

# CHILD PROFILING SURVEY

*Providing critical MNCH services to women at the bottom of the pyramid*



Civil society groups play a critical role in the fight against HIV and AIDS, especially in countries such as Swaziland where the HIV prevalence is 31% among adults 18 to 49 years old. However, weaknesses among these groups, including challenges with time, staff, funds, knowledge and systems to effectively collect and report data, have led to a critical need for capacity building. One of the key capacity challenges Pact Swaziland identified in local organizations is their limited ability to use their data for effective program planning and budgeting. Since 2010, Pact Swaziland has been implementing the Community REACH program to provide capacity building services to civil society organizations to help them deliver effective HIV prevention, care, treatment and impact mitigation services. Additionally, they are focusing on capacitating local organizations to use improved monitoring and evaluation strategies for evidence-based service delivery

In reviewing a variety of mHealth platforms, Pact Swaziland noted that the costs of mHealth technologies were generally less expensive, less time consuming and

less prone to data entry errors than traditional methods of data collection, entry and analysis. The country's mobile phone network coverage of over 80% and 73% penetration would allow these technologies to reach even the most marginalized and rural beneficiaries. Pact Swaziland, therefore, began building the capacity of six civil society organizations to use mHealth to enhance service delivery and data collection procedures as a way to improve their monitoring and evaluation systems and strengthen the evidence behind their program implementation. They supported these organizations in developing concept notes around six strategies for mobile phones usage in specific programs. This was followed by tailored technical

assistance to implement each strategy, including assisting organizations in selecting appropriate mobile platforms, developing cost-analyses comparing paper-based surveys and mobile phone data collection, conducting training on platforms, helping to troubleshoot any issues that arose during implementation, and supporting use of data for decision making. The focus of this case study is on two of the six organizations, Save the Children Swaziland (SCSWD) and the Coordinating Assembly of NGOs (CANGO).

**Implementation date: May 2013**

## About Child Profiling Survey

In May 2013, Pact Swaziland began piloting mobile data collection technologies in partnership with SCSWD and CANGO. The Mobenzi platform was selected for use in a child profiling exercise of 10,244 orphans and vulnerable children (OVC). The survey looked at four key service needs: child protection, education, child abuse and psychosocial support needs. Through this survey, SCSWD, with support from Pact Swaziland and

CANGO, gathered data for key programmatic and budgetary decisions to improve and provide targeted, quality services to OVCs throughout Swaziland. The pilot project used Android phones to collect data. GPS coordinates were also collected to map service coverage and target areas with the highest needs.

### Evaluation and Results

Of the 10,244 children surveyed, nearly 3,000 children were orphans, while 7,284 were determined to be vulnerable. Additionally, 2,993 children did not have birth certificates or national IDs. The survey also assessed school attendance, showing 331 children had dropped out of school primarily because they could not pay school fees or became pregnant or ill. The survey also found that 386 children had been abused, of which 224 had not yet reported the abuse.

As a result of these data, SCSWD realigned its budget to cover the programmatic and administrative costs of providing targeted services to the children identified in the survey. Having GPS data at the household level allowed for budgeting of staff time and fuel costs for providing the services, as well as key programmatic costs such as assisting children to obtain their necessary national documents. SCSWD was also able to redesign its program to provide specialized support for school re-entry of children who dropped out due to lack of school fees or pregnancy. Lastly, they developed a plan to provide health care linkages and home visit support for children who reported dropping out of school due to illness.

### Lessons Learned

- Training and on-going mentorship of civil society organizations during the start-up phase is essential to ensure that staff are fully capacitated to integrate the mHealth technologies into their routine data collection and monitoring activities
- Real time data allows civil society organizations to make quick, evidence-based programmatic adjustments without having to wait for the end of a long data collection period where summary data and

trends are not available until several months later

- Most mHealth platforms have built in data security systems to ensure that lost mobile phones do not compromise confidentiality of the data

### Conclusion

Civil society organizations often do not have systems in place to track data that will demonstrate the outcomes of their community and household level interventions. These organizations can be capacitated to use innovative mHealth technologies to solve their data collection, reporting, and usage challenges in such a way that program evaluation becomes integrated with program delivery. As a result, the body of evidence supporting the important and unique role that civil society organizations play in the HIV response will grow and become better understood.

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#### Geographic Coverage: Swaziland

**Implementation Partners:** Pact Swaziland, Save the Children Swaziland, Coordinating Assembly of NGOs

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2. Swaziland HIV Incidence Measurement Survey (SHIMS) First Findings Report, November 2012.