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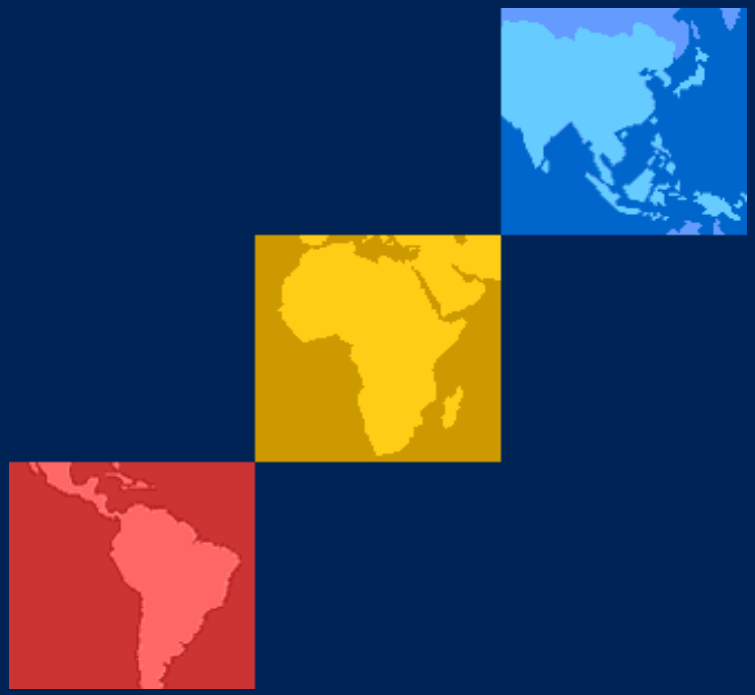

Sector Monitoring and Evaluation Systems in the context of changing aid modalities:

The case of Rwanda's and Niger's Health Sector

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Outline

1. Monitoring and Evaluation in the context of changing aid modalities
2. Monitoring and Evaluation in the health sector
3. Towards a diagnosis framework
4. (Preliminary) Evidence from case studies (Rwanda – Niger)
5. Conclusions
6. Selected References

Annex 1: M&E diagnosis framework

Annex 2: preliminary findings (country details)

1. M&E in the context of changing aid modalities (1)

- Importance of M&E in new aid paradigm (PD & AAA)
  - evidence-based & iterative policy-making
  - results-orientation
  - accountability

- M&E reform agenda
  - recipients: elaboration of results-oriented frameworks (indicator 11)
  - donors: harmonisation, alignment and M&E capacity building

- progress in implementation of reform agenda: slow and difficult

	Recipients	**Donors**
2006 PD survey	2 (29) adequate results-oriented frameworks	18% joint missions 42% joint analytical work 28% of donor portfolio uses country M&E systems (2004) PFM: 40%; procurement: 39% (2005)
2008 PD survey (Accra)	3 (54) adequate results-oriented frameworks	20% joint missions 40% joint analytical work PFM: 45%, procurement: 43% (2007)

methodology, statistics > systemic issues

1. M&E in the context of changing aid modalities (3)

- Progress in implementation: slow and difficult
  - not surprising → chicken & egg dilemma

- Solution? two-track approach
  1. building & strengthening of recipient M&E system: LT
     - incremental changes > blueprints
     - learn from internal good practices (e.g. specific sectors)
  2. satisfaction of short & medium-term M&E accountability & learning needs
     - 'complementary' M&E exercises conform PD principles (e.g. J(s)R)
     - interim & adaptive

2. M&E in the health sector (1)

- Sector Wide Approach (SWAp)
  - address limitations of project support
  - pre-PD principles
  - focus on system strengthening
    - ✓ no progress in health outcomes without improvement of health systems,including M&E

  → M&E in SWAp-sectors mostly more mature

  - SBS: target of 66% not met in 2010
  - increasingly: mix of aid modalities

- Health Information System (HIS)
  - supplier of health data for M&E activities
  - mainly focus on coverage – utilisation (output – outcome)

2. M&E in the health sector (2)

- HIS
  - fragmented and weak
    - ✓ large number of stakeholders
    - ✓ requirements of disease-focused programmes
  - HIS strengthening through Health Metrics Network (HMN)

- Institute of statistics
  - health surveys

- Joint Sector Reviews (see Holvoet and Inberg, 2009)
  - increasingly used instrument within SWAp
  - type of periodic assessment of sector performance
  - in between M and E

M&E in the health sector (3)

- JSR
  - broad participation of stakeholders
  - broad information base (secondary & primary data collection)
  - often focus on substance and neglect of institutional and systemic issues -> undermining M&E reform agenda

- before strengthening M&E system → diagnosis

3. Towards a diagnosis framework

- no harmonised M&E diagnostic instrument

- indicator 11: restrictive – limited construct validity

- our diagnosis framework (see annex)
  - captures different 6 dimensions (34 questions)
    - policy
    - methodology
    - organisation (structure – linkages)
    - capacity
    - participation of non-government actors
    - use of information from M&E
  - quantitative + qualitative
  - desk + field study (so far only desk)

4. (preliminary) evidence from case studies : Rwanda – Niger

4.1. Case selection
4.2. Progress in M&E reform agenda: some evidence
4.3. Preliminary findings

4.1. Case selection

- at least 2nd PRSP
- experience with SWAp
- Belgian DC present in health sector (SBS – basket funds)

4.2. Progress M&E reform agenda

Indicator 11 (2007 CDF report)	Rwanda	Niger
quality of development information	A	E (elements exist)
stakeholders access to information	D	E
coordinated country-level M&E	A	A (action taken)
overall	A	E

4.2. Progress M&E reform agenda

	Rwanda	Niger
2006 PD survey		
joint missions	9%	21%
joint analytical work	21%	40%
use of country systems:PFM (2005)	39%	27%
use of country systems: procurement (2005)	46%	49%
2008 PD survey (Accra)		
joint missions	21%	18%
joint analytical work	42%	32%
use of country systems: PFM (2007)	42%	26%
use of country systems: procurement (2007)	43%	37%

4.3. Preliminary findings: policy

- no overall M&E policy
  - ✓ different components fragmented over different documents
- no reference to autonomy & impartiality
  - → ↓ 'accountability' function
- monitoring > evaluation
  - ✓ E methodologically and politically more challening
  - ✓ influence on analytical quality
- strategy for reporting and dissemination
  - ✓ particularly well developed in Niger
- linkage M&E – planning – budgeting : difficult
  - ✓ efforts in Rwanda (performance based budgeting)

4.3. preliminary findings : methodology

- list of key indicators available
  - ✓ mostly with baselines and targets
  - ✓ often lack of harmonisation among different documents (MDG-PRSP-health policies & plans)
- focus on aggregate picture
- selection criteria not clear
- vertical logic among indicators not clearly articulated
  - ✓ effect on evaluability
- indicators linked to sources of data collection
- no articulation of methodologies

4.3. preliminary findings: organisational – systemic issues

- coordination and oversight
  - ✓ efforts but difficult (institutional competition)
- linkage with statistical office underdeveloped
- horizontal integration among different sub-components
  - ✓ high fragmentation in Rwanda
- vertical 'upward' integration (sector – central, PRSP)
  - ✓ efforts in Rwanda through representation of centrlal M&E in JSR
  - ✓ but still lack of harmonisation of indicators

4.3. preliminary findings: organisational – systemic issues

- vertical 'downward' integration (different sector levels)
  - ✓ low integration of HMIS at different levels in Rwanda
  - ✓ efforts in Niger through representation of lower level at higher level
  - ✓ use of higher level indicators at lower level but also adjustment for local realities

- integration of donor project M&E in national sector M&E
  - ✓ little collaboration of M&E of vertical programmes with national sector M&E

4.3. preliminary findings: capacity

- weak M&E capacity
- no prior diagnosis of needs
- no coherent CD policy
  - ✓ ad-hoc CD interventions at different levels (individual – systemic)

4.3. preliminary findings: participation of non-government actors

- no attention for participation of parliamentarians
- not much attention for participation of CSOs
  - ✓ fora for participation exist
  - ✓ ad-hoc participation
  - ✓ weak CSO capacity
- strong donor 'participation'
  - ✓ strong donor influence on national M&E in Niger
  - ✓ represented in sector working groups (regular dialogue – consultation)
  - ✓ JSR
- no reference to national evaluation societies

4.3. preliminary findings: use of M&E

- limited national use of HMIS data, particularly at low levels
- use of M&E in progress reports (Rwanda)
- focus on reporting changes > analysis

5. Conclusions

- health sector M&E systems at best partially developed
- improvements over time, particularly in Niger

- Rwanda
  - due to lack of need felt by the Government of Rwanda …
    - ✓ financial support without satisfactory M&E system -> knowledge is a danger (see also Holvoet and Rombouts, 2008)
  - ….and development partners?
    - ✓ positive results in PFM and impact health indicators
- Niger
  - large donor influence
  - sustainable in the LT without strong internal M&E demand & supply side?

6. Selected references (1)

- Holvoet, N. and R. Renard (2007) "Monitoring and Evaluation Under the PRSP: Solid Rock or Quicksand?", *Evaluation and Program Planning* 30: 66-81.
- Holvoet, N. and H. Rombouts (2008) "The Challenge of Monitoring and Evaluation under the New Aid Modalities: Experiences from Rwanda", *Journal of Modern African Studies* 46 (4): 577-602.
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- Holvoet, N. and R. Renard (2010) "Monitoring and evaluation reform under changing aid modalities", in: Mavratos G. (ed), *Foreign Aid for Development. Issues, Challenges and the New Agenda,* Oxford, Oxford University Press.

6. Selected references (2)

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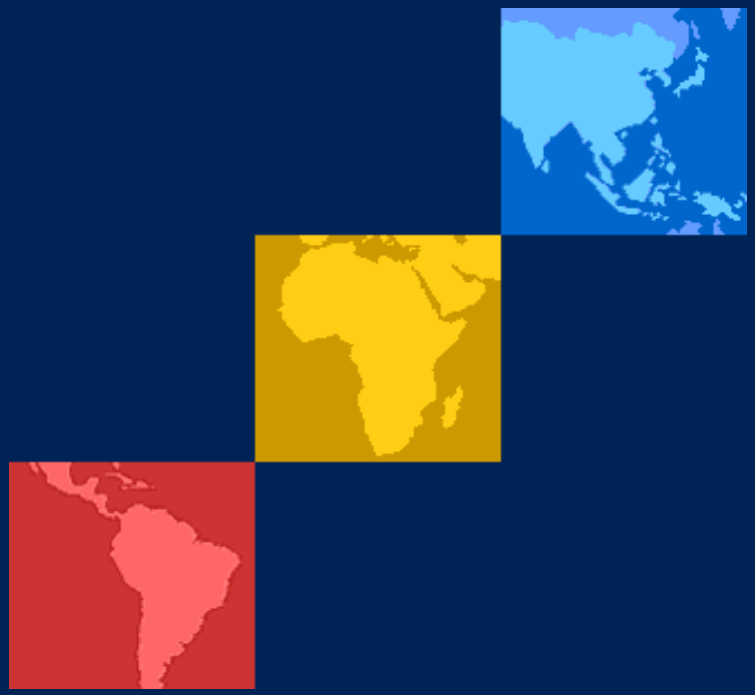
- Holvoet, N. and Inberg, L. (2011) 'Sector Monitoring and Evaluation Systems in the context of Changing Aid Modalities: The Case of Niger's Health Sector', *IOB Working Paper 2011/02*, Antwerp, Institute of Development Policy and Management, University of Antwerp, 64 p.



Thank you!

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Annex 1 : M&E diagnosis framework (sector)(1)

- Policy

	Topics	Question
1	The evaluation plan	Is there a comprehensive evaluation plan, indicating what to evaluate, why, how, for whom?
2	M versus E	Is the difference and the relationship between M and E clearly spelled out?
3	Autonomy & impartiality (accountability)	Is the need for autonomy and impartiality explicitly mentioned? Does the M&E plan allow for tough issues to be analysed? Is there an independent budget?
4	Feedback	Is there an explicit and consistent approach to reporting, dissemination, integration?
5	Alignment planning & budgeting	Is there integration of M&E results in planning and budgeting

Annex 1: M&E diagnosis framework (sector)(2)

- Methodology

	Topics	Question
6	Selection of indicators	Is it clear what to monitor and evaluate? Is there a list of indicators?
7	Quality of indicators	Are indicators SMART? (specific, measurable, achievable, relevant, time-bound)
8	Disaggregation	Are indicators disaggregated by sex, region, socio-economic status?
9	Selection criteria	Are the criteria for the selection of indicators clear? And who selects?
10	Priority setting	Is the need acknowledged to set priorities and limit the number of indicators to be monitored?
11	Causality chain	Are different levels of indicators (input-output-outcome-impact) explicitly linked (program theory)? (vertical logic)
12	Methodologies used	Is it clear how to monitor and evaluate? Are methodologies well identified and mutually integrated?
13	Data collection	Are sources of data collection clearly identified? Are indicators linked to sources of data collection? (horizontal logic)

Annex 1: M&E diagnosis framework (sector)(3)

- Organisation: structure

	Topics	Question
14	Coordination and oversight	Is there an appropriate institutional structure for coordination, support, oversight and feedback at the sector level? With different stakeholders?
15	Joint sector review	Does the JSR cover accountability and learning needs for both substance and systemic issues? What is the place/linkage of the JSR within the sector M&E system? Does the JSR promote the reform agenda of the Paris Declaration?
14	Sector working groups	Are sector working groups active in monitoring? Is their composition stable? Are various stakeholders represented?
15	ownership	Does the demand for (strengthening of the) M&E system come from the sector ministry, a central ministry (e.g. Ministry of planning or finance) or from external actors (e.g. Donors)? Is there a highly placed champion within the sector ministry who advocates for the strengthening of the M&E system?
16	Incentives	Are incentives (at central and local level) used to stimulate data collection and data use?

Annex 1: M&E diagnosis framework (sector)(4)

- Organisation: linkages

	Topics	Question
19	Linkage with Statistical office	Is there a linkage between sector M&E and the statistical office? Is the statistical office in sector M&E clear?
20	'Horizontal' integration	Are there M&E units in different sub-sectors and semi-governmental institutions? Are these properly relayed to central sector M&E unit?
21	'Vertical' upward integration	Is the sector M&E unit properly linked to the central M&E unit (PRS monitoring system)?
22	'vertical' downward integration	Are there M&E units at decentralised levels and are these properly relayed to central sector M&E unit?
23	Link with projects	Is there any effort to relay with/ coordinate with donor M&E mechanism for projects in the sector?

Annex 1: M&E diagnosis framework (sector)(5)

- Capacity

	Topics	Question
24	Present capacity	What is the present capacity of the M&E unit at central sector level, sub-sector level and decentralised level (e.g. fte, skills, financial resources)
25	Problem acknowledged	Are current weaknesses in the system identified?
26	Capacity building plan	Are there plans for remediation? Do these include training, appropriate salaries, etc.?

Annex 1: M&E diagnosis framework (sector)(6)

- Participation of non-government actors

	Topics	Question
27	Parliament	Is the role of Parliament properly recognised, and is there alignment with Parliamentary control and oversight procedures?
28	Civil Society	Is the role of civil society recognised? Are there clear procedures for the participation of civil society? Is the participation institutionally arranged or rather ad-hoc?
29	Donors	Is the role of donors recognised? Are there clear procedures for participation of donors?

Annex 1: M&E diagnosis framework (sector)(7)

- Use of information from M&E

	Topics	Question
30	M&E outputs	Is there a presentation of relevant M&E results? Are results compared to targets? Is there an analysis of discrepancies? Is the M&E output differentiated towards different audiences?
31	Effective use of M&E by donors	Are donors using the outputs of the sector M&E system for their information needs? Is the demand for M&E data from donors coordinated?
32	Effective use of M&E at central sector level	Are results of M&E activities used for internal purposes? Is it an instrument of policy-making and/or policy-influencing and advocacy at central level?
30	Effective use of M&E at local level	Are results of M&E activities used for internal purposes? Is it an instrument of policy-making and/or policy-influencing and advocacy at local level?
23	Effective use of M&E by non-government actors	Are results of M&E used as an instrument to hold government accountable?

Annex 2 : Preliminary findings (1)

1. POLICY

Rwanda	Niger
▪ no overall M&E policy (in elaboration) ○ fragmented components of the system throughout various documents ▪ attention for accountability and learning objectives ▪ no reference to autonomy & impartiality ▪ vague strategy for reporting & dissemination ▪ efforts to link M&E to planning and budgeting	▪ M&E policy: partially developed (why, not how and for whom) ▪ M&E guide ▪ no reference to autonomy & impartiality ▪ monitoring > evaluation ▪ clear strategy for reporting and dissemination ▪ no strategy for linking M&E to budgets & planning

Annex 2 : Preliminary findings (2)

2. METHODOLOGY

Rwanda	Niger
▪ key indicators available ▪ lack of harmonisation of health indicators in different documents ▪ focus on 'aggregate' picture ▪ selection criteria not clear ▪ vertical logic not articulated ▪ indicators linked to data collection sources ▪ methodologies not articulated	▪ indicators, with baselines and targets available ▪ focus on aggregate picture ▪ selection criteria not clear ▪ vertical logic not clearly articulated ▪ indicators linked to sources ▪ methodologies not articulated

Annex 2: Preliminary findings (3)
3. organisational – systemic issues

Rwanda	Niger
▪ oversight and coordination through M&E task force ▪ linkage with statistical office unclear ▪ weak horizontal integration among different sub-components (fragmentation) ▪ vertical 'upward' integration: efforts to link sector to PRSP but still lack of harmonisation of indicators ▪ vertical 'downward' integration: ○ HMIS at community level not yet intregrated with HMIS at higher level ▪ integration of donor project M&E in sector M&E: ○ hardly any collaboration of M&E of vertical programmes with national M&E	▪ coordination and oversight at various levels through health and technical committees ▪ linkage with statistical office underdeveloped ▪ horizontal integration through national health committee ▪ vertical upward integration: in sector M&E no reference to PRSP M&E ▪ efforts for vertical downward integration ○ lower represented in higher level ○ JSR at district → JSR at central ○ lower-level M&E → higher level M&E + own realities ▪ integration of donor project M&E: unclear

Annex 2: Preliminary findings (4)

4. CAPACITY

Rwanda	Niger
▪ no identification of strengths and weaknesses of M&E system ▪ M&E CD not included in the Human Resources for Health Strategy Plan 2006-2010	▪ M&E capacity extremely weak, strengthened over the last years ▪ specific M&E CD plan does not exist ▪ ad-hoc CD interventions at 2 levels ○ individual HR ○ system strengthening

Annex 2: preliminary findings (5)

5. PARTICIPATION OF NON-GOVERNMENT ACTORS

Rwanda	Niger
▪ several fora for participation of non-government actors: ○health sector coordination group with several technical working groups (CSOs, **donors**) ○ joint health sector review (JHSR) (CSOs, **donors**) ○ sector budget support group (**donors**) ▪ strong donor participation ▪ no details on participation of CSOs ▪ participation of parliamentarians: not clear ▪ no reference to Rwandan evaluation society	▪ not much attention for participation of CSOs and parliamentarians ▪ no reference to ReNSE ▪ very strong donor 'participation' ○ JSR ○ monthly consultations ○ represented in health & technical committees ○ dialogue regarding M&E at central & regional level needs better integration in health M&E system

Annex 2: Preliminary findings (6)

6. USE OF M&E

Rwanda	Niger
▪ use of M&E in progress reports ▪ identification of achievements ▪ no analyses of discrepancies ▪ M&E outputs used for future strategies and plans (learning) ▪ limited use of HMIS data at different levels, particularly at local levels	▪ not clear whether evidence in health progress reports is derived from M&E system ▪ efforts to analyse discrepancies in progress reports ▪ not clear to what extent M&E evidence is used for sector learning & accountability ▪ use by donors: likely given their large influence on national M&E