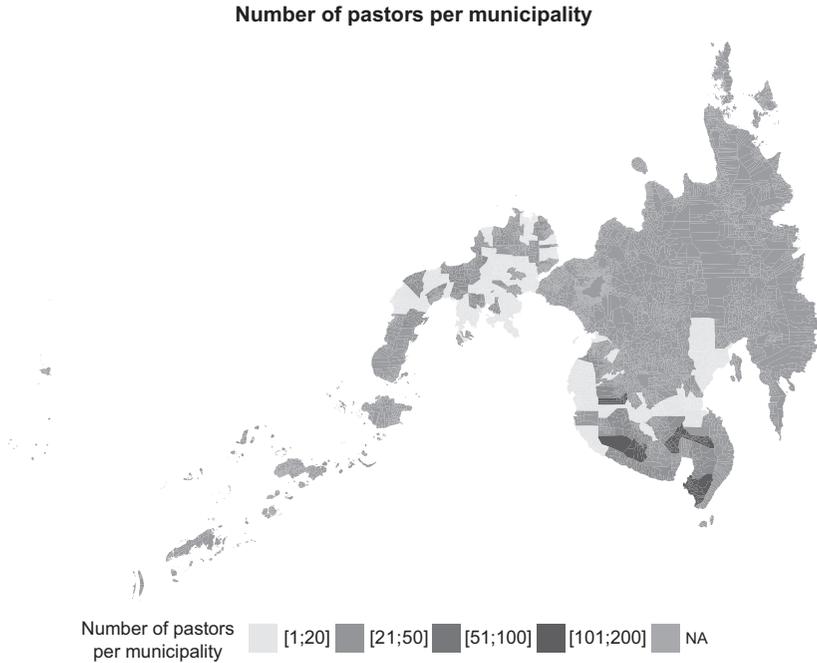


Figure 11.1 Sample pastor coverage map of ICM programme areas in Mindanao, Philippines.

pastors (Figure 11.1), and when analysed alongside national poverty, there is the ability to visualise which areas are in most need and recognise where new partnerships are needed with pastors. When these maps were presented to the pastors, they were received with excitement. It was the first comprehensive mapping initiative of where all the pastors in their province or island were working and visualising their collective coverage as pastors and churches provided a sense of pride. The maps also highlighted which areas have a high level of poverty, but might not yet have pastors present, this was also received positively as they plan to address these future areas of growth together with ICM.

This is a good example of how to collaborate with a highly scaled network of local faith communities that already exists and looks to keep growing. ICM will keep scaling *Transform* in parallel to these faith communities, and data have been used to strategise and excite these partnerships.

Experimentation and Evaluation

The most expansive category of data that ICM collects are classified under Evaluation and Learning. These data are collected via household surveys administered through one-on-one interviews. The surveys target *Transform* participants two weeks prior to the start of the programme and within two weeks after the

completion of the programme. These surveys are referred to as the pre- and post-surveys, respectively. In a subset, follow-up surveys were conducted on communities 6, 12, 18, and 24 months after programme completion. These surveys have been conducted since the inception of *Transform* in 2008 and covers topics such as household demographics, income, consumption, savings, social capital, psychological assessments, self-rated health, access to sanitation, food security, and spiritual metrics. Where possible, standardised survey instruments that have been validated are used, but for certain topics, ICM has internally developed the questions. The interviews are conducted by contract enumerators who are not part of the *Transform* implementation team and are managed by a separate department. This separation is by design, as being interviewed by the field staff would introduce unwanted biases. The typical enumerator that ICM hires is often also a pastor, who enumerates as a part-time job. The partner pastor that is ready to implement a programme in his or her community would guide ICM enumerators around the community, either by physically giving a tour or by labelling a map together. Currently, all surveys are conducted on tablets, and during survey periods, all uploaded data are checked daily so that errors and outliers are immediately spotted and addressed within 24 hours. During the busiest phases of surveying, ICM employs over 120 contract enumerators and can survey approximately 6,000 households in two weeks.

These surveys serve as guideposts, providing ICM with data on the profiles of incoming *Transform* participants and their changes over time as well as information on the scale of change that is experienced between the two surveys. Causal connections about *Transform* cannot be made using these longitudinal surveys, but they have been an important source of data on the state of the programme. The pre-surveys allow ICM to keep track of the characteristics of the average participant and check if the baseline is changing over time: for example, whether access to electricity, mobile phones, wall materials, floors, and roofs has changed over time and whether it is affected by the wider changes in the Philippine economy. Self-identified religious affiliations that participants identify with are also tracked, ensuring that the programmes are not biased towards a certain religion. Although this could be a sensitive subject in other contexts, in the Philippines, there have not been issues thus far. In the areas that ICM operates, violence targeted at religious affiliation is very rare, and religion is often practiced publicly and openly. The pre- to post-data is also utilised to track whether the change experienced is somewhat consistent across each programme batch. When key indicators do not change, it raises a flag, which will be further investigated.

To address the issue of causation, and what impact can be attributed to ICM's programmes, strong collaborations with academic institutions have been established, connecting with relevant subject matter experts and researchers. In terms of data collection, a strong partnership has been developed with Innovations for Poverty Action (IPA, 2018a). IPA specialises in conducting randomised controlled trials (RCTs) in lower- and middle-income contexts globally, methodically testing poverty interventions through randomisation and control groups. Randomising the population in treatment and control provides a counterfactual to

which treatment effect can be estimated and, therefore, attributed to a specific pathway, intervention, or programme.

ICM has now conducted a number of randomised experiments on the whole *Transform* programme and also on specific elements within the programme. The study most relevant to faith community partnerships is referred to as the VHL versus HL(V) RCT. In this study, the motivation for the experiment was to test a variant of *Transform* where the Values portion of the training (conducted by the partner pastor) was conducted at a different time and/or place to the rest of the programme. The purpose of the 'HL(V)' variant was to develop a programme which complied with USAID guidelines, but not reduce the 'spiritual' or religious impact of the programme. Communities and households were targeted and screened as per the standard *Transform* process, but immediately prior to the start of the programme, communities were evenly randomised into three groups: (1) VHL, (2) HL(V), and (3) Control. The control group in this study was then scheduled to receive the programme four months later in the next cycle.

The focus of the analysis was on economic, health, social, and spiritual outcomes. The results most relevant to our partner faith leaders was whether the spiritual outcomes in HL(V) were comparable to VHL, and it was found that in the large majority of measures it was. There were uneven attrition issues which made the control group data unreliable, but the economic and health indicators between HL(V) and VHL showed that both programmes were viable options for ICM without sacrificing programme impact. This type of methodology allowed ICM to test a new programme design and concurrently collect evidence during the process to address the concerns of partner pastors and other faith-based stakeholders. It was also important that qualitative data and feedback were collected from partner pastors, whereas the RCT data provided answers on whether the programmes were comparably impactful, it was qualitative data that revealed whether the HL(V) variant was acceptable to our partners and how they implemented it in various communities. From a series of in-depth interviews, it was apparent that the majority of pastors felt positively towards the new programme design, and many even preferred it to the original VHL design. When asked which programme they would prefer in the future, many chose the HL(V) design. The flexibility to run the Values sessions when and where they preferred was attractive to many partner pastors, and some innovated on how medium of how the Values was presented. For example, instead of a single session, some chose to split the material into two to three short meetings spread throughout the week. As a result of these quantitative and qualitative findings, ICM felt comfortable to pursue HL(V) as a long-term option for *Transform* implementation.

Experimentation via randomisation is a methodology that ICM has employed more frequently in recent years, and although there are clear strengths in using these study designs in establishing causality, there were also many challenges. An example of a challenge was of miscommunication during one of the larger RCTs, partner pastors that were randomised into the 'control' group were upset and complained that ICM should not be 'controlling' them. This led to a lack of trust in ICM's programmes, and extensive efforts have been made to re-establish

trust, to explain that 'control' in this context means that they do not receive a programme at this time, but can in the future after the study is completed. The importance of clear communication and open lines of feedback was highlighted during this lesson learned.

These experiences have shown ICM that experimentation and data collection can be of high value when designed sensitively and have direct or indirect implications on the actors involved with the programme and organisation. There are settings where RCTs can be effectively utilised to establish the impact of a programme, but also settings where RCTs might not be the most appropriate, with other mixed or qualitative designs providing more insight. Data collection and methodology should be tailored to the question and setting, and when done correctly can enhance the engagement with faith-based communities.

Concluding thoughts

These examples illustrate the wide range of ways that data can be utilised to design and innovate, as well as monitor and strategise, the growth of a programme. In some scenarios, data has directed ICM in how to develop partnerships with pastors most effectively, and in other cases, it was data that energised and stimulated these partnerships. There is not a single recipe or pattern in how best to integrate data, but creatively approaching each problem and customising the method of application has been successful in ICM's experience thus far. Errors have been made and inadvertently created tension between ICM and partner pastors, but it is encouraging that the shared common goal of addressing poverty has kept the bond with the pastors strong. Data is integral to ICM's identity, and just as important are the partnerships with the local faith leaders. Hopefully the learning captured in this chapter can help stimulate, guide, and shape other partnerships in various settings to address the challenges that are most pertinent to our world.

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