Data Collection and Usage @ International Care Ministries

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International Care Ministries (ICM) strives to deliver the right support, training, and resources to unlock the bondages of poverty among Filipinos living in ultrapoverty. ICM currently operates in 10 areas in the Visayas and Mindanao - Bacolod, Bohol, Dumaguete, General Santos, Koronadal, Palawan, Dipolog, Cebu, Iloilo, and Roxas. The organization's flagship program is Transform, a 16-week program where volunteer pastors and ICM trainers teach a curriculum which consist of lessons around values, health, and livelihood. In a fiscal year, ICM holds three batches (i.e. program cycles) of Transform and reaches around 27,000 Filipinos. Other ICM programs include a kindergarten, savings groups, providing health treatment packs, and home-based feeding. As a data driven organization, we regularly collect data for participant selection and project monitoring, evaluation, and learning.

In order to identify Filipinos living in ultrapoverty, the community organizer, a pastor, fills out a poverty score card during their application to host Transform. The respondents must get a certain score to be qualified to become a participant. The poverty score card collects the following information: household size, household income, state of the floors, walls and roof; access to electricity, water, and sanitation; and ownership of land, appliances and furniture, and vehicles [Appendix 1]. This type of data is similar to the Progress out of Poverty Index (PPI) that Grameen Bank uses to determine the probability that a person is living in poverty. In each batch, over 10,000 people are screened into the program, so we have poverty score information on over 30,000 Filipinos in any given year. Participant selection data ensures that ICM is serving Filipinos living in ultrapoverty, the organization's target recipients.

Once Transform is held in a community, ICM trainers collect weekly information about the participants, such as their attendance, participation in 4Ps, and the number of food packs received. The health trainer also routinely screens participants and their family members of malnutrition, pregnancy, LBM, and tuberculosis. When a person is identified to have the named conditions, the health trainer supplies the person with the appropriate

medical package and keeps a weekly record of the number of medical package disseminated to the participant. The livelihood trainer tracks the type business starter kits that the participant selects and its repayment. Also, the livelihood trainer monitors a participant's participation in a savings group and the community's daily total savings. Data collected for monitoring informs program directors about what is going on in the field and also determine whether inputs are being efficiently used.

In evaluating the impact of Transform, third party enumerators interview all participants before and after the Transform program. The survey consists of over 100 questions that cover demographics, social capital, general health, sanitation behaviour, income, savings, consumption, and poverty indicators [Appendix 2]. Analysis of data allows for reporting and accountability to stakeholders. More importantly, results of the evaluation are used to identify opportunities to improve how ICM delivers Transform to the community.

ICM also utilizes the data collected for research purposes. Recently, ICM conducted randomized control trials (RCT) to understand the overall impact of Transform as well as the effect of each component, i.e. values or religion, health, and livelihood. A social network study was also done to determine the creation and effect of social connections through Transform. Other research projects include identifying the causes of disease patterns that ICM participants experienced and the effect of the education level of ICM trainers on Transform's impact in a community. Research results reveal underlying mechanisms of the outcomes and patterns observed in the field. Results are also shared with the public community, so governments and other organizations could learn more about what interventions work for households living in ultrapoverty and what other interventions could still be done to get these households out of poverty.