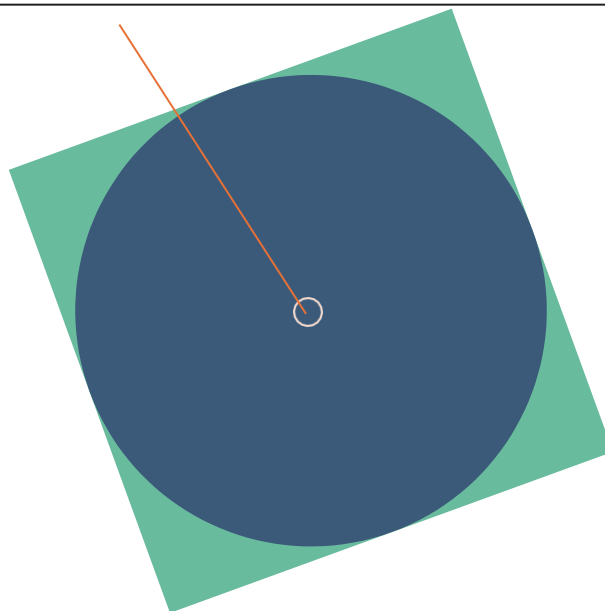


Current practices on data review and data use to inform supportive supervision in child protection in Moldova



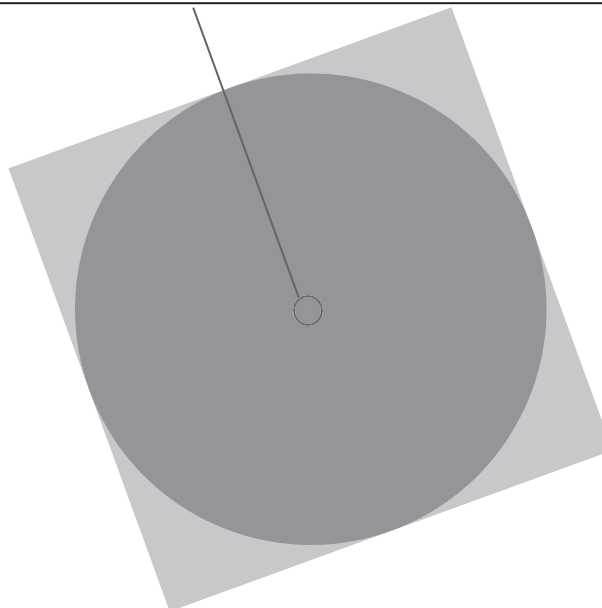
Current practices on data review and data use to inform supportive supervision in child protection in Moldova

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Abbreviations

CPIMS	Child Protection Information Management Systems
CSA	community social assistant
D4I	Data for Impact
Data.FI	Data for Implementation
EMIS	Education Management Information System
EMP	Extended Migration Profile
HMIS	health management information system
M&E	monitoring and evaluation
MOGLSD	Ministry of Gender, Labor and Social Development (Uganda)
MOHFW	Ministry of Health and Family Welfare (Bangladesh)
MOHLSP	Ministry of Health, Labor and Social Protection (Moldova)
MOLSA	Ministry of Labor and Social Affairs of Armenia
MOLSPF	Ministry of Labor, Social Protection and Family
NGO	nongovernmental organization
NCDWAA	National Council for Disability and Work Ability Assessment
NSAA	National Social Assistance Agency
PEPFAR	United States President's Emergency Plan for AIDS Relief
PMMU	Program Management and Monitoring Unit
SAAIS	Social Assistance Automated Information System
SADI	small areas deprivation index
SOPs	Standard Operating Procedures
TAST	Technical Assistance Support Team
TSAS	Territorial Social Assistance Structures
USAID	United States Agency for International Development

Context and Purpose of this Review

The goal of “Harnessing the Power of Data for the Benefit of the Child” project—funded by USAID and implemented by Data for Impact (D4I) in the Republic of Moldova—is to strengthen the capacity of the government and its partners at national and subnational levels to collect, analyze, and use data to generate a positive impact on children in adversity.

The main beneficiaries of D4I are the Ministry of Health, Labor and Social Protection (MOHLSP), the National Social Assistance Agency (NSAA) and the Territorial Social Assistance Structures (TSAS).

The MOHLSP is the central public authority in charge of policy development in the area of health, labor and social protection. The NSAA is a government agency under the MOHLSP with a mission to enhance the quality of social assistance provided to the beneficiary population by implementing the state policy in the area of social assistance, including: development of the methodological framework for coherent implementation of the legislation in the social assistance field, management of 14 social assistance rehabilitation and recovery public institutions, enabling the process of strengthening professional capacities of the social assistance staff, and financial management of the minimum social services package. The TSAS are set up by local public administration authorities with the task of enforcing legislation and implementing the social assistance policy at the local level. TSAS function in all administrative-territorial units of the Republic of Moldova: Chişinău municipality, Bălţi municipality, 32 rayons, and the Autonomous Territorial Unit Găgăuzia.

To inform the capacity strengthening work, D4I assessed in 2020 the capacity of the MOHLSP, NSAA, and TSAS to fulfil key roles and responsibilities in monitoring and evaluation (M&E). The assessments revealed the following system challenges:

- Absence of Standard Operating Procedures (SOPs) for data quality assurance and data use
- Poor coordination in the area of M&E between central and rayon/municipal levels¹
- Weak capacities at all levels for data quality assurance and data use to inform decision making

Based on the results of the assessments, M&E capacity strengthening plans were developed, including D4I specific support measures, such as the development of supportive supervision guidelines that NSAA could use to facilitate regular data review and data use at the rayon/municipal level, directly or through the TSAS.

The purpose of this paper is to review the current national and international practices for data review and data use to inform the development of these guidelines.

In the thematic literature, supportive supervision is defined in several ways, including: “provision of guidance and feedback on matters of personal, professional and educational development;”² “an approach that emphasises mentoring, joint problem solving, two-way communication;”³ “a process that promotes quality at all levels of the health system;”⁴ and “a process of guiding, helping, training and encouraging

¹ The Republic of Moldova has two administrative territorial tiers: (1) villages (communes), towns, and cities constitute the first-tier units; and (2) rayons, Chişinău municipality, Bălţi municipality, and the Autonomous Territorial Unit of Găgăuzia constitute the second-tier units. The text above refers to the latter which comprises 35 units, i.e., 32 rayons, 2 municipalities, and the Autonomous Territorial Unit of Găgăuzia.

² AMEE Guide No. 27: Effective educational and clinical supervision. Med Teach 2007; 29:2–19.101080/01421590701210907, Authors: Sue Kilminster, David Cottrell, Janet Grant, Brian Jolly (accessed on 17.02.2021). <https://pubmed.ncbi.nlm.nih.gov/17538823/>

³ EngenderHealth (2001). Facilitative supervision handbook. Page vii. (accessed on 17.02.2021).

https://www.engenderhealth.org/wp-content/uploads/imports/files/pubs/qi/facilitative-supervision/qi_facilsuperhdbk_toc.pdf

⁴ Marquez L, Kean L, (2002). Making supervision supportive and sustainable: new approaches to old problems. MAQ Paper no.4/2002. Page 12. (accessed on 17.02.2021). https://pdf.usaid.gov/pdf_docs/PNACS924.pdf

staff to improve their performance continuously in order to provide high-quality health services.”⁵ Though a number of definitions and models of supervision have been developed, the concept is still ill-defined.⁶

For the purpose of this paper, supportive supervision is meant to be a supportive approach used by the supervisor to coach and encourage the supervisee (an individual or groups) to critically reflect on their practice of reviewing and using data with the ultimate aim of improving the service provision and decision-making. It is conducted in regular meetings and through regular contacts including site visits, phone calls, data review meetings, etc., with a focus on accountability and skill development.⁷

This desk review paper consists of an introduction on context and purpose, methodology, a review of mapped national and international practices, and a summary of relevant findings for the upcoming NSAA guidelines and their proposed content.

Methodology

The paper is based on the documentary review of national and international information sources such as MEASURE Evaluation, Data for Implementation (Data.FI), D4I resource materials, as well as other materials mapped via internet searches using the following search terms:

- Supportive supervision for data review and use/for monitoring and evaluation
- Supportive/supporting supervision in social sectors/areas/fields/social protection/social assistance/social services/care services
- Supervision formative (in French)
- Support/coaching/peer support/assistance in data review and use
- In-service data revision/control/use
- Data quality check revision
- Data review and data use

With few exceptions, the mapping of practices is focused on the ones in the area of social assistance, child protection, and health care. Despite a multitude of practices on supportive supervision in these areas which are aimed at improving the service provision and professional performance generally, very few practices were identified that specifically address data review and data use for M&E and decision-making processes. Therefore, the desk review has also considered generic practices on data review and data use which could be embedded in the existing supportive supervision processes.

Particular attention was paid to identifying institutionalized practices and which of those could provide examples of how information was used for improved decision-making and support to clients and beneficiaries. Improving data quality along the way is very important, and many of the mapped practices highlight this quality aspect as well.

⁵ Garrison K, Caiola N, Sullivan R. (2004). *Supervising health care services: Improving the performance of people*. Washington DC: JHPIEGO. Preface. Page vii. (accessed on 17.02.2021). https://pdf.usaid.gov/pdf_docs/PNACX168.pdf

⁶ BMJ Global Health (2019). Supportive supervision to improve service delivery in low-income countries: Is there a conceptual problem or a strategy problem? *BMJ Journals*, 4(Supp.9):e001151, published online 2019 October 11, Authors: Gertrude Sika Avortri, Joy Belinda Nabukalu, Juliet Nabyonga-Orem. (accessed on 17.02.2021). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6797347/>

⁷ The definition is an adaptation of the one included in the Guidance Manual on Supportive Supervision for the Social Service Workforce, of the Global Social Service Workforce Alliance published October 2020. Page 6. (accessed on 28.03.2021). http://www.socialserviceworkforce.org/system/files/resource/files/Guidance_Manual_Strengthening_Supervision_Social_Service_Workforce_0.pdf

The paper presents practices from Moldova and international practices from Europe, Asia, Africa, the Caribbean, and Australia. For practices from Moldova, D4I held internal meetings with its expert team to map relevant institutions and individuals that would be worth contacting for the purpose of this desk review. Exploratory emails were sent to NSAA and Social Inspection,⁸ followed by some clarification calls. In addition, clarification discussions were held with representatives of several TSAS⁹ and with relevant local experts from think tanks and NGOs (Appendix 1). To check the institutionalisation aspect of some relevant practices in child protection, discussions with D4I experts from Armenia and Uganda were also conducted.

Each practice presented in this paper is structured as follows: (i) type of practice, (ii) short description and users, (iii) achievements and challenges, and (iv) applicability for NSAA. Table 1 below provides a brief overview of these practices. The documents consulted for this paper are presented in Appendix 2.

Table 1. Overview of Practices for Data Review and Data Use to Inform Supportive Supervision

Country	Type of Practice			Institutionalisation (yes/no/unknown)
	Data review meetings	Site visits	Other	
Republic of Moldova practices				
Professional supervision in social assistance	√	√		yes
Social aid	√	√	√	yes
Pilot test of alternative care indicators	√			no
Small Areas Deprivation Index	√			no
Extended Migration Profile	√			no
International practices				
A. Global practices				
CPIMS+/Primerio	√			used in 28 countries
B. Country-based practices				
Armenia: Child case files in Manuk database	√	√		no
Armenia: School attendance of children with special education needs		√		no
Uganda: Alternative childcare	√	√		yes
Ghana: Alternative childcare		√		yes
Nigeria: Control of HIV epidemic	√	√		yes
Haiti: HIV prevention, care, and treatment	√	√		unknown
Ethiopia: Health Management Information System	√			yes
Bangladesh: Health sector program	√			yes
Australia: Health services data management for indigenous population		√		Unknown

⁸ Social Inspection is a public administration authority established in 2011 under the MOHLSP, with the mandate of inspecting the observance of the legal framework on cash benefits and social services.

⁹ TSAS of Hîncești, Fălești, and Cahul rayons, selected based on their experience in piloting alternative childcare indicators with the support of D4I (September 2020–March 2021), including experience in data review of the data sets collected through electronic tools.

Republic of Moldova Practices

Professional Supervision in Social Assistance

Type of practice: Combined data review meetings and site visits to ensure a uniform implementation of case management and quality service provision

Description and users: Recognizing the fact that the efficient operation of the integrated social services system is directly influenced by the performance of social services providers, the Moldovan Ministry of Labor, Social Protection and Family (MOLSPF)¹⁰ launched the mechanism of professional supervision in social assistance in early 2009.¹¹ The aim of that mechanism was to improve the professional supervision process and address more broadly the needs for professional support of community social assistants (CSAs).

The uneven implementation of the mechanism at national level, caused by the different degrees of TSAS engagement and support provided from NGOs, led the ministry to revise the mechanism. Thus, in 2017, the ministry approved an updated mechanism for professional supervision in social assistance,¹² which was developed and successfully piloted with the support of USAID-funded project “Children in Moldova are Cared for in Safe and Secure Families,”¹³ implemented by Partnerships for Every Child in collaboration with the Government of the Republic of Moldova.

The updated mechanism described the process of professional supervision implementation with the involvement of all TSAS personnel. It oriented the supervision process toward the improvement and streamlining of staff professional competences to ensure a child’s well-being and family strengthening through interconnection with the case management procedures.¹⁴ Although the new mechanism clearly described the entire process of professional supervision (types of supervision, frequency of supervision meetings, participants, standard procedures, and the tools to be used),¹⁵ it has still been implemented unevenly across the country.

In some rayons,¹⁶ the process of professional supervision is rather formal, ad hoc, and rare (one meeting or a site monitoring visit every several months) and may be limited to discussing only certain issues on case management, or changes in the regulatory framework. In other rayons, the process is more advanced, striving to improve case management efficiency, increase accuracy of data collected at community level, improve the analysis of the social situation at rayon level, or optimize the social services network. For example, in Făleşti rayon, professional supervision meetings (including online meetings) are held on a monthly basis, in accordance with an approved plan and agenda. They are

¹⁰ Currently, the Ministry of Health, Labour and Social Protection (MOHLSP).

¹¹ MOLSPF Minister’s Order no.99 of 31.12.2008 on the approval of the Mechanism of professional supervision in social assistance. (accessed on 26.03.2021).

<http://old.mmpsf.gov.md/file/documente%20interne/Mecanismul%20de%20supervizare.rom.pdf>, Order of the Minister of Labour, Social Protection and Family no.15 of 10.11.2009 on the approval of the Guide for the implementation of the mechanism of professional supervision in social assistance. (accessed on 26.03.2021).

<http://old.mmpsf.gov.md/file/documente%20interne/Final%20Ghid%20in%20supervizare%20rom..pdf>

¹² MOLSPF Minister’s Order no. 74 of 10.05.2017 on approval of the Mechanism of professional supervision in social assistance. Practical implementation guide. (accessed on 27.03.2021). http://www.p4ec.md/handlers/download.ashx?id=106&Ing=en&name=Ghid_supervision.pdf

¹³ P4EC/APC (2018). Final Report Children in Moldova are Cared for in Safe and Secure Families project Implemented by Partnerships for Every Child: January 1, 2014 through December 31, 2017. (accessed on 14.04.2021).

<http://socialserviceworkforce.org/system/files/resource/files/Children-in-Moldova-Project-Final-Report.pdf>

¹⁴ MOLSPF Minister’s Order no.96 of 18.05.2016 on approval of the Case management practical guide. (accessed on 28.03.2021).

http://www.p4ec.md/handlers/download.ashx?id=104&Ing=en&name=Case_Management_Guide

¹⁵ MOLSPF Minister’s Order no. 74 of 10.05.2017 on approval of the Mechanism of professional supervision in social assistance. Practical implementation guide, page 23. (accessed on 27.03.2021). http://www.p4ec.md/handlers/download.ashx?id=106&Ing=en&name=Ghid_supervision.pdf

¹⁶ Administrative territorial unit of second level in the Republic of Moldova.

organized individually or in small and large groups, depending on needs. During these meetings, participants discuss professional performance, challenges in case management, and the number of cases recorded. These are analyzed from the viewpoint of compliance with case management procedures for different risk levels. To avoid losing cases in the system and to ensure data accuracy at the primary source, each TSAS head of service is assigned the task of monitoring the cases at community level. Thus, each case opened, closed, or referred by the CSAs is communicated to the heads of the respective services, who in turn correlate and corroborate them. At the same time, the data that TSAS collects and aggregates at rayon level are used to conduct analyses and optimize services. For example, in the rayons of Făleşti and Cahul, when data show a reduction in the number of persons with disabilities benefiting from home care services, resources are reallocated to expand the number of personal assistants¹⁷ for these persons.

Achievements and challenges: The strong point of this practice is its institutionalization in the form of a national mechanism aimed at improving the professional performance and the quality of social services provision. However, the implementation of the mechanism is uneven across the rayons, its functionality being affected by a series of challenges, in particular: (i) staff turnover, which frequently transforms the supervision process in a training operation on the background of an underdeveloped national system for initial and continuous training in social assistance; (ii) work overload of supervisors involved in the process, which leads to professional burnout, the supervision being additional, unpaid work; and (iii) poor resources for IT service of computers and software upgrading, which leads to the persistence of paper records and diminishes the possibilities to check and assure data quality. Another major issue is that the mechanism does not sufficiently describe how the process of professional supervision should be organized at national level. It is limited to defining the responsibilities of the MOHLSP in developing methodological and informational materials and ensuring the trainings for the staff of TSAS and social assistance services, without specifying how the ministry will collect feedback and how it will use the results of supervision for decision-making. Also, the current mechanism does not define the role of the NSAA, the authority established in 2016 to enhance the quality of social assistance by implementing state policy.¹⁸ In order to fulfill its mission, basic functions, and responsibilities—in particular the methodological support to TSAS—the participation of the NSAA in the process of professional supervision in social assistance is essential.

Applicability for NSAA: This practice is directly related to the NSAA task of providing methodological support to TSAS. To ensure functionality of the mechanism described above, the role of NSAA should be specifically defined so that it directly provides or monitors the implementation of the professional supervision by TSAS across the country and identifies solutions to improve it. Alongside this, it should remain in close coordination with MOHLSP to ensure functionality of the continuous training system in social assistance. As the mechanism of professional supervision in social assistance also embeds certain elements of M&E (such as quality of case records), it can serve as an umbrella for the organization of supportive supervision for data review and data use meetings and site visits for decision-making at the rayon level.

¹⁷ The personal assistance is a customized care service to meet the need for mobility, hygiene, feeding, and other needs of the child or adult with severe disabilities who require support for integration in society. It is provided directly to each person with disability by a relative or a third person employed by the municipality.

¹⁸ Government Decision no. 1236/2016 approving the Regulation on the NSAA organization and functioning, and its structure and the staffing scheme. (accessed on 27.03.2021). https://www.legis.md/cautare/getResults?doc_id=110438&lang=ro

Social Aid

Type of practice: Combined data review meetings, site visits of mobile commissions, and inspections to ensure uniform implementation of social aid program across the country

Description and users: In 2008, the Government of Moldova passed new legislation on “Social aid” (Ajutor social),¹⁹ a cash means-tested benefit to fight against poverty. An Excel-based information system for social aid management, i.e., Moldova Social Assistance System, was developed with the support of Oxford Policy Management. At rayon level, the system functionality was ensured by TSAS operators-supervisors, who processed and introduced in the system the applications for social aid collected by the CSAs. A series of trainings for operators-supervisors and CSAs was delivered, and regular data quality review meetings for completeness and accuracy checks were conducted by the MOLSPF with the support of Oxford Policy Management.

In 2013, the first version of the Social Assistance Automated Information System (SAAIS)²⁰, developed with the support of World Bank, included a module on “Social Benefits” for keeping records of applicants and recipients of social aid and cold season allowances. After several modernizations and functional extensions, the system became functional in August 2015.²¹ As of 2016, the CSAs were given access to the system to introduce the data concerning the social aid applications. To ensure uniform and correct implementation of the social aid program, TSAS conducts regular data review meetings with CSAs as part of the mechanism of professional supervision in social assistance described above. The MOHLSP participated in these meetings and deemed them effective. Mobile commissions, including TSAS operators-supervisors, were also set up to pay regular site visits to villages and provide supportive supervision and on-the-job mentoring to CSAs.²²

The Social Inspection²³ plays an important role in this context, carrying out regular inspections based on specific SOPs.²⁴ It examines the implementation of the regulatory framework on social aid, cold season allowances, and social services provision. The findings and recommendations of the inspections are recorded in reports which are developed and issued through the “Social Inspection” module of SAAIS. Unlike other countries, the Social Inspection in Moldova does not function punitively; it acts as a methodological advisor to TSAS in implementing the regulatory framework.

Achievements and challenges: The MOHLSP has a functional automated system, SAAIS, for the administration of the social aid. It is primarily used for tracking the beneficiaries and reporting, but also informs supportive supervision for data review and data use by institutionalizing regular meetings with CSAs for social assistance and site visits of mobile commissions.²⁵ The advisory role of the Social

¹⁹ Law on social aid no. 133-XVI of 13.06.2008. (accessed on 16.03.2021).

https://www.legis.md/cautare/getResults?doc_id=124785&lang=ro

²⁰ MOLSPF Minister's Order no. 144/a of 28.08.2013 related to the Social Assistance Automated Information System.

http://old.mmps.gov.md/file/ordine/ordin1/ORDIN_144A_CU_PRIVIRE_SIAAS_1.pdf

²¹ MOLSPF Minister's Order no.107 of 02.07.2015 related to the implementation of the functional extension of the Social Assistance Automated Information System.

²² Page 61 of the Government Decision no.1167/2008, on the approval the Regulation on the procedure of establishment and payment the social aid benefit. (accessed on 14.03.2021). https://www.legis.md/cautare/getResults?doc_id=119112&lang=ro

²³ Government Decision no.802 on 28.10.2011 regarding the creation of the Social Inspection. (accessed on 14.03.2021).

https://www.legis.md/cautare/getResults?doc_id=12356&lang=ro

²⁴ Order of Head of Social Inspection no.113/a of 29.10.2018 on the Operational Manual for inspecting the social benefit and the aid for cold season. [https://is.msmps.gov.md/sites/default/files/Manual%20%20opera%C8%9Bional%20privind%20inspectarea%20ajutorului%20social%C8%99%20ajutorului%20pentru%20perioada%20rece%20a%20anului%20\(2\).pdf](https://is.msmps.gov.md/sites/default/files/Manual%20%20opera%C8%9Bional%20privind%20inspectarea%20ajutorului%20social%C8%99%20ajutorului%20pentru%20perioada%20rece%20a%20anului%20(2).pdf);

Order of Head of Social Inspection no.122 of 29.12.2017 on the Inspection standards. (accessed on 14.03.2021).

<https://is.msmps.gov.md/sites/default/files/Standarde%20%20de%20inspectie.pdf>

²⁵ Government Decision no.1167/2008 on the approval the Regulation on the procedure of establishment and payment the social aid benefit. Page 61. (accessed on 14.03.2021). https://www.legis.md/cautare/getResults?doc_id=119112&lang=ro;

MOLSPF Minister's Order no.99 on 31.12.2008 on the approval of the Mechanism of professional supervision in social assistance, (accessed on 26.03.2021). <http://old.mmps.gov.md/file/documente%20interne/Mecanismul%20de%20supervizare.rom.pdf>

Inspection is instrumental in helping the TSAS to implement the social assistance regulatory framework, embedding a dimension of supportive supervision.

Applicability for NSAA: Some positive elements of this practice can be considered by NSAA when putting in place its supportive supervision process: (i) mobile teams of trained supervisors conduct supportive supervision based on specific SOP/guidelines; (ii) regular data review meetings of TSAS with the CSAs are promoted, aimed at increasing data quality at the primary source, and (iii) continuous coaching/mentoring of TSAS staff encourages data use at rayon level for taking decisions on priority needs.

Pilot Test of Alternative Childcare Indicators

Type of practice: Data review meetings to improve data quality and prepare for the electronic monitoring of alternative childcare

Description and users: Specific routine monitoring indicators of alternative childcare were developed between 2018–2019 by a working group led by the MOHLSP within the MEASURE Evaluation project, funded by USAID. The development of indicators was triggered by several challenges identified during the assessment of the alternative childcare system in 2017.²⁶ The working group agreed upon 28 indicators and developed subsequent Indicator Reference Sheets (IRSs).

Given the absence of digital data collection, the MOHLSP decided to pilot the indicators using electronic tools to test their utility for increasing the efficiency of the data collection and reporting process, as well as for evidence-based decision-making, with the ultimate goal to scale them up to national level. The first version of electronic tools for collecting data for 26 out of the 28 indicators²⁷ was developed in 2019. They were further developed in 2020 with support of the USAID project “Data for Impact (D4I): Harnessing the Power of Data for the Benefit of the Child” by automatizing the functionalities of data aggregation, reporting, and visualization. Thus, 5 community tools and 11 rayon/municipal tools were developed in Microsoft Excel to capture data for the 26 indicators.²⁸

The pilot test took place in four pilot regions (Chişinău municipality and Cahul, Hînceşti and Făleşti rayons) between September 16, 2020, and March 16, 2021. After an initial training, over 190 CSAs and TSAS specialists were supported by D4I to enter data in the registries of the electronic tools and handle their functionalities for automatic data aggregation, reporting, and visualization. Because of the COVID-19 pandemic, communication and provision of support was achieved with online communication tools and cloud platforms. Support occurred predominantly one-on-one or in small group sessions.

The initial data submitted by the pilot regions did not align well, revealing several cases where indicators did not corroborate correctly among themselves.²⁹ The D4I team worked with the pilot regions to identify the reasons for data misalignment, which included delays in entering data in several tools due to the work overload at the end of the year (the piloting month was November 16–December 14, 2020), errors in filling in registries which affected the automatic calculation of indicators in the reports, and the misreporting of some data to the D4I team even if they were correct in the reports of the electronic tools

²⁶ Cannon, M., Gheorghe, C. & Moldova country core team (2018). Assessing alternative care for children in Moldova: Assessment Report (Volume 1). (accessed on 19.03.2021). <https://www.measureevaluation.org/resources/publications/tr-18-262a>

²⁷ Except for indicator Number and Percentage of children hosted in Assisted Social Housing service because this service is not regulated yet, and indicator Number and Percentage of accredited placement services providers, for which data is mainly collected by the National Council for the Accreditation of Social Service Providers in its national database.

²⁸ D4I (2021). Pilot Test of Alternative Childcare Indicators in Moldova. Final report. (accessed on 20.05.2021). <https://www.data4impactproject.org/publications/pilot-test-of-alternative-childcare-indicators-in-moldova/>

²⁹ For instance, “Number of children separated from their family” as a total of “Number of children whose parents/only parent are/is temporarily in another locality” and “Number of children in placement services”; another example: “Number of children placed in kinship care” which should always be equal or higher than the “Number of kinship carers.”

(e.g. reporting of children in emergency placement rather than children in both emergency and planned placement services). After several supportive supervision meetings with TSAS and three to four rounds of data review for each pilot region, the TSAS fixed the errors and provided the final data on indicators.

Achievements and challenges: The findings of the pilot test showed great progress in raising the awareness of TSAS specialists and CSAs of the importance and usefulness of an electronic system (database) for collecting data and keeping records of beneficiaries through an automated information system. The pilot test proved the accuracy of primary data sources indicated in the IRSs and the consistency with the current legal framework and practices. It demonstrated that the piloted electronic tools allowed the collection of disaggregated data for all alternative childcare indicators. In addition, it checked the possible frequency of data collection and reporting.

The data review was a very useful exercise for CSAs and TSAS specialists as they learned how indicators should corroborate with each other, how data should align, how to ‘read’ the correlation between indicators, and why the review of the entire data set is important for assuring reliable data for decision-making. The pilot test proved the positive effects that the supportive supervision sessions conducted by D4I have on data quality. In addition, data was reported to have been used by Fălesti rayon to inform the 2021 activity plan and by Chişinău municipality to inform the development of emergency foster care to reduce child institutionalization (according to the data sets, institutionalization was the predominant form of alternative care for children left without parental care in Chişinău municipality).

The pilot test encountered difficulties due to outdated information technologies and insufficient CSAs skills in using basic Microsoft Excel functions. Other challenges were caused by the uneven CSAs understanding of the legislation behind the indicators, overlapping of the pilot test period with the cold season when the CSAs were overloaded with processing heating allowance applications, staff turnover, and numerous cases of CSAs taking sick leave because of the COVID-19 pandemic.

Applicability for NSAA: Once the routine monitoring indicators on alternative childcare are institutionalized by the MOHLSP, the methodological support subdivision of the NSAA will have an important role to play in providing supportive supervision to TSAS (which was performed by D4I during the pilot test) in the form of regular data review and data use sessions. To this end, the D4I project will assist the NSAA, in accordance with the provisions of the M&E capacity strengthening plan, to develop supportive supervision guidelines facilitating regular sessions at rayon/municipal level.

Small Areas Deprivation Index (SADI)

Type of practice: Data review meetings to prioritize support for deprived communities and take decisions on local and regional development

Description and users: The Ministry of Economy, with the support of United Nations, strove to build a culture of data use based on a set of social-economic indicators at community level, grouped under a small areas deprivation index (SADI). The index and related socio-economic indicators, disaggregated at community level, were developed in 2003. They arose from the government’s need to measure community poverty and better target financial resources to the most vulnerable localities in the country. In 2005, those socio-economic indicators were institutionalized as part of the national poverty monitoring and evaluation system.³⁰ Thereafter, SADI database was one of the benchmarks used by the World Bank in providing loans for community development in rural areas and small towns, through the Moldova Social Investment Fund. To access the development funds, the municipalities used the socio-

³⁰ Approved by Government Decision no. 851/2005 on establishing a poverty monitoring and evaluation system, including socio-economic indicators of communities required to analyze the non-monetary poverty dimensions. (accessed on 10.03.2021). https://www.legis.md/cautare/getResults?doc_id=27733&lang=ro

economic indicators and SADI for informing the local development priorities. SADI data is still used to attract resources for community development from different sources, monitor regional development policies, and make investment decisions.

The database and deprivation index calculation methodology were periodically reviewed and adjusted to ensure reliable and quality data, aligned to the country economic and social context. For example, in 2006 data quality check lists were developed with the support of UNDP/UNICEF/SDC Joint Programme “Support to Strategic Policy Formulation, Monitoring and Evaluation in Moldova,” and the Ministry of Economy staff members were trained as supervisors to conduct data review meetings with representatives of rayon departments of economy and finances and local public authorities. In 2012, the Congress of Local Authorities, with the support of UNICEF, used SADI to assess the statistical data needs of local public administrations for monitoring and evaluating the administrative decentralization process.³¹ The next review exercise of SADI was conducted in 2014 by the Ministry of Economy, together with the National Bureau of Statistics, with the support of the UN Programme “Strengthening the national statistical system.”³²

The latest adjustment of the database and SADI calculation methodologies took place in 2020. New indicators, in line with the adjustments of the policy framework, were added to the Sustainable Development Goals and the availability of data in the central-level information systems.³³ Apart from the National Bureau of Statistics, an additional 14 public institutions were involved in the review process.³⁴

Currently, the SADI database encompasses about 200 detailed indicators at the level of 897 rural and urban localities, which measure the community development level, the living conditions and access to services.³⁵ The SADI index is calculated using 71 relative indicators which are clustered into eight key domains i.e., demography, economy, social sector, education, health services, water and sanitation, and infrastructure.³⁶

Achievements and challenges: This practice has the following strong points: (i) the development of a tool which allows the M&E of communities’ development levels and identification of disparities for informed and targeted decisions regarding the regional development, and (ii) the ownership of local public authorities in using this tool for the prioritization of the local needs and accessing resources for development from different sources.

On the other hand, the supportive supervision data review meetings at local level were episodic and failed to become institutionalized. The improvement of the quality of territorial data collected from various sources, including those from the municipalities, as well the modernization of current information systems to meet users’ needs were acknowledged by the government as challenges to be

³¹ UNICEF/CALM (2012). Integrated database at local level, challenges and perspectives for LPAs in the context of monitoring the administrative decentralization. Needs assessment report. (accessed on 07.03.2021).

http://www.arfc.gov.md/files/Raport%20CALM_2013_27_03_2013.doc

³² UNDP (2014). Deprivation index of rural communities adjusted to policy framework in Moldova. (accessed on 06.03.2021).

<https://www.md.undp.org/content/moldova/en/home/presscenter/pressreleases/2014/08/25/m-surarea-depriv-rii-comunit-ilor-rurale-actualizat-la-contextul-actual-de-politici-a-republicii-moldova.html>

³³ GIZ/GoRM (2020). Technical note. The methodological review of the Small Areas Deprivation Index (SADI). Author: Vremiş, M. (under printing).

³⁴ MOHLSP, Ministry of Education and Culture, National Social Insurance House, National Agency for Public Health, National Employment Agency, National Company for Medical Insurance, Centre for Pre-Hospital Emergency Medical Assistance, National Regulatory Agency for Electronic Communications and Information Technology, Public Services Agency, Information Technology and Cyber Security Service, Agency of Intervention and Payments for Agriculture, National Agency for Food Safety, Ministry of Finances and State Tax Service.

³⁵ MEI. Socio-economic indicators per locality. (accessed on 07.03.2020) <https://mei.gov.md/en/content/socio-economic-indicators-locality>

³⁶ GIZ/GoRM (2020). Technical note. The methodological review of the Small Areas Deprivation Index (SADI). Author: Vremiş, M. (under printing).

addressed soon.³⁷ To this end, a draft government decision with an action plan and clear roles and responsibilities of the partner institutions was drafted and is awaiting approval.

Applicability for NSAA: As shown by this practice, the supportive supervision processes for data review, even if episodic and not institutionalized, positively influenced the data quality and data use at national and regional levels for prioritizing support to deprived areas and for making decisions on local and regional development investment policies. The lesson learned for the NSAA is that these data review meetings need to be institutionalized to ensure that they are conducted regularly. In addition, the staff should be trained as supervisors and the necessary tools should be developed, piloted, and subsequently integrated into a methodological document (guide).

Extended Migration Profile

Type of practice: Data review meetings to improve migration management

Description and users: In 2012, the Government of Moldova, with the support of the International Organization for Migration, developed and institutionalized the Extended Migration Profile (EMP)³⁸ as a support tool for migration management.³⁹ The EMP framework was built based on the results of a data assessment exercise from 2011 and an extensive participatory process that brought together the migration-relevant data suppliers and data users. A matrix of EMP indicators was developed which informed the first analytical report for 2005–2010.

Taking into consideration the development over time of the information systems and data flows records, including those related to migration, a reassessment of the existing collection systems, an analysis of primary and statistical data and of data providers were performed in 2015–2016. Some gaps and challenges related to the calculation and presentation of data by some providers were identified, pointing to the need for the re-evaluation of the set of EMP indicators. A series of regular data review meetings with data suppliers and data users were conducted at national level, resulting in an updated EMP matrix of indicators and templates. At the same time, it was decided to produce the EMP analytical report every three years, and a EMP statistical compendium annually.⁴⁰

Achievements and challenges: Currently, Moldova has a strengthened framework for the M&E of migration, which is used for informing the decision-making processes. To date, it has been used for institutionalizing the mechanism for the coordination of state policies in the field of diaspora migration and development,⁴¹ informing the National Development Strategy Moldova 2030,⁴² and developing the new Strategy for Migration and Asylum for 2021–2030 (in drafting process).⁴³ Moldova's EMP is

³⁷ Ibidem

³⁸ Government Decision no. 634 of 24.08.2012 regarding the approval of the List of indicators and the Template of the Extended Migration Profile of the Republic of Moldova. (accessed on 18.03.2021).

https://www.legis.md/cautare/getResults?doc_id=103199&lang=ro

³⁹ Due to poverty and lack of job opportunities, labour migration is affecting around one third of Moldova's population. According to the Statistical Compendium of the Extended Migration Profile of the Republic of Moldova for 2017–2019, the number of Moldovan citizens who left abroad for different periods of time at the end of 2019 was 743.5 thousand persons. The number of those who were abroad for 12 months and more was over 306 thousand persons. Temporary /Circular migration. Page 10. (accessed on 24.05.2021). http://bma.gov.md/sites/default/files/sites/default/files/atasamente/comunicate/cs_al_pme_2017-2019_ed_2020.pdf

⁴⁰ Government Decision no. 634 of 24.08.2012 regarding the approval of the List of indicators and the Template of the Extended Migration Profile of the Republic of Moldova, with amendments from 2018. (accessed on 18.03.2021).

https://www.legis.md/cautare/getResults?doc_id=103199&lang=ro

⁴¹ Government Decision no. 725/2017 on the Mechanism for coordination the state policy in the field of diaspora, migration and development. (accessed on 12.06.2021).

https://brd.gov.md/sites/default/files/document/attachments/hotarare_de_guvern_nr_725_2017.pdf

⁴² Government Decision no.377/2020 on the approval of the approval of the National Development Strategy "Moldova 2030." (accessed on 12.06.2021). https://www.legis.md/cautare/getResults?doc_id=121920&lang=ro

⁴³ Government Decision no. 636/2019 regarding the approval of the Action Plan of the Government for the years 2020–2023. Objectives 2.19 and 2.20, actions 2.19.1 and 2.20.2. (accessed on 12.06.2021).

https://gov.md/sites/default/files/document/attachments/pag_2020-2023_ro.pdf

considered to be a good practice internationally, being used for building Armenia’s EMP⁴⁴ and developing light Migration Profiles of countries participants in the Prague Process.⁴⁵

Applicability for NSAA: This national practice provides useful hints to the NSAA on how regular data review exercises may contribute to the identification of data gaps and solutions to improve data quality and data use for decision-making. The NSAA can learn how the involvement in data review meetings of both data suppliers and data users help the adjustment of data production processes to data needs with a view to efficiently inform decision-making at national and local levels and reflect this approach in its supportive supervision practice.

International Practices for Data Review and Data Use

A. Global

CPIMS+/Primero

Type of practice: Using information management systems to facilitate real time supporting supervision for improved case management

Description and users: Child Protection Information Management Systems (CPIMS) are integrated processes for the routine collection, analysis, and interpretation of data relevant for child protection. CPIMS can embed aspects of supervision to enable supervisors to better support their supervisees in data quality assurance and use improved case management practices and decision making, such as actions to take on specific cases, decisions to make on individual care plans, case closures, etc.⁴⁶

A standard inter-agency CPIMS was designed in 2005 and redesigned in 2009 and 2014 as a web-based, open-source platform called CPIMS+/Primero⁴⁷ to help social services, humanitarian, and development workers manage protection-related data. Now used in 28 countries, it provides tools that facilitate case management, incident monitoring, and family tracing and reunification.^{48,49}

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- ⁴⁴ Within the framework of EU-funded project “Support to Migration and Border Management in Armenia,” two consultants from the Republic of Moldova (one from the Bureau of Migration and Asylum and one freelancer) provided support to Armenia’s State Migration Service in developing the analytical section of the EMP (data collection, indicators, structural templates) and enhancing the capacity of the staff on the overall EMP development. The support was provided May–October 2018.

⁴⁵ The Prague Process was set up in 2009 and represents a targeted migration dialogue and a policy process promoting migration partnerships among the countries of the European Union, Schengen Area, Eastern Partnership, Western Balkans, Central Asia, Russia and Turkey (50 member countries). <https://www.pragueprocess.eu/en/about>. Since 2010 a set of light Migration Profiles (13 profiles) and Extended Migration Profiles (14 profiles) were developed by member countries. (accessed on 5.04.2021). <https://www.pragueprocess.eu/en/migration-observatory/migration-profiles>

⁴⁶ Global Social Service Workforce Alliance (2020). Guidance Manual on Supportive Supervision for the Social Service Workforce. (accessed on 28.03.2021) http://www.socialserviceworkforce.org/system/files/resource/files/Guidance_Manual_Strengthening_Supervision_Social_Service_Workforce_0.pdf

⁴⁷ More information at <https://www.cpims.org/> (accessed on 28.04.2021).

⁴⁸ <https://www.primero.org/> (accessed on 28.04.2021).

⁴⁹ Global Social Service Workforce Alliance (2020). Guidance Manual on Supportive Supervision for the Social Service Workforce. (accessed on 28.03.2021). http://www.socialserviceworkforce.org/system/files/resource/files/Guidance_Manual_Strengthening_Supervision_Social_Service_Workforce_0.pdf

Achievements and challenges: CPIMS+/Primerio is a global public good developed according to the Principles for Digital Development. It is easily configurable and adaptable to different contexts and types of programs and supports interoperability and data integration with other data management systems. For supervisors, it improves real time support for caseworkers throughout the case management process.⁵⁰

Applicability for NSAA: The open-source platform CPIMS+/Primerio represents an excellent means to use for supportive supervision in data review and data use. A Case Management Information System is planned to be developed with the support of D4I. For this purpose, relevant platforms are being analyzed, including CPMIS+/Primerio, to check the possibility of their adaptation for Moldova. In case the decision is to build the system based on CPMIS+/Primerio, the NSAA as well as TSAS would need to have SOPs/guidelines on how to use the software for supportive supervision.

B. Country-based

Armenia: Child Case Files in Manuk Database

Type of practice: Site visits aimed to raise awareness on the importance of data quality and increase skills for data use

Description and users: With the support of USAID-financed MEASURE Evaluation project,⁵¹ staff from the child protection and M&E divisions of the Ministry of Labor and Social Affairs of Armenia (MOLSA) conducted site visits to four selected regions in November–December 2018. The aim of those visits was to strengthen the capacities of MOLSA staff to conduct data quality check as well to promote data demand and use at the regional level. A guide for site visits was developed which included an interview guide with open-ended questions for interviews with various types of organizations and instructions for checking the accuracy and completeness of case file data recorded in Manuk database⁵² based on a random selection of child cases.⁵³

During site visits, the MOLSA staff had the opportunity to observe and practice skills on: (i) checking case file data in Manuk database, (ii) verifying reported indicator data on the number of children by type of care, (iii) learning about data quality and data use practices, and (iv) promoting data use by providing relevant examples.

Achievements and challenges: The site visits allowed MOLSA staff to identify weaknesses in data quality and use as well as possible solutions to address challenges. For example, indicator data verification confirmed the high accuracy (97–100%) of records of children in orphanages, but the underreporting of children in formal kinship and temporary shelters. The data quality checks revealed problems in accuracy, completeness, and timeliness as follows: missing data on individual care plans and changes in the type of care provided to children; partial data on children in kinship care; and irregular data entry. Several organizational, technical, and behavioral barriers affecting the process of quality data collection were identified, most of them being relevant for Moldova, such as: staff turnover, poor or lack

⁵⁰ Ibidem

⁵¹ MEASURE Evaluation (<https://www.measureevaluation.org/>) was a global project funded by USAID. For more than two decades (2000–2020), it helped improve data collection, data quality, and the global capacity for research. The project blazed new trails in rigorous methods for monitoring and evaluation, developed tools in use around the world to improve data quality and data use, and defined the components of high-functioning information systems and effective means to improve them.

⁵² The Manuk database, administrated by MOLSA, contains information on children in state-funded alternative care. These data are disaggregated at national and subnational levels, and document the total number of children in formal alternative care and the reasons for their placement in such type of care.

⁵³ MEASURE Evaluation (31 January 2019). Capacity building for the MOLSA staff in Armenia: Findings from visits in regions. PPT presentation.

of funding for data entry, insufficient users' trainings, unregulated access to database, outdated reporting forms, lack of feedback from central level, poor skills to conduct data quality checks, and lack of understanding of the importance of high-quality data and motivation to enter data.⁵⁴

The site visits also revealed that the regional staff use Manuk database only for reporting to the MOLSA, being unable to generate output tables to support decision making at the regional level. During the site visits, Manuk administrators trained relevant users on generating such tables and useful reports for informing a good decision-making process.

The participation of MOLSA staff in site visits raised their awareness on the importance of high-quality data for informed decision making and of regular review of data entered in Manuk database to monitor the progress in the implementation of system reforms. It has also helped the MOLSA staff understand the role of M&E in policy implementation. The recommendations from site visits oriented MOLSA's action plans to address data quality and data use gaps, including updating of Manuk database which was performed from December 2019 to March 2020. Due to the COVID-19 pandemic, regional staff has not introduced the updates, and MOLSA is currently examining the possibility of a repeated updating of the system, or the development of a new information system, for which additional resources will be needed. Despite positive results, the on-site data review meetings represented a one-time exercise which did not lead to institutionalization.

Applicability for NSAA: The practice of regular site visits seems to be relevant and feasible for Moldova. Such site visits to TSAS may be organized by the NSAA on a regular basis, using a standard agenda and review tools developed within a participatory process involving both NSAA and TSAS staff. To ensure an efficient supportive supervision, the team of NSAA supervisors and TSAS supervisees would need to be trained on how to conduct and participate in the process, respectively.

Armenia: School Attendance of Children with Special Education Needs

Type of practice: Data review meetings to identify programmatic and policy gaps

Description and users: Starting in November 2020, D4I worked with MOLSA to get data on school attendance of children with special education needs who were deinstitutionalized from special boarding schools. As there were no such data in the Education Management Information System (EMIS), the MOLSA requested the Child Protection Units of the Ministry of Territorial Administration and Development functioning in the districts (marzes) to provide data for the period 2018–2020. All marzes provided the requested data at the end of January 2021. D4I supported MOLSA in preparing the data review meeting with the Child Protection Units that took place in February 2021. Data showed that 83% of children deinstitutionalized in 2018–2020 attend school, while for 27% of children school attendance is uncertain, i.e., they either do not attend school at all or receive home education. The MOLSA requested the Child Protection Units to discuss with community social workers and get information of these children, in particular for identifying the reasons why they fail to attend the school. The collected information was presented to the Ministry of Education and Science which is currently developing a new information system for identifying and tracking out-of-school children.

Achievements and challenges: Based on the results of this exercise, it is envisaged that MOLSA will take measures, in partnership with the Ministry of Education and Science, to bring these children back to school. Another outcome of this activity was that the Ministry of Education and Science realized the data gap in its EMIS related to the school attendance of children who left the special boarding schools. To address this gap, it developed a draft regulation on identifying the school attendance status of these

⁵⁴ Ibidem

children and entry of these data in the EMIS. The Regulation was approved by the Government of Armenia on February 4, 2021.

Applicability for NSAA: Carrying out thematic analyses within data review meetings is a positive practice which can be taken over by the NSAA to assess, within the supportive supervision process, the access of children to various social services, identify data gaps and possible solutions, inform the decision-making process, and advise TSAS on required service provision.

Uganda: Alternative Childcare

Type of practice: Institutionalized supportive supervision site visits combined with data review meetings to monitor and budget alternative care

Description and users: In November 2018, MEASURE Evaluation and the Ministry of Gender, Labor and Social Development (MOGLSD) brought together stakeholders at the national level to review dataflow, management, and quality of alternative care data in Uganda. A team comprising of the MOGLSD and MEASURE Evaluation conducted site visits to three districts and interviewed staff of residential care facilities and district probation and social welfare officers to facilitate the review of current tools and processes for the routine collection, management, and reporting of data on alternative care. Findings from the site visits showed a range of issues in the quality of the case files kept at the residential care facilities, unclear mechanisms and processes for reporting data on alternative care, a lack of demand for data on foster care and adoption services, and few data-informed meetings at which data were reviewed and interpreted.⁵⁵

Achievements and challenges: Based on recommendations from the site visits, the MOGLSD with the support of MEASURE Evaluation revised and standardized specific data-collection tools across different alternative care options and improved the reporting templates. Finally, it developed National Guidelines for routine monitoring of alternative care, including guidelines on indicators, data collection, dataflow and data quality, data analysis and reporting procedures, and data dissemination and use. Building on these guidelines, a pilot test was conducted in three districts between July 2019 and February 2020. As part of this process, national and district-level data review meetings were conducted, bringing together different alternative care stakeholders to review data collected through the pilot. This was the first time data users and data producers were brought together to specifically discuss alternative care data.⁵⁶

Data presented during the review meetings showed a large proportion of children ages 0–3 in residential care without valid care plans, a large number of unapproved children’s homes, a large number of children in children’s homes without a valid care order, unnecessary placement of children in residential care and their overstaying there, a small proportion of deinstitutionalized children in family-based placement, a large proportion of young adults ages 18 and over still living in residential care. The solutions proposed to address these challenges were the following: increasing the capacity of social workers on case planning, solving the costs of care orders, close unapproved children’s homes or support them to transition to community-based services, strengthening the inspection of children’s homes, strengthening of formal and informal gatekeeping mechanisms, facilitating the reintegration of children under three in their families or in family-based services, as well developing and implementing the supervised independent living programs for young adults ages 18 and over. In addition, a deep-dive

⁵⁵ MEASURE Evaluation (2019). Alternative care for children. Newsletter, March 2019. (accessed on 18.02.2021).

https://www.measureevaluation.org/resources/publications/fs-19-345/at_download/document

⁵⁶ MEASURE Evaluation (2020). Alternative care data review meetings: Summary report. Uganda. Page 2. E-mail source accessed on 17.02.2021.

review of the Excel-based registers submitted by the children's homes was conducted, which identified several common data quality challenges. Participants at the meetings noted that most of these could easily be resolved through basic quality checks by Wardens at Children's Homes and District Probation and Social Welfare officers. A priority area identified was training on data quality assurance of these officers and the MOGLSD.

Among the barriers at the district and national levels that affected the process of data review and its sustainability, the following were noted: (i) insufficient capacities at district level to organize and facilitate data reviews without external support (developing the agenda for data reviews, identifying priority issues, generating analyses and visualizations for review, and facilitating the review and interpretation of data); (ii) insufficient capacity at the national level for aggregating, analyzing, visualizing, and facilitating the review and interpretation of data; (iii) absence of key decision-makers and stakeholders at the reviews meetings, inhibiting the perceived value of data, diminishing the weight attached to decisions reached during such meetings, and allocation of the resources to implement or follow up on agreed-upon actions; (iv) lack of financial resources to organize regular data review meetings; and (v) insufficient time for effective review and action planning (a one-day meeting was considered not enough to review data and discuss all issues related to both data quality and childcare issues).

The results of the pilot test were used to develop data quality SOPs for the routine monitoring of alternative (March 2020), which describes the process for verifying and assuring data quality as part of the routine process of supportive supervision (at least quarterly visits) and monitoring of alternative care provision at different levels.⁵⁷ A guide for conducting alternative care data review meetings was also developed at the end of December 2020. It provides detailed guidance on planning and facilitating alternative care related data review meetings at national and district level, along with standardized tools and templates.⁵⁸ The data review meetings were institutionalized and are organized at the district level and national level each semester, usually close to the budget planning process, to inform an appropriate targeting of available resources.

Applicability for NSAA: The standardization of specific data collection tools and reporting templates across different types of social services, the development of guidelines for routine monitoring, data quality assurance, data analysis, dissemination, and use, as well as the embedment of regular site visits and data review meetings with stakeholders in the supportive supervision practices are relevant and applicable in Moldova. The NSAA could play a key role in this process. Utmost attention needs to be paid to addressing sustainability challenges identified by the Ugandan colleagues, which seem to be similar in Moldova.

Ghana: Alternative Childcare

Type of practice: Institutionalized supportive supervision site visits to monitor alternative care

Description and users: Since in 2017, with the support of UNICEF and MEASURE Evaluation, the Department of Social Welfare of the Ministry of Gender, Children and Social Protection has worked to strengthen routine monitoring of alternative care through core indicators on residential homes for children, foster care, and case management. Eight indicators were agreed upon and SOPs for case management, including standard data forms, standards for residential homes for children, SOPs for

⁵⁷ MGLSD (2020). Data quality standard operating procedure for the routine monitoring of formal alternative care. Uganda. E-mail source accessed on 17.02.2021.

⁵⁸ MEASURE Evaluation (2020). A guide for conducting alternative care data review meetings in Uganda. E-mail source accessed on 17.02.2021.

inspection and data collection tools were developed. The indicators and tools were piloted in four regions of Ghana from August 2017 to January 2018.

MEASURE Evaluation worked with the Department of Social Welfare and UNICEF to assess the M&E system. In September 2018, the department staff conducted site visits to residential homes for children, districts and regions to review current tools and processes for the routine collection, management, and reporting of data on alternative care. The site visits revealed significant alternative care data management gaps at national and subnational levels, including: (i) lack of standard data collection tools and reporting templates for different alternative care options and for adoption; (ii) lack of clearly defined reporting lines and procedures; and (iii) inconsistent implementation of data quality assurance processes. Moreover, some of the data collected on alternative care were not always analyzed and were rarely used to inform policy and practice. Subsequently, a group comprising the Department of Social Welfare's head office and regional and district staff met to review the findings from the site visits, validate the indicator definitions, refine the dataflow, and discuss the data collection tools. In December 2018, MEASURE Evaluation worked with the Department of Social Welfare and UNICEF to refine the core set of routine monitoring indicators, including specific indicators on adoption and family reunification.

Achievements and challenges: As a result of this work, a manual for routine monitoring of the alternative care system in Ghana has been developed within an extended participatory process. It includes tools, templates, and detailed guidelines on data collection, quality assurance, and use. An important achievement in this regard was the institutionalization of supportive supervision for data review and identification of challenges in the routine monitoring of alternative care provision. According to the manual, supportive supervision site visits have to be conducted on a quarterly basis at different administrative levels and supervision reports have to be produced at national, regional, and district levels to provide feedback on challenges in data collection and management processes and help identify early remedial measures.⁵⁹ Other important achievements were the development of SOPs for case management and for social inspection, as well the strengthening of the routine monitoring system in key areas of alternative care.

Applicability for NSAA: This practice of developing a methodological tool to provide guidance on managing the data flow and assuring data quality in social assistance through supportive supervision regular visits in the field, as well to guide the process of data analysis, dissemination, and use, is very relevant for Moldova and could be replicated by the NSAA.

Nigeria: Control of HIV Epidemic

Type of practice: Regular data review meetings to monitor health data in real time and increase access to health care

Description and users: With the support of Data for Implementation project (Data.FI), Nigeria developed a culture of data use to control the HIV epidemic. Both at federal level and in the surge state of Akwa Ibom,⁶⁰ review meetings bring together service providers, decision-makers from subnational and

⁵⁹ USAID/Measure Evaluations/UNICEF/Government of Ghana (2019). A Manual for routine monitoring of the alternative care system in Ghana. (accessed on 27.02.2021). <https://www.measureevaluation.org/resources/publications/ms-19-169/>

⁶⁰ A small coastal state in the south of Nigeria, with the highest prevalence of HIV

national teams, and implementing partners of United States President's Emergency Plan for AIDS Relief (PEPFAR) to closely monitor HIV data in real time, identify gaps, and come up with solutions.⁶¹

During the COVID-19 national lockdown, Data.FI and partners pivoted to hold epidemic control rooms meetings virtually and through those meetings were able to support continuity of care for HIV clients.⁶²

Achievements and challenges: The regular data review meetings have led to tangible, rapid achievements such as improvements in HIV testing yield, linkage of clients testing positive to antiretroviral treatment, improving retention of clients of treatment and rates of return to care for clients lost to follow-up or in transitioning therapy. Data review meetings have become a usual practice for HIV service delivery, providing the opportunity for stakeholders at different levels to identify gaps, discuss contributing factors, and develop and implement strategies to improve HIV care continuum outcomes.

Applicability for NSAA: The data review meetings contributed to improving data quality and increasing access to health care. Such practice can be implemented in Moldova by NSAA through discussing various options for improving the access of children to social services (based on available data) with TSAS. The frequency of the review meetings should be determined according to the national context, but not less than once in a quarter. Receiving data in real time requires specific technologies and resources that the Government of Moldova might not currently have. Also, performing virtual review meetings represents an opportunity for the rationalization of costs while permitting multiple stakeholders to meet, analyze data, and make decisions even during a pandemic. The NSAA, TSAS, and CSAs have access to computers and internet to make this possible within the supportive supervision process.

Haiti: HIV prevention, Care, and Treatment

Type of practice: Supportive supervision visits and feedback meetings to improve the M&E of health care at community-level

Description and users: Supportive supervision in Haiti began as part of PEPFAR effort to support HIV prevention, care, and treatment programs and to develop information systems to track HIV/AIDS activities. In 2004, Haiti was selected as a focus country for PEPFAR and has since received significant funding to support a variety of implementing partners and nongovernmental organizations (NGOs) as sub-grantees. NGOs are particularly important in Haiti as they provide many HIV-related services that the resource-constrained government system is currently unable to do. As part of their work, NGOs collect data on program activities, services provided, clinical records, and other indicators. However, implementing partners have faced challenges with the volume and accuracy of NGOs' data collection and reporting. MEASURE Evaluation worked with the Haiti Ministry of Health and other partners to develop a community-based information system for HIV programs and to harmonize and standardize the information that NGOs collected and reported.

MEASURE Evaluation also supported the setting up of a process for the implementing partners' M&E staff to provide supportive supervision on data collection and reporting to NGO subgrantees. Between 2006 and 2007, indicators for community-based HIV AIDS programs were selected and guidance forms

⁶¹ PEPFAR/USAID/Data.FI (2020). Addressing Gaps in Retention of Clients on ART in Cross River State. Nigeria data use brief. May 2020. (accessed on 17.02.2021). https://pdf.usaid.gov/pdf_docs/PA00XBGM.pdf PEPFAR/USAID/Data.FI (2020). Improving Initiation of Pre-Exposure Prophylaxis among Key Populations in Akwa Ibom, Cross River, and Lagos States. Nigeria data use brief. September 2020. (accessed on 18.02.2021). https://datafi.thepalladiumgroup.com/wp-content/uploads/2020/12/Data.FI-Nigeria-Improving-PrEP-Initiation-for-KPs_DUC-20-13.pdf

⁶² PEPFAR/USAID/Data.FI (2020). Data.FI Annual Performance Report 2020. October 2019-September 2020. (accessed on 18.02.2021). <https://datafi.thepalladiumgroup.com/wp-content/uploads/2020/11/Data.FI-Annual-Report-FY20.pdf>

and tools for the supervision of employees collecting data for the indicators were developed. Trainings to strengthen the supervisory capacity of the implementing partner's M&E staff were also provided. The tools and forms were pilot tested and put into use in January 2009 with supervisory activities beginning a month later.

In addition to monitoring the use of the tools, monthly feedback meetings were organized during which partners shared their experiences and challenges they encountered by using those tools. As a result of the meetings, it was discovered that there were many indicators against which partners had not reported because they experienced problems with the information system. Following a review in September 2009, the system was streamlined, and reports were shortened.

Supportive supervision visits and monthly feedback meetings continued until the earthquake in January 2010. Once the emergency response phase had ended, supervision activities resumed gradually and continued until November 2012 when the USAID funding ended.

Achievements and challenges: The findings of the case study from Haiti⁶³ conducted in 2013 revealed that, despite the challenges posed by the loss of funding, supportive supervision of health care staff led to some notable successes in the M&E of community-based HIV programs. Most significant were the improvements in data collection and data quality due to development, standardization and consistent use of the supervisory tools, and assessment of performance against set standards.

The functionality of the supportive supervision process nevertheless faced a series of challenges, including: (i) insufficient resources for M&E regular visits of the Ministry of Health (e.g. per diems), especially after the external funding ended; (ii) frequent unannounced visits and without an agenda, which put increased stress on supervisees and led to unprepared discussions; (iii) visits focused primarily on data quality, not its demand and how to use it for reporting and decision-making; and (iv) lack of dissemination of the supervisory results reports to supervisees to provide them with a record of their progress and improvements that need to be made.

Applicability for NSAA: The results and challenges encountered by this practice provide useful lessons to NSAA in establishing a supportive supervision mechanism and engaging TSAS in a regular process of reviewing and using the data in social assistance. In this context, supervisory operational procedures, tools, and trainings would need to be developed to strengthen the supervisory capacity of the NSAA. The regular data review meetings should involve both national and municipal/ rayon stakeholders and results need to be actively disseminated to all participants in the data review process. The supportive supervision mechanism, including site visits, should be affordable and sustainable.

Ethiopia: Health Management Information System

Type of practice: Institutionalized supportive supervision site visits with immediate feedback reports to improve the M&E of health care at community-level

Description and users: In Ethiopia, MEASURE Evaluation trained public health managers on supportive supervision and conducted joint supportive supervision visits to health posts as part of a project to scale up the country's health management information system (HMIS) implemented between

⁶³ MEASURE Evaluation (2013). Supportive supervision in Monitoring and Evaluation with community-based health staff in HIV programs: a case study from Haiti. Authors: Marshall, A. & Fehring, J., (accessed on 05.03.2021). <https://www.measureevaluation.org/resources/publications/sr-13-83>

2009 and 2014.^{64,65} To implement the new HMIS, tools and indicators were developed and pilot tested to standardize data collection and reporting. In addition, different M&E components were introduced in the system, including the community health information system (CHIS) and an electronic HMIS (eHMIS). To provide an example for other programs on how supportive supervision has been applied to M&E at the community level and highlight its advantages, Ethiopia,⁶⁶ like Haiti,⁶⁷ was selected as a case study country by USAID/PEPFAR/MEASURE Evaluation supported research.

Achievements and challenges: Case study findings noted that the supportive supervision project in Ethiopia was successful in promoting program ownership, standardizing supervision, and improving data quality. These results were attributed to collaboration among government offices, suitable supervision tools, and regular feedback and training provided to staff by supervisors. The aspects that required further improvement were the regularity of visits and follow-up on previously identified issues. The project was less successful at promoting data use for decision making. While participants had theoretical knowledge, there was little actual use of information at health facilities.

Applicability for NSAA: Supportive supervision is an excellent approach to improve routine data collection for M&E of community-based programs. The lessons learned for NSAA in Moldova are that supervisors and supervisees need to be trained, and procedures and tools for data review and use require careful development, pilot testing and standardization. The review visits/meetings should be followed by quick and practical feedback report.

Bangladesh: Health Sector Program

Type of practice: Institutionalized performance reviews to promote data use for programmatic and policy decisions

Description and users: Starting in 2011, MEASURE Evaluation project provided technical assistance to the Program Management and Monitoring Unit (PMMU) of the Ministry of Health and Family Welfare (MOHFW) of Bangladesh. The Technical Assistance Support Team (TAST) was made up of M&E advisors and specialists from MEASURE Evaluation, the International Centre for Diarrheal Disease Research Bangladesh, and the MOHFW. TAST helped the PMMU develop procedures and systems to systematize regular semiannual and annual health sector program implementation reviews and performance reporting. This led to the improvement of the availability and quality of information on health program performance.

In 2019, the trainings and mentorship provided by the PMMU to strengthen the M&E capacity within the MOHFW resulted in the appointment of M&E focal persons for each operational plan. These appointees facilitate periodic data collection and promote MOHFW accountability for performance reporting.⁶⁸

⁶⁴ USAID/MEASURE Evaluation/SNNP Regional Health Bureau (2014). Assessment of health management information system (HMIS) performance in SNNPR, Ethiopia. Authors: Belay, H., Azim, T., Kassahun, H. (accessed on 25.05.2021).

<https://www.measureevaluation.org/resources/publications/sr-14-87>

⁶⁵ USAID/MEASURE Evaluation/PEPFAR (2014). Monitoring and Evaluation ant the community level. A strategic review of MEASURE Evaluation, Phase III accomplishments and contributions. Authors: de la Torre, C., & Unfried, K. (accessed on 25.05.2021). https://www.measureevaluation.org/resources/publications/sr-14-114/at_download/document

⁶⁶ MEASURE Evaluation (2014). Supportive supervision in Monitoring and Evaluation with community-based health staff in HIV programs: a case study from Ethiopia. Authors: Marshall, A.& Fehringer, J. (accessed on 06.03.2021).

<https://www.measureevaluation.org/resources/publications/sr-14-98>

⁶⁷ MEASURE Evaluation (2013). Supportive supervision in Monitoring and Evaluation with community-based health staff in HIV programs: a case study from Haiti. Authors: Marshall, A.& Fehringer, J. (accessed on 05.03.2021).

<https://www.measureevaluation.org/resources/publications/sr-13-83>

⁶⁸ MEASURE Evaluation (2019). Improved Reporting of Performance Data Supports Health Decision Making in Bangladesh (accessed on 07.03.2021). <https://www.measureevaluation.org/resources/publications/fs-19-407>

Under Bangladesh's fourth Health, Population, and Nutrition Sector Program and with continued assistance from TAST, the PMMU has been recognized as the management and M&E unit of the sector-wide health program. It produces a biannual performance report and an annual program implementation report by collecting performance data, reviewing them with program staff, and reporting progress based on measurable indicators. The MOHFW staff and independent review teams use these reports to assess the progress of health programs and make program and policy recommendations.

Through the biannual performance reports, annual program implementation reports, and increased availability of solid performance data, the PMMU, with TAST support, has contributed to increased demand for data-driven decision making in Bangladesh.

Achievements and challenges: A strong point of this practice is the institutionalization of regular health sector performance reviews, based on standardized procedures which led to the improvement of the availability of quality of data, and increased data demand for use in decision making.

Applicability for NSAA: This practice of institutionalizing regular performance reviews, complemented by training and mentoring to strengthen the M&E capacities at central level, is very valuable for Moldova. Such a mix of activities could efficiently contribute to the development of a performance-based culture with the support of data within the NSAA, the MOHLSP, and the rayons. Supportive supervision could embed performance reviews as part of its menu of activities.

Australia: Health Services Data Management for Indigenous Population

Type of practice: Data quality assessment site visits and follow-up consultations to address challenges to a mature approach to data management

Description and users: In 2018, the Australian Government Department of Health committed to the delivery of high quality, comprehensive, and culturally appropriate health services for Aboriginal and Torres Strait Islander people⁶⁹ by introducing a new funding model for these services.⁷⁰ The model was supposed to use service activity data reported through annual Online Service Reporting (OSR⁷¹) to inform the funds distribution. Completeness and accuracy of OSR data was essential to ensure that funding arrangements were fairly and transparently applied and target areas of greatest need. In early 2018, the Department engaged KPMG to undertake an assessment of Aboriginal Community Controlled Health Services data collection practices and provide support and recommend areas where the health services might be able to improve data management and reporting practices.⁷² From February 2018–May 2019, a total of 74 health services voluntarily participated in the project. The data quality assessment site visits encompassed the four focus areas of data management⁷³ as follows:

⁶⁹ Australian Government Health Department (2020). Data Quality Assessment Support Project. (accessed on 03.03.2021). <https://www1.health.gov.au/internet/main/publishing.nsf/Content/indigenous-australians-data-quality-assessment-sup-project>

⁷⁰ Australian Government Health Department (2020). Indigenous Australians' Health Programme Primary Health Care Funding Model. A better funding model for Indigenous Health. (accessed on 03.03.2021).

⁷¹ The Aboriginal Community Controlled Health sector has specific reporting obligations to the Department of Health, including submitting annual Online Service Reporting (OSR) and bi-annual National Key Performance Indicators (nKPI) reports. The collection of OSR has been administered since 2008, and nKPI data has been collected from services since 2011.

⁷² Australian Government Health Department /KPMG (2018). Data quality assessment and support. Final report. (accessed on 03.03.2021).

[https://www.ehealth.gov.au/internet/main/publishing.nsf/Content/7A55DA92332964B9CA25835C0002C7B5/\\$File/IAHP-Final-Report.pdf](https://www.ehealth.gov.au/internet/main/publishing.nsf/Content/7A55DA92332964B9CA25835C0002C7B5/$File/IAHP-Final-Report.pdf)

⁷³ Australian Government Health Department /KPMG (2019). Data quality assessment and support. Stage 2. Final report. (accessed on 03.03.2021).

[https://www1.health.gov.au/internet/main/publishing.nsf/Content/7A55DA92332964B9CA25835C0002C7B5/\\$File/DoH-IAHP-DQAS-Stage-2.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/7A55DA92332964B9CA25835C0002C7B5/$File/DoH-IAHP-DQAS-Stage-2.pdf)

- Data Management and Clinical Information System: Establishment of the extent to which the health services have effective mechanisms to articulate their data requirements and to support their workforce to sustainably produce high quality data.
- Episode of Care and Client Contacts: Determination if the health services processes for capturing data used in the episode of care and client contacts counts are reasonable and if there is a justifiable basis for the reported counts.
- National Key Performance Indicators data quality: Assessment of the quality of the values reported for the relevant national key performance indicators.

An overall maturity assessment self-rating was then determined. Key characteristics of mature services included: (i) commitment to data quality from leadership, allowing a strong culture of continuous quality improvement throughout all staff; (ii) clearly established workflows which aligned with the service’s model of care (including induction, training, and ongoing monitoring); and (iii) resources and staff dedicated to reporting activities. KPMG challenged the health services through consultations to ensure there was sufficient reasoning for the self-assessed rating.

Achievements and challenges: The assessment found that 30 percent of health services had effective and mature processes in place to collect, sustain, improve, and use their data. The assessment also identified that the typical challenges in data management were related to the lack of capacity of local workforce, transient workforce, limited resources for data management, and lack of standardized practices at health service level.

Each participating health service received a short, customized report containing observations and tailored recommendations to support data management improvements.⁷⁴ In 2019, KPMG supported the surveyed health services in implementing their recommendations through follow-up consultations. A range of recommendations to support improved data management in health services were provided to the Health Department.

Applicability for NSAA: As indicated by this practice, a child protection data assessment might be performed by NSAA to review the quality of data collected by TSAS in two stages, i.e., before and after introducing the supportive supervision process, to observe the progress in data quality and use and identify challenges to be addressed.

Summary of Relevant Findings for the NSAA Guidelines

- Data review practices have a positive contribution on increasing the data quality and their credibility for decision-making, particularly for identifying programmatic and policy gaps and prioritising support for the neediest and improving access to quality services. Embedding data review and data use in existing supportive supervision processes is instrumental to strengthening skills and forming and strengthening a culture of accountability and data use for the benefit of vulnerable groups of population, including children in adversity.
- Supportive supervision for data review and use is a well-planned process and should not be conducted on an ad-hoc basis. It requires clear SOP/guidelines, standardized agenda and tools which need to be developed in a participatory way, engaging both supervisors and supervisees in their development, pilot testing, and finetuning. Training of all participants in the supportive supervision process is a must.

⁷⁴ Ibidem

- To ensure efficiency and continuity, supportive supervision needs to be based on regular communication, feedback and trust between supervisors and supervisees, and conducted according to an established agenda with commonly agreed topics. The topics could be general or focused on specific themes (e.g., case management, access to services, alternative care placement, performance-based budgeting) where data review could be used to identify gaps and inform solutions.
- Supportive supervision could take the form of data review meetings, site visits, mobile teams, advisory inspections, or a combination of these, ideally involving both data suppliers and data users, and both central and local administration levels. The frequency of supportive supervision meetings /site visits need to be determined based on national specificities of Moldova, but not less than once a quarter.
- To ensure sustainability, supportive supervision for data review and data use should be institutionalized and its implementation should be monitored to timely address any challenges that might occur along the process. Since funding proved to be a constraint in many countries, virtual meetings could be also used, apart from face-to-face meetings and site visits, to reduce the costs.
- The current national mechanism of professional supervision in social assistance could be revised to include: (i) the NSAA's role in the process, based on its methodological support mandate; and (ii) data review and data use within its purpose. Approval of revision would be done through an Order of the Minister of Health, Labour and Social Protection to approve the revised mechanism. This would ensure a much quicker institutionalisation compared to developing a separate guidance document and submission for approval.
- The revision of the national mechanism mentioned above should contain clear methodological guidance for the supervisors. Its contents might be the following: (i) definition, objectives, and purpose of supportive supervision for data review and data use; (ii) supportive supervision process, phases, and tools; (iii) roles and responsibilities of different stakeholders; (iv) profile and job description of the supervisor; (v) do's and don'ts in supportive supervision; and (vi) annexes: check list for preparing a data review meeting/site visit; sample meeting agenda, templates of meeting report and follow up action plan for implementing the recommendations stemming from data review meetings/site visits, supportive supervision tools, glossary of terms used in supportive supervision for data review and data use.

Appendix 1: List of People Consulted

No.	Name	Position
1.	Diana Pascal	Senior Specialist, Directorate of methodological support for TSAS, NSAA
2.	Lilia Levița	Head of Training Unit, NSAA
3.	Angela Chirilov	Head of Social Inspection
4.	Tamara Călugăr	Head of Directorate for social assistance and family protection, Hîncești rayon
5.	Emilia Ciobanu	Head of General Directorate for social assistance and family protection, Fălești rayon
6.	Lilia Moraru	Head of General Directorate for social assistance and family protection, Cahul rayon
7.	Maria Niculiță	Head of child and family protection unit, General Directorate for social assistance and family protection, Cahul rayon
8.	Diana Cheianu-Andrei	Head of Centre of Investigations and Consultancy "Sociopolis"
9.	Tatiana Dnestrean	Consultant, Integrated care and social care expert, SDC "Healthy Life" project
10.	Maria Vremiș	Statistician, expert in M&E
11.	Galina Morari	Expert in early childhood intervention, Lumos Foundation Moldova
12.	Daniela Simboreanu	Managing Director of the National Center for Child Abuse Prevention
13.	Alexandru Sînchetru	Consultant in social benefits, World Bank project
14.	Camelia Gheorghe	D4I Resident Advisor Moldova
15.	Natalia Semeniuc	Local consultant for the piloting of alternative care indicators Moldova, D4I
16.	Virgiliu Hangan	Local consultant for the piloting of alternative care indicators Moldova, D4I
17.	Oleg Hîncu	M&E Associate for NSAA Moldova, D4I
18.	Vitalie Gorgos	Local consultant in development the longitudinal case management information system Moldova, D4I
19.	Hasmik Ghukasyan	Country Consultant M&E Armenia, D4I
20.	Ismael Ddumba-Nyanzi	M&E Resident Advisor Uganda, D4I

Appendix 2: List of Documents Consulted

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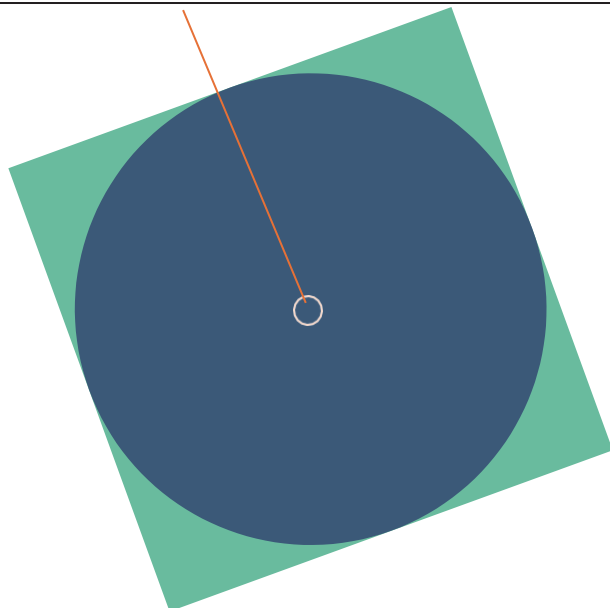
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