

## INSTITUTIONAL ANALYSIS OF MONITORING AND EVALUATION (M&E) SYSTEMS: COMPARING THE M&E SYSTEMS OF UGANDA'S HEALTH AND EDUCATION SECTORS

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### Résumé

Depuis le début du siècle, « la gestion axée sur les résultats », « l'appropriation par le pays » et « l'alignement » sont devenus des mots clés dans l'aide au développement. Dans ce contexte, le développement des « systèmes suivi et évaluation » (S&E) des pays partenaires est devenu plus important pour beaucoup de bailleurs de fonds. Mais, sur le terrain, le progrès s'avère difficile et lent. Cela vaut particulièrement pour le développement des composantes plus systémiques de S&E, exposant ainsi les limites d'une approche technocratique étroite pour le développement des systèmes de S&E. Étant entendu que les solutions imposées par l'extérieur ne fonctionnent pas nécessairement, la préférence est donnée progressivement à des approches plus modestes qui sont basées sur ce qui existe localement. Une première étape essentielle de ces stratégies est un diagnostic contextuel et une analyse institutionnelle pour mieux appréhender l'interaction des facteurs qui influencent l'opération et la performance des systèmes nationaux de S&E. Dans cette optique, l'article applique le Cadre d'Analyse Institutionnelle et Développement d'Ostrom et décrit comment un réseau complexe de facteurs institutionnels influence le comportement des acteurs impliqués dans les systèmes de S&E dans les secteurs de l'éducation et de la santé en Ouganda.

### 1. INTRODUCTION

With the aim of increasing aid effectiveness, development partners and recipients signed the 2005 Paris Declaration, which sets out a reform agenda around the core principles of 'ownership', 'alignment', 'harmonisation', 'managing for results' and 'mutual accountability'<sup>1</sup>. The importance of these five principles was reaffirmed through the Accra Agenda for Action (2008) and the Busan Partnership for Effective Development Cooperation (2011)<sup>2</sup>. The realisation of the 'management for results' principle, which involves "managing and implementing aid in a way that focuses on the desired results and uses information to improve decision-making"<sup>3</sup> is largely dependent upon the existence and functioning of monitoring and evaluation (M&E) systems. National and sector M&E systems deliver information and monitor the degree to which national and sector interventions (policies/ programmes/projects) are implemented and deliver results (implementation and results monitoring) while also providing evaluative analysis of underlying reasons for successes and/or failures (evaluation). In doing this, M&E systems try to meet the twin

<sup>1</sup> OECD/DAC, *Paris Declaration on Aid Effectiveness*, Paris, OECD/DAC, 2005.

<sup>2</sup> 3<sup>rd</sup> High Level Forum on Aid Effectiveness, *Accra Agenda for Action*, 2008; 4<sup>th</sup> High Level Forum on Aid Effectiveness, *Busan Partnership for Effective Development Cooperation*, 2011.

<sup>3</sup> OECD/DAC, *op. cit.*, p. 7.

objectives of 'feedback and learning' for improving projects, programmes and policies and 'accountability' towards citizens (downward accountability) and/or donors (upward accountability)<sup>4</sup>.

The progress in the implementation of the Paris Declaration reform agenda is measured through a set of 12 indicators<sup>5</sup>. In line with the aforementioned link between the 'management for results' principle and M&E, the indicator for monitoring progress in the 'management for results' principle is a World Bank indicator that measures the 'quality of national M&E systems'<sup>6</sup>. Browsing through subsequent Paris Declaration monitoring surveys<sup>7</sup> reveals that, compared to the other four principles, progress in 'the management for results' principle is particularly difficult. While the 2011 survey shows considerable improvements, moving from 6% of countries with adequately developed M&E systems in 2006 and 2008 (2 out of 29 and 3 out of 54 countries in 2006 and 2008 respectively) to 21% (15 out of 76 countries), the 2010 target of 36% was not achieved<sup>8</sup>. Moving beyond the aggregate indicator to look at the three underlying M&E subcomponents, i.e. 'stakeholder access to information', 'quality of information' and 'coordinated country-level M&E', shows that it is particularly the latter, more systemic, component that is often the most deficient<sup>9</sup>. Backed by this and other empirical evidence that highlights the importance of the institutional dimensions of M&E<sup>10</sup> (design of the M&E system, linkages among the actors that provide M&E, linkages among M&E supply and demand actors, coordination and oversight, vertical linkages among local and central level M&E), it is nowadays increasingly acknowledged that a narrow technocratic approach which only focuses on indicator selection, data collection and M&E methodologies will not suffice to achieve progress in M&E.

This growing recognition of the institutional embeddedness of M&E is

<sup>4</sup> OECD/DAC, *Evaluating Development Co-operation. Summary of Key Norms and Standards*, Paris, OECD/DAC, 2010.

<sup>5</sup> OECD/DAC, *op. cit.*

<sup>6</sup> WORLD BANK, *Enabling Country Capacity to Achieve Results. Volume 1: overview. 2005 CDF Progress Report*, Washington, D.C., World Bank, 2005.

<sup>7</sup> OECD/DAC, *2006 Survey on Monitoring the Paris Declaration*, Paris, OECD/DAC, 2007; OECD/DAC *2008 Survey on Monitoring the Paris Declaration. Effective Aid by 2010. What will it take?*, Paris, OECD/DAC, 2008; OECD/DAC, *Aid Effectiveness 2005-10: Progress in implementing the Paris Declaration*, Paris, OECD, 2011.

<sup>8</sup> *Ibidem.*

<sup>9</sup> WORLD BANK, *op. cit.*; *id.*, *Results-based National Development Strategies Assessment and Challenges Ahead*, Washington, D.C., World Bank, 2007.

<sup>10</sup> Institutional dimensions of M&E are related to the design of the M&E system, the linkages among the different actors that provide M&E (supply side), the linkages among the actors that supply and demand M&E, the linkages among local and central level M&E. See BEDI, T., COUDOUEL, A., COX, M., GOLDSTEIN, M., THORNTON, N., *Beyond the numbers. Understanding the Institutions for Monitoring Poverty Reduction Strategies*, Washington, D.C., World Bank, 2006.

important at a time when M&E capacity strengthening is becoming a priority for both recipient and donor countries. If anything, nowadays there are no clear-cut strategies to improve M&E and many aid agencies themselves are struggling with M&E capacity constraints<sup>11</sup>. Regardless of the approach adopted, an essential first step in any capacity-development effort is to take stock of what already exists at the M&E demand and supply side. This is also consistent with the idea that small incremental changes to existing systems might be more feasible than radical and abrupt changes that seek to impose blueprints from the outside<sup>12</sup>. This article takes as a starting point the findings of our own 2011 and 2012 diagnosis of the M&E systems in the health and education sector of Uganda<sup>13</sup>. The selection of Uganda is related to the fact that it is one of the aid-dependent countries that has the longest experience with M&E in the context of Sector Wide Approaches and Poverty Reduction Strategies (PRS) and is therefore expected to have some national and sector institutional structures and arrangements in place.

In order to take into account criticism of the overly technocratic approach to M&E and to provide a more comprehensive picture of M&E systems, we have structured our stocktaking exercises with six broad M&E categories in mind, including i) policy, ii) indicators, data collection and methodology, iii) organization, iv) capacity, v) participation of actors outside of government and vi) use of M&E outputs. Our findings suggest that both systems can be diagnosed as partially developed, with a slightly better performance by education sector M&E, particularly in the area of management information systems and joint sector reviews, while the demand for M&E at the central and local levels is also more country-owned as compared to the health sector in which international development partners are the predominant driving force.

This article aims to move beyond these diagnostic observations and start to unravel the web of underlying factors at play that shape M&E practices and performance in the two sectors. In doing this, we structure our exploratory analysis according to Ostrom's Institutional Analysis and Development Framework (IAD)<sup>14</sup>. While the importance of institutional and political

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<sup>11</sup> OECD/DAC, *Development Evaluation Resources and Systems: A study of network members*, Paris, OECD/DAC, 2010.

<sup>12</sup> See NORTH, D. C., *Institutions, Institutional Change and Economic Performance*, Cambridge, Cambridge University Press, 1990; SANTISO, C., "Eyes Wide Shut? Reforming and Defusing Checks and Balances in Argentina", *Public Administration and Development*, Vol. 28, 2008, pp. 67-84.

<sup>13</sup> HOLVOET, N., INBERG, L., *Sector Monitoring and Evaluation Systems in the context of Changing Aid Modalities: The case of Uganda's Health Sector*, Antwerp, Institute of Development Policy and Management, University of Antwerp, 2012. HOLVOET, N., INBERG, L., *Sector Monitoring and Evaluation Systems in the context of Changing Aid Modalities: The case of Uganda's Education Sector*, Antwerp, Institute of Development Policy and Management, University of Antwerp, 2012.

<sup>14</sup> OSTROM, E., GARDNER, R., WALKER, J., *Rules, Games, and Common-Pool Resources*,

economy analysis is nowadays widely recognised among aid scholars and practitioners as a way to move towards more locally grounded and workable development interventions<sup>15</sup>, to the best of our knowledge, it has thus far not been applied to the topic of M&E. We consider the IAD particularly useful as it helps to unveil how material conditions, as well as formal and informal rules-in-use, shape the behaviour and interaction of different actors of the M&E supply and demand side, which then subsequently helps us to understand the prevailing M&E practices and outcomes.

Our article consists of seven sections. Section two provides an overview of the methodology used and includes a short introduction on the IAD framework. The findings from the application of the IAD framework are discussed in sections three to six. Section seven concludes and highlights the lessons learned.

## **2. METHODOLOGY**

### **2.1. Case selection**

In order to gain insights into the way exogenous factors and their interplay with M&E supply and demand side actors influence M&E quality, we have adopted a comparative case-study approach. Comparing two cases, i.e. M&E systems in Uganda's education and health sectors, allows us to identify factors that specifically affect the quality of these different M&E systems. It is expected that the education and health sectors have some M&E structures and arrangements in place, as Sector Wide Approaches in both sectors have been operational since the late 1990s. The fact that both sectors have received substantial amounts of budget support since the mid 1990s also hints at the fact that the improvement and diagnosis of existing M&E systems is expected to be on the agenda of those development partners who are supposed to rely on recipient sector M&E systems to satisfy the accountability needs of their own constituencies.

### **2.2. The Institutional Analyses and Development Framework**

In this paper we apply the IAD framework, which was initially developed by a group of social scientists as a tool for policy analysts to evaluate policy design and interventions<sup>16</sup>. The framework has been applied to various topics,

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Ann Arbor, University of Michigan Press, 1994.

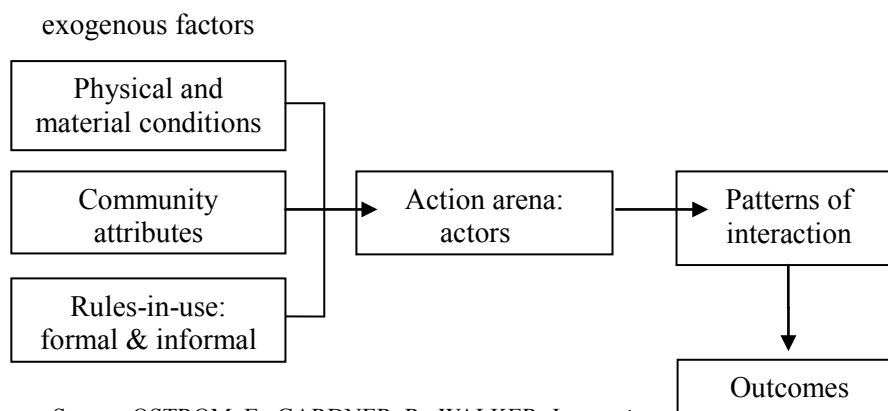
<sup>15</sup> See e.g. DFID, *Political Economy Analysis. How to Note*, London, DFID, 2009.

<sup>16</sup> POLSKI, M. M., OSTROM, E., *An Institutional Framework for Policy Analyses and Design*, Working Paper No. W98-27, Bloomington, Indiana University, 1999.

including development cooperation<sup>17</sup>, but it is particularly popular in the area of natural resource management (NRM) where it is used to analyse the performance of different NRM institutional arrangements.

The framework (visualised in figure 1) starts by specifying exogenous factors, including physical and material conditions<sup>18</sup>, community attributes<sup>19</sup> and rules-in-use<sup>20</sup>, as these are considered to have significant implications for policy design, politics and collective action, all of which are crucial elements of the policy making process.

**Figure 1. The Institutional Analysis and Development framework**



Source: OSTROM, E., GARDNER, R., WALKER, J., *op. cit.*

The action arena is the focus of policy analysis and design, as this is where policy action takes place. Within the action arena, actors gather information, consider alternative courses of action, make decisions, take action and experience the consequences of these actions. Their actions are influenced by the physical and material conditions, the community attributes and the rules-in-use that were previously specified. Next, the patterns of interaction are considered to flow logically from the behaviour of the actors defined in the action arena. In this specific subcomponent of the framework the structural

<sup>17</sup> OSTROM, E., GIBSON, C., SHIVAKUMAR, S., ANDERSSON, K., *Aid, Incentives and Sustainability. An Institutional Analysis of Development Cooperation*, Stockholm, Swedish International Development Cooperation Agency, 2001.

<sup>18</sup> Physical and material conditions refer to “the physical and human resources and capabilities related to providing and producing goods and services”, e.g. capital, labour, technology (POLSKI, M. M., OSTROM, E., *op. cit.*, p. 9).

<sup>19</sup> Community attributes refer to “the demographic features of the community, generally accepted norms about policy activities, the degree of common understanding potential participants share about activities in the policy area, and the extent to which potential participants’ values, beliefs, and preferences about policy-oriented strategies and outcomes are homogenous” (*ibid.*, p. 13).

<sup>20</sup> Rules-in-use refer to “the operating rules that are commonly used by most participants and on the sources of these rules” (*ibid.*, p. 15).

characteristics of an action situation and the behaviour of participants in the resulting structure are analysed. Finally, patterns of interaction are thought to produce the outcomes<sup>21</sup>.

The framework can be applied in different ways, either by examining the outcomes and then moving backwards to the physical and material conditions, the community attributes and the rules-in-use, or conversely by starting from these latter building blocks and moving forwards to finish with an analysis of the outcomes. The first approach is more suitable for analysing established policy situations, while the second approach is more apt for the analysis of new policy initiatives<sup>22</sup>. In our analysis we adopt a combined approach: the assessment of the quality of M&E in both sectors (i.e. the outcomes) is our starting point (section 3), after which we then move backwards and focus on the exogenous factors at play (section 4) and the main actors involved in the action arena (section 5). Finally, we unpack patterns of interaction and establish in this way the linkages among the material and less tangible contextual factors, the actors at play and M&E outcomes (section 6).

### 2.3. Data collection

The 2011 and 2012 assessments of Uganda's health and education sector M&E systems are used as the starting point for this article<sup>23</sup>, along with earlier research by Sekirime<sup>24</sup> under the guidance of one of the authors. The M&E assessments draw upon secondary data, including official documents provided by the Ugandan government, academic and grey literature on Uganda's education and health information and M&E systems, as well as primary data. Primary data was mainly collected through interviews with different stakeholders that are directly involved in and responsible for M&E in the education and health sectors at the district (Jinja) and central levels, as well as through interviews with various users of the M&E outputs. More specifically a total of 56 semi-structured interviews were conducted with representatives from various ministries involved, the statistical office, NGOs, parliament, audit office, donor agencies, Jinja district officials and service providers<sup>25</sup>.

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<sup>21</sup> *Ibid.*

<sup>22</sup> *Ibid.*

<sup>23</sup> HOLVOET, N., INBERG, L., *op. cit.* (both).

<sup>24</sup> SEKIRIME, S., *An Institutional Analyses of M&E Arrangements in the Health and Education Sectors in Uganda*, Dissertation Master of Development Evaluation and Management, Antwerp, Institute of Development Policy and Management, University of Antwerp, 2012.

<sup>25</sup> Interviewees include representatives of the District Government of Jinja (District Inspectors of School, Health District Officer, HMIS responsible person), Ministry of Education and Sports, Ministry of Health, Ministry of Finance and Economic Development, NAPE, Office of the Auditor General, Office of the Prime Minister, Parliament, Uganda Bureau of Statistics, staff members Jinja referral hospital, health centres and schools, civil society organizations (Forum for Education NGOs in Uganda, Save the Children, World Vision, Uganda Debt Network) and

Interviews (28) in the health sector were conducted in November 2011 and during this period we also participated in the pre-Joint Review Meeting field missions to Jinja, the National Health Assembly and the first day of the Joint Review Meeting. Interviews (28) in the education sector took place in August 2012. For both sectors, preliminary findings were presented and discussed with key stakeholders involved during debriefing sessions in Uganda and Belgium.

### 3. FOCUS ON OUTCOMES

This section discusses the quality of the education and health sector M&E systems<sup>26</sup> and focuses on key issues related to the supply of M&E (3.1) and the demand for and use of M&E (3.2) (see also Table 1).

**Table 1. Comparison of Uganda's education and health sector with respect to quality of M&E**

IAD DOMAIN	EDUCATION SECTOR	HEALTH SECTOR
OUTCOMES	<b><i>M&amp;E supply</i></b>	<b><i>M&amp;E supply</i></b>
	- M&E framework exists	M&E policy exists
	- limited set of M&E indicators identified	- limited set of M&E indicators identified
	- poor quality of education management information system (EMIS)	- poor quality of health management information system (HMIS); weaker than EMIS
	- lack of evaluation (analysis)	- lack of evaluation (analysis)
	- functional joint sector reviews	- joint sector reviews are not as functional as in education sector
	- limited attention to systemic issues	- limited attention to systemic issues
	<b><i>M&amp;E demand</i></b>	<b><i>M&amp;E demand</i></b>
	- particularly from Uganda-based education development partners	- particularly from international health development partners
	- ad hoc at ministry level, but stronger compared to health sector	- ad hoc at ministry level
	- weak at local level, but stronger compared to health sector	- weak at local level

Source: based on authors' findings.

donors (Belgian Embassy, Belgian Technical Cooperation, DFID, Embassy of the Kingdom of the Netherlands, European Union, Irish Aid, Swedish Embassy, UNICEF, USAID, World Bank).

<sup>26</sup> See HOLVOET, N., INBERG, L., *op. cit.* (both), for a more in-depth discussion.

### 3.1. Supply of M&E

Our assessment of the M&E supply side focuses on the quality of M&E policies; indicators, data collection and methodology; the joint sector reviews and the M&E outputs in both sectors.

The Ministry of Education and Sports (MoES) elaborated a sound M&E framework in 2002<sup>27</sup> with technical support from DFID. This framework provides an overview of what to monitor and evaluate and why, but needs to be updated and implemented. In the health sector, a task force (including representatives of the Quality Assurance Department, World Health Organization (WHO), and Centres for Disease Control and Planning Department) has developed an M&E plan for the National Health Policy and Health Sector Strategic and Investment Plan (HSSIP). The task force received technical support (one week of intensive support and continued feedback) from the World Health Organization (WHO), the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and the Global Alliance on Vaccines and Immunization (GAVI) Alliance. At the time of our field mission (November 2011) only funds for printing and dissemination of the M&E plan were available<sup>28</sup>.

In both sectors a limited set of core performance indicators are identified for the monitoring of the sector strategies which suggests that the need to be selective is well understood. There is a clear bias towards outcomes and impact data collected through the Ugandan Bureau of Statistics (UBOS) surveys. While UBOS data is generally of good quality<sup>29</sup> it is less useful for decision-making and implementation at sector levels; these are processes which draw more on information from the education and health management information systems (EMIS/HMIS), although this information is, however, generally less adequate<sup>30</sup>. While the quality, especially of the EMIS, is gradually improving, so far there has been little cross-reading among UBOS survey (population based) and EMIS/HMIS facility based data, which might be particularly useful for evaluative purposes and learning as it allows a comparison among those citizens that are already using education and health services (EMIS/HMIS data) with the entire population (UBOS data).

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<sup>27</sup> MINISTRY OF EDUCATION AND SPORTS, *Monitoring and Evaluation Framework for the Education Sector*, Kampala, Ministry of Education and Sports, Education Planning Department, 2002.

<sup>28</sup> Interviewees.

<sup>29</sup> WORLD BANK, *International Development Association, International Finance Corporation and Multilateral Investment Guarantee Agency Country Assistance Strategy for the Republic of Uganda for the Period FY 2011-2015*, Washington, D.C., International Development Association, International Finance Corporation and Multilateral Investment Guarantee Agency, 2010; Interviewees.

<sup>30</sup> Interviewees; MINISTRY OF HEALTH, *Assessment of the Health Information System in Uganda*, Kampala, Resource Centre / Health Metrics Network, 2007.



In both sectors joint sector reviews are organized during which performance is assessed. Conclusions and actions agreed upon during the Education and Sports Sector Review (ESSR) and the Joint Review Meeting in the health sector are documented in an Aide Mémoire which is signed by the government and the education and health development partners<sup>31</sup>. These joint sector reviews are well organized, especially in the education sector. Prior to the joint sector reviews, field missions are organized with the participation of the Ministry of Education (MoES) and Ministry of Health (MoH) respectively, development partners and civil society organizations (only a few of which in fact participate)<sup>32</sup>. The questionnaires used during the field visits, however, demonstrate that little attention is given to systemic issues during these visits. Despite the fact that shortcomings related to (poor) data quality and (poor) feedback are explicitly mentioned in MoES and MoH documents, very few questions relate to data collection or use. By focussing purely on monitoring and local level reality checks, and not probing into the underlying reasons for local non-performance, possible weaknesses or hindrances which are situated at other levels of the education and health system but which influence local level performance are not disclosed<sup>33</sup>.

Important outputs of the education and health sector's M&E systems are the Education Sector Annual Progress Report and the Annual Health Sector Performance Report respectively. Within the education sector, the Education Sector Annual Progress Report is one of the most important input documents for joint review, planning and budgeting<sup>34</sup>. While a lot of data is provided, the progress and main achievements are not compared to baselines, which makes it difficult to assess the progress made. The Annual Health Sector Performance Report is one of the main inputs into the Joint Review Meeting and feeds into future policy-making and planning. Moreover, health development partners use this mechanism to make decisions regarding their (financial) contributions. While the quality of the Annual Health Sector Performance

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<sup>31</sup> LUBANGA, F.-X.-K., *Achieving universal primary education in Uganda: donor support and management for results in the education sector in Uganda*, paper presented at a workshop on Reaching the Millennium Development Goals: Our Collective Responsibility, Dublin, Ireland 18th June 2008; GOVERNMENT OF UGANDA, *Monitoring & Evaluation Plan for Health Sector Strategic & Investment Plan 2010/11-2014/15*, Kampala, Government of Uganda, Ministry of Health, 2011.

<sup>32</sup> BTC UGANDA, *Progress Report #2, Education Sector Budget Support (ESBS)*, Kampala, BTC Uganda, 2012.

<sup>33</sup> For a more detailed discussion on the strengths and weaknesses of joint sector reviews and possible ways forwards, see HOLVOET, N., INBERG, L., "Joint sector reviews – M&E experiments in an era of changing aid modalities", *Public Administration and Development*, Vol. 29, No. 3, 2009, pp. 204-217.

<sup>34</sup> CAMBRIDGE EDUCATION, *Fast Track Initiative Appraisal Report: Updated Education Sector Strategic Plan 2010-2015, final draft September 2010*, Government of Uganda, Ministry of Education and Sports and Education Development Partners, 2010.

Report is gradually improving, the information in the report remains weak and fragmented. The deficient analytical quality of the M&E outputs in both sectors, in which, underlying reasons behind progress or lack thereof are not discussed hampers the usefulness of the M&E outputs for learning purposes and weakens the quality of annual progress reports and joint sector reviews.

### 3.2. Demand and Use of M&E

The crucial importance of demand and use of M&E is gradually being acknowledged. As Mackay<sup>35</sup> puts it, “if demand for M&E is strong, then improving supply in response can be relatively straightforward, but the converse does not hold”. Thus far, a low demand and use of M&E has strongly affected the supply and sustainability of the M&E systems in Uganda’s education and health sectors. The use of M&E outputs seems to be slightly higher in the education sector, although in both sectors, it is primarily the development partners who use the output of the M&E systems (and mainly for accountability objectives). Since the introduction of the Sector Wide Approach in the education sector, most of the development partners have been using the reporting and M&E system of the MoES. However, there is currently only one sector budget support development partner (Belgium), which might create a new increase in isolated project M&E that is not systematically linked to the sector M&E system. The health M&E output has been used by all, and particularly international, health development partners even though some health development partners still demand additional information<sup>36</sup>.

In the health sector, the data from census and population-based surveys in particular is being used, while the use and integration of other data is still inadequate<sup>37</sup>. This has also been confirmed by interviews with MoH staff members who stressed that HMIS data is currently not up-to-date, not reliable and that it should therefore not be used. However, within the ministry itself, the data has been used for planning and performance reporting. M&E findings are also being used within the MoES albeit merely in an ad hoc manner, while institutionalised use of M&E outputs for learning and accountability at central or local levels is largely absent. In the health sector, data at district level is

<sup>35</sup> MACKAY, K., *How to Build M&E Systems to Support Better Government*, Washington, D.C., World Bank, Independent Evaluation Group, 2007, p. 54.

<sup>36</sup> CRUZ, V. O., COOPER, R., McPAKE, B., YATES, R., SSENGOOBA, F., OMASWA, F., TASHOBYA, C. K., MURINDWA, G., “Is the sector-wide approach (SWAp) improving health sector performance in Uganda?”, in TASHOBYA, C. K., SSENGOOBA, F., CRUZ, O. V. (eds.), *Health System Reforms in Uganda: processes and outputs*, Kampala, Institute of Public Health, Makerere University, 2006.

<sup>37</sup> HEALTH METRICS NETWORK, *Assessment of the Health Information System in Uganda*, under guidance of the Ministry of Health Resource Centre, 2007.

hardly used to inform planning and decision-making<sup>38</sup> and depends on the personal motivation, qualifications, and capacity of staff<sup>39</sup>. At health facility level, data staff largely seem disinterested in the quality and use of data: the quality of data is not checked, no analysis is done into fluctuation of data and it is not used for accountability or learning purposes<sup>40</sup>.

In what follows we probe into possible contextual factors of influence (section 4) and give an overview of M&E demand and supply side actors (section 5) in order to better understand the observed strengths and weaknesses of the education and health sectors' M&E systems.

#### 4. EXPLORING EXOGENOUS FACTORS

In line with Polski and Ostrom<sup>41</sup>, Table 2 classifies the contextual factors that we consider relevant to understand the quality of education and health sector M&E alongside three categories, i.e. physical and material conditions, community attributes and (formal and informal) rules-in-use.

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<sup>38</sup> MURINDWA, G., TASHOBYA, C. K., KYABAGGU, J. H., RUTEBEMBERWA, E., NABYONGA, J., "Meeting the challenges of decentralized health service delivery in Uganda as a component of broader health sector reforms", in TASHOBYA, C. K., SSENGOOBA, F., CRUZ, V. O. (eds.), *Health Systems Reforms in Uganda: Processes and Outputs*, London, Health Systems Development Programme, London School of Hygiene & Tropical Medicine, 2006, p. 120.

<sup>39</sup> Interviewees.

<sup>40</sup> Interviewees; see also LUTWANA, G. W., ROOS, J. H., DOLAMO, B. L., "Assessing the implementation of performance management of health care workers in Uganda", *BMC Health Services Research*, Vol. 13, No. 355, 2013.

<sup>41</sup> POLSKI, M. M., OSTROM, E., *op. cit.*

**Table 2. Selected exogenous factors in Uganda's education and health sectors**

IAD DOMAIN	EDUCATION SECTOR	HEALTH SECTOR
Physical and material conditions	<ul style="list-style-type: none"> <li>- insufficient financial allocation; compared to the health sector, the education sector obtains a higher share of national budget but a lower share of Official Development Aid (ODA) and a lower share of project support/ODA</li> <li>- M&amp;E staff in MoES do not have M&amp;E-related certificates or diplomas, but long work experience (on the job training)</li> <li>- Weak incentive structure</li> </ul>	<ul style="list-style-type: none"> <li>- insufficient financial allocation; compared to the education sector, the health sector obtains a lower share of national budget but a higher share of ODA and a higher share of project support/ODA</li> <li>- M&amp;E staff in MoH have M&amp;E related certificates or diplomas, but there is a frequent change of staff (due to e.g. enticement to work for agencies of development partners)</li> <li>- Weak incentive structure</li> </ul>
Community attributes	<ul style="list-style-type: none"> <li>- relatively low empowerment, but less reticence to address teachers</li> <li>- passive attitude since the abolishment of user fees</li> </ul>	<ul style="list-style-type: none"> <li>- relatively low empowerment, more reticence to address nurses and doctors</li> <li>- passive attitude since the abolishment of user fees</li> </ul>
Rules-in-use	<p><b>formal</b></p> <ul style="list-style-type: none"> <li>- Constitution</li> <li>- Local Government Act</li> <li>- National Development Plan</li> <li>- Revised Education Sector Strategic Plan (ESSP) (2010-2015)</li> <li>- International treaties including United Nations Millennium Declaration (2000), Dakar Framework of Action (2000) and Paris Declaration (2005)</li> </ul> <p><b>informal</b></p> <ul style="list-style-type: none"> <li>- corruption, but at a relatively lower level</li> <li>- clientelism</li> <li>- 'big man' presidentialism</li> </ul>	<p><b>formal</b></p> <ul style="list-style-type: none"> <li>- Constitution</li> <li>- Local Government Act</li> <li>- National Development Plan</li> <li>- Health Sector Strategic and Investment Plan (2010/11-2014/15)</li> <li>- International treaties including United Nations Millennium Declaration (2000), Paris Declaration (2005) and International Health Partnership Initiative (2007)</li> </ul> <p><b>informal</b></p> <ul style="list-style-type: none"> <li>- higher levels of corruption</li> <li>- clientelism</li> <li>- 'big man' presidentialism</li> </ul>

Source: based on authors' findings.

#### 4.1. Physical and material conditions

Physical and material conditions refer to “the physical and human resources and capabilities related to providing and producing goods and

services<sup>42</sup>, including sources of finance, labour and technology.

Uganda is an aid dependent country which received 1,730 million USD official development aid (ODA) in 2010, corresponding to 10.3% of gross national income. The health (and population) sector received the highest percentage of bilateral ODA (27.2%) in 2009/10, while the education sector received 6.5%<sup>43</sup>. These aid allocations are somehow in contrast to Uganda's own budgetary allocations: in the 2011/12 budgetary year, the education and health sector received 14.7%<sup>44</sup> and 8.3%<sup>45</sup> of the national budget respectively.

A recent document from the Office of the Prime Minister<sup>46</sup> (OPM) refers to the MoES as the only Ministry, Department or Agency that does not have sufficient staff for M&E. Moreover, MoES' M&E staff lack technical skills with none of them holding a certificate in M&E, compared with three MoH staff members who have obtained an M&E certificate while another two have even been awarded a university degree in M&E. However, other stakeholders, such as the World Bank, consider Uganda's capacity to monitor education indicators such as enrolment rates, teacher numbers, infrastructure and instructional material to be relatively strong<sup>47</sup>. Furthermore, with some of the MoES staff members having a long working experience within the M&E unit, they have gained significant experience and on-the-job-training in education M&E<sup>48</sup>. In the health sector, on the other hand, a frequent change of M&E staff due to e.g. enticement to jobs in the agencies of development partners is a real problem<sup>49</sup>. The fact that a higher proportion of ODA funds are allocated to the health sector combined with a more prominent presence of international health organizations in the country, might explain the higher enticement to development partners' agencies in the health sector.

Another factor influencing a frequent change of staff in the public sector, and which also hampers motivation and performance, is a weak incentive structure, including low wages<sup>50</sup>. The National Development

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<sup>42</sup> *Ibid.*, p. 9.

<sup>43</sup> OECD, WORLD BANK, *Aid Statistics, Recipient Aid at a glance: Uganda*, [www.oecd.org/dac/aidstatistics/1883200.gif](http://www.oecd.org/dac/aidstatistics/1883200.gif), s.a.

<sup>44</sup> MINISTRY OF EDUCATION AND SPORTS, *The Education and Sports Sector Annual Performance Report covering the period 1<sup>st</sup> July 2011 – 30<sup>th</sup> June 2012*, Kampala, Ministry of Education and Sports, Education Planning and Analyses Department, M&E Section, 2012.

<sup>45</sup> MINISTRY OF HEALTH, *Annual Health Sector Performance Report, Financial Year 2011/2012*, Kampala, Ministry of Health, 2012.

<sup>46</sup> OFFICE OF THE PRIME MINISTER, *A Rapid Review of Public Expenditure on Monitoring and Evaluation across the Government of Uganda*, draft report, Kampala, Office of the Prime Minister, 2012.

<sup>47</sup> BTC UGANDA, *op. cit.*

<sup>48</sup> Interviewees.

<sup>49</sup> Interviewees.

<sup>50</sup> REPUBLIC OF UGANDA, *National Policy on Public Sector Monitoring and Evaluation discussion paper*, Kampala, Republic of Uganda, Office of the Prime Minister, 2010.

Plan acknowledges the need to establish a strong incentive system and has linked this to performance contracts of Permanent Secretaries and Chief Administrative Officers<sup>51</sup>.

#### 4.2. Community attributes

In Uganda multiple opportunities exist for citizens to participate in decision-making at all levels, including in (local) elections, public meetings and annual budget conferences.<sup>52</sup> Participatory budgeting in Entebbe and Jinja municipalities, for instance, are cited as good examples of a direct voice and accountability system by Olowu<sup>53</sup>, who reviewed the local institutional and political mechanisms in several Sub-Saharan countries.

According to Devas and Grant<sup>54</sup>, however, despite the existence of decision-making mechanisms, effective participation is generally limited and dominated by wealthier and better educated citizens. Along the same lines, the findings of the Local Government Council's Score-card FY 2009/10, which assessed the performance of local government councils in 20 districts in Uganda, show that the population in these districts is often unaware of government policies and programs, the roles and responsibilities of local councils and other political leaders, their rights as citizens or the fact that political leaders, through the election process, should report and account to them<sup>55</sup>.

Lack of information and knowledge about the services often proves to be a factor which hinders citizens in addressing poor functional service delivery<sup>56</sup>. This particularly holds for services that are more complex such as health service delivery, which might to some extent also explain why it is often more difficult for ordinary citizens to address problems in health service delivery than for parents to address problems in schools<sup>57</sup>. Adding to this is the

<sup>51</sup> REPUBLIC OF UGANDA, *National Development Plan (2010/11-2014/15)*, Kampala, Republic of Uganda, 2010.

<sup>52</sup> DEVAS, N., GRANT, U., "Local government decision-making – citizen participation and local accountability: some evidence from Kenya and Uganda", *Public Administration and Development*, Vol. 23, 2003, pp. 307-316.

<sup>53</sup> OLOWU, D., "Local institutions and political structures and processes: recent experience in Africa", *Public Administration and Development*, Vol. 23, 2003, pp. 41-52.

<sup>54</sup> DEVAS, N., GRANT, U., *op. cit.*

<sup>55</sup> TUMUSHABE, G.-W., TAMALE, M.-L., SSEMAKULA, E., "Uganda Local Government Councils Scorecard Report 2009/10: Political Accountability, Representation and the State of Service Delivery", *ACODE Policy Research Series*, no. 42, Kampala, ACODE, 2011.

<sup>56</sup> See BJÖRKMAN, M., SVENSSON, J., "Power to the people: evidence from a randomized field experiment on community-based monitoring in Uganda", *The Quarterly Journal of Economics*, Vol. 124, No. 2, 2009, pp. 735-769; OLOWU, D., *op. cit.*

<sup>57</sup> WORLD BANK, *World development report 2004, Making Services work for Poor People*, Washington D.C., World Bank, 2003.

fact that people also tend to be more hesitant to oppose a nurse or doctor than a teacher because the latter could be in charge of their life in the future<sup>58,59</sup>.

Different sources<sup>60</sup> point out that parents and communities have become more passive since the abolition of user fees in public education (1997) as they now tend to consider the government responsible for everything related to school issues. The same attitude holds for the health sector in which user fees were abolished in 2001, and where many Health Unit Management Committees, through which community involvement is facilitated, have become dysfunctional<sup>61</sup>. According to Golooba-Mutebi, it is amongst others this lack of ownership of communities over public services that is an impediment to viable and durable collective action (including monitoring of services), while he also hints at the importance of effective enforcement mechanisms. More specifically, if citizens' monitoring or complaints do not prove to be effective because of the lack of enforcement mechanisms, citizens might become demotivated to participate in future community monitoring<sup>62</sup>.

However, there is also evidence to the contrary. Several interesting initiatives have been undertaken to increase community participation/action, including a newspaper campaign of the Ugandan government to inform the public on education grants transfers to districts<sup>63</sup> and community based monitoring initiatives, in which the provision of information is an important element<sup>64</sup>. While several studies have documented the positive effects of these initiatives on education and health utilisation and outcomes<sup>65</sup>, others

<sup>58</sup> See also PRINSEN, G., *The parents, the patients and the privileged. Accountability and elite capture in schools and clinics in Uganda and Tanzania*, The Hague, SNV Publication H0702-09, 2007.

<sup>59</sup> An interesting case however is a strike of patients in Mulago hospital in 2011, during which patients protested against lack of medical attention: <http://unhco.or.ug/2011/02/the-strike-of-patients-in-mulago-referral-hospital/>.

<sup>60</sup> CAMBRIDGE EDUCATION, *Primary Education System Analysis – Final*, Cambridge, Cambridge Education, 2011; BTC UGANDA, *op. cit.*; PRINSEN, G., TITECA, K., "Uganda's Decentralised Primary Education: Musical Chairs and Inverted Elite Capture in School Management Committees", *Public Administration and Development*, Vol. 28, 2008, pp. 149-164.

<sup>61</sup> MURINDWA, G., TASHOBYA, C. K., KYABAGGU, J. H., RUTEBEMBERWA, E., NABYONGA, J., *op. cit.*

<sup>62</sup> GOLOOBA-MUTEBI, F., "In search of the right formula: public, private and community-driven provision of safe water in Rwanda and Uganda", *Public Administration and Development*, Vol. 32, 2012, pp. 430-443; see also GOLOOBA-MUTEBI, F., "When popular participation won't improve service provision: primary health care in Uganda", *Development Policy Review*, Vol. 23, No. 2, 2005, pp. 165-182.

<sup>63</sup> For the effects of this newspaper campaign see REINNIKA, R., SVENSSON, J., "The Power of Information in Public Services: Evidence from Education in Uganda", *Journal of Public Economics*, Vol. 95, 2011, pp. 956-966.

<sup>64</sup> See BJÖRKMAN, M., SVENSSON, J., *op. cit.*; UGANDA DEBT NETWORK, *A Sourcebook for Community Based Monitoring and Evaluation Systems*, Kampala, Uganda Debt Network, 2009.

<sup>65</sup> See REINNIKA, R., SVENSSON, J., *op. cit.* for the effects of the newspaper campaign in the education sector and BJÖRKMAN, M., SVENSSON, J., *op. cit.* for the effects of a randomized

<sup>66</sup> emphasize that the provision of information alone was insufficient and that these bottom-up activities were only successful because they were accompanied by top-down activities.

### 4.3. Rules-in-use

Formal rules influence the behaviour of actors involved in Uganda's development, and in M&E in particular, by guiding the direction of development, and through the specification of how and when M&E should take place and who should be involved. The first important instrument is the 1995 constitution which separates the legislature and the executive by providing the Ugandan Parliament with an independent role in holding the government accountable for their actions<sup>67</sup> while providing rights for citizens to participate in decision-making and exercise freedom of expression and speech<sup>68</sup>. The second instrument is the 1997 Local Government Act, which guides the implementation of the decentralisation process and which devolved the responsibility for recruiting, deploying and supervision of the health and education (M&E) staff and the disbursement and management of funds to districts and municipalities<sup>69</sup>.

In addition, formal policies at central and sector levels are crucial instruments that emphasise the importance of M&E for learning and accountability. At central level, the National Development Plan (2010/11-2014/15)<sup>70</sup> is key, while the guiding policy document in the education sector is the Revised ESSP (2010-2015), and in the health sector the National Health Policy II and the HSSIP 2010/11 – 2014/15. International treaties that guide M&E in Uganda's education and health sectors include the United Nations Millennium Declaration (2000), the Dakar Framework of Action (2000), the Paris Declaration (2005) and the International Health Partnerships Initiative (2007).

In addition to the formal rules, informal rules determine the behaviour of actors in the education and health sectors. Generally, informal rules are

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field experiment on community-based monitoring in the health sector.

<sup>66</sup> BOOTH, D., "Working with the grain and swimming against the tide: Barriers to uptake research findings on governance and public services in low-income Africa", *Africa Power and Politics Working Paper*, No. 18, London, Overseas Development Institute, 2011; HUBBARD, P., "Putting the Power of Transparency in Context: Information's Role in Reducing Corruption in Uganda's Education Sector", *Center for Global Development Working Paper*, No. 136, London, Center for Global Development, 2007.

<sup>67</sup> MOAT, K.-A., ABELSON, J., "Analyzing the influence of institutions on health policy development in Uganda: A case study on the decision to abolish user fees", *African Health Sciences*, Vol. 11, No. 4, 2011, pp. 578-586.

<sup>68</sup> SEKIRIME, S., *op. cit.*

<sup>69</sup> MOAT, K.-A., ABELSON, J., *op. cit.*, pp. 578-586.

<sup>70</sup> REPUBLIC OF UGANDA, *op. cit.*



more difficult to change and, if they run counter to government reforms, they could delay them<sup>71</sup>. Three common, related informal institutions are corruption, clientelism and ‘big man’ presidentialism<sup>72</sup>. These are forms of neo-patrimonial rule which seem to have become entrenched in Uganda<sup>73</sup>. Clientelism is the “expression of political loyalty to providers of patronage”<sup>74</sup> while ‘big man’ presidentialism specifically refers to the personalisation of power around the president. In such cases, “he is literally above the law, controls in many cases a large proportion of state finance with little accountability, and delegates remarkably little of his authority on important matters”<sup>75</sup>. ‘Big man’ presidentialism and clientelism allow highly placed politicians, including the president, and highly placed officials to influence policy, which could result in policies for which the administration is not yet ready, like the abolition of user fees in the education and health sectors, or policies that contradict already existing sector policies<sup>76</sup>.

Corruption, which also includes bribery and absenteeism (‘quiet corruption’), has negatively affected the education sector and, to an even greater extent, the health sector<sup>77</sup>. Uganda’s reluctance to hold high political officials accountable for financial abuse resulted in the withdrawal or suspension of aid by several development partners, who are especially concerned about the slow progress in fighting high profile corruption<sup>78</sup>. In reaction to a recent OPM corruption scandal even more development partners have suspended their aid to Uganda, including the European Union, the United Kingdom and the World Bank<sup>79</sup>.

At district level, officials also have often misused the power acquired through decentralisation for their own benefit<sup>80</sup>. While decentralisation was expected to bring services closer to the population, in reality it seems to favour nepotism and favouritism as the guiding principles of service delivery<sup>81</sup>. In practice this leads to the requirement of payments in exchange

<sup>71</sup> PRINSEN, G., *op. cit.*

<sup>72</sup> BRATTON, M., “Formal vs. Informal Institutions in Africa”, *Journal of Democracy*, Vol. 18, No. 3, 2007, pp. 96-110.

<sup>73</sup> HICKEY, S., “Beyond the poverty agenda? Insights from the new politics of development in Uganda”, *World Development*, Vol. 43, 2013, pp. 194-206.

<sup>74</sup> BRATTON, M., *op. cit.*, pp. 98.

<sup>75</sup> VAN DE WALLE, N., “Presidentialism and clientelism in Africa’s emerging party systems”, *The Journal of Modern African Studies*, Vol. 41, No. 2, 2003, pp. 297-321.

<sup>76</sup> CAMBRIDGE EDUCATION, *op. cit.*; MOAT, K.-A., ABELSON, J., *op. cit.*; interviewees.

<sup>77</sup> INSPECTORATE OF GOVERNMENT, *The Third Annual Report on Tracking Corruption Trends in Uganda: Using the data tracking mechanism*, Kampala, Inspectorate of Government, 2012.

<sup>78</sup> REPUBLIC OF UGANDA, *Phase II Evaluation of the Implementation of the Paris Declaration in Uganda, Final report*, Kampala, Republic of Uganda, Office of the Prime Minister, 2011.

<sup>79</sup> DAILY MONITOR, *Donors cut all direct aid to government until 2013*, Daily Monitor, posted on Tuesday 4 December 2012.

<sup>80</sup> SEKIRIME, S., *op. cit.*

<sup>81</sup> AKIN, J., HUTCHINSON, P., STRUMPH, K., “Decentralisation and government provision

for employment<sup>82</sup>, for example, which makes the recruitment process very slow and cumbersome<sup>83</sup> and which results in the recruitment of under-qualified staff.

## 5. INTO THE ACTION ARENA

This section briefly describes the various actors involved in the M&E systems of Uganda's education and health sectors, i.e. government at central, sector and district level, Parliament and civil society organizations and international development partners (see Table 3).

**Table 3. Comparison of Uganda's education and health sectors with respect to the action arena**

IAD DOMAIN	EDUCATION SECTOR	HEALTH SECTOR
Action arena: actors	<ul style="list-style-type: none"> <li>- Government:</li> <li>✓ Office of the President</li> <li>✓ Office of the Prime Minister</li> <li>✓ Ministry of Finance, Planning and Economic Development</li> <li>✓ National Planning Authority</li> <li>✓ MoES: M&amp;E section, functional technical working groups</li> <li>✓ District Education Officer</li> </ul>	<ul style="list-style-type: none"> <li>- Government:</li> <li>✓ Office of the President</li> <li>✓ Office of the Prime Minister</li> <li>✓ Ministry of Finance, Planning and Economic Development</li> <li>✓ National Planning Authority</li> <li>✓ MoH: Quality Assurance Department, technical working groups that are less functional</li> <li>✓ District Health Officer</li> </ul>
	<ul style="list-style-type: none"> <li>- Parliament, Education Committee with relatively weaker members</li> </ul>	<ul style="list-style-type: none"> <li>- Parliament, Health Committee with relatively stronger members</li> </ul>
	<ul style="list-style-type: none"> <li>- Civil society organizations, some active organizations, but most education sector CSOs not considered effective watchdogs</li> </ul>	<ul style="list-style-type: none"> <li>- Civil society organizations, some active organizations, but most health sector CSOs not considered effective watchdogs</li> </ul>
	<ul style="list-style-type: none"> <li>- Development partners, less active at international level, better organized at country level</li> </ul>	<ul style="list-style-type: none"> <li>- Development partners, more active at international level, less organized at country level</li> </ul>

Source: based on authors' findings.

of public goods: The public health sector in Uganda", *The Journal of Development Studies*, Vol. 41, No. 8, 2005, pp. 1417-1443; GOLOOBI-MUTEBI, F., *op. cit.*; PRINSEN, G., TITECA, K., *op. cit.*

<sup>82</sup> Interviewees; SEKIRIME, S., *op. cit.*

<sup>83</sup> REPUBLIC OF UGANDA, *op. cit.*

### 5.1. Government

At central level, the Office of the President selects priorities and provides strategic orientation on the basis of the President's Manifesto. The Office of the Prime Minister is responsible for the overall coordination and oversight of M&E of government policies and programmes through the National Monitoring and Evaluation Technical Working Group, which includes senior technical officers from sectors, development partners and civil society organizations<sup>84</sup>. In addition, the Ministry of Finance, Planning and Economic Development is responsible for budget monitoring and evaluation, while the National Planning Authority is responsible for the M&E of the effectiveness and impact of development programmes and the performance of Uganda's economy<sup>85</sup>.

At sector level, the MoES has a specific M&E section, which falls under the responsibility of the Education Planning and Policy Analysis Department. In the MoH, the Quality Assurance Department, under the Directorate of Planning and Development, is responsible for the coordination and oversight of M&E activities in the health sector. In both sectors, the coordination and oversight for specific technical areas is in the hands of technical working groups, composed of members from technical offices of the MoES/MoH, other ministries, development partners, non-governmental organizations and the private sector. While both sectors have an M&E technical working group, they function rather as an overall technical coordination working group, in which the findings from M&E exercises, which mainly relate to substance, figure among the issues discussed, whereas M&E systemic issues are barely discussed, except for the management information systems.

Under the 1997 local government act, education and health service delivery became the responsibility of local governments, which means that the sector ministries are dependent on the district for the implementation of their policies<sup>86</sup>.

### 5.2. Non-government actors

Important outside government actors are the Parliament, civil society organizations and development partners. Official responsibilities of the Parliament with respect to M&E include scrutinising various objects of expenditure and the sums to be spent on each, assuring transparency and accountability in the application of public funds and monitoring the

<sup>84</sup> OFFICE OF THE PRIME MINISTER, *Concept paper on Government Evaluation Facility*, draft June 2011, Kampala, Office of the Prime Minister, 2011.

<sup>85</sup> REPUBLIC OF UGANDA, *National Policy on Public Sector Monitoring and Evaluation*, Kampala, Republic of Uganda, Office of the Prime Minister, 2010.

<sup>86</sup> See CAMBRIDGE EDUCATION, *op. cit.*, for the education sector.

implementation of government programmes and projects<sup>87</sup>. While some<sup>88</sup> claim that Parliament is not considered an effective watchdog and is hardly involved in decision making on government activities, others<sup>89</sup> argue that Parliament's role as a watchdog is improving and Parliamentary Committees such as the Public Accounts Committee have become better informed and are more assertive. In 2012 the Social Service Committee was split into a Health and an Education Committee<sup>90</sup>. According to our parliamentary interviewees the stronger members of the Social Service Committee have joined the Health Committee.

In both the education and the health sectors, civil society organizations participate in annual joint reviews and sector working groups. While some of these organizations are active and influential<sup>91</sup>, most of the CSOs involved are not considered to be effective watchdogs, an observation that has also been acknowledged by some of these organizations themselves<sup>92</sup>. The 2011 Ugandan evaluation report of the Paris Declaration also highlighted that CSO's role in holding government and development partners accountable has recently been weakened as a result of the global international crisis, which caused a decline in CSO financing<sup>93</sup>.

At the international level, the need to invest in a well-functioning M&E system in the health sector is recognised by diverse global health partners (including the WHO, GAVI Alliance, GFATM and World Bank), as financial means and activities to attain the health-related Millennium Development Goals (MDGs) were rapidly being scaled up<sup>94</sup>. Global health partners are, however, often criticised for bypassing receiving countries and not responding

<sup>87</sup> REPUBLIC OF UGANDA, *op. cit.*

<sup>88</sup> WILD, L., DOMINGO, P., *Accountability and Aid in the Health Sector*, London, Overseas Development Institute and World Vision, 2010.

<sup>89</sup> HEDGER, E., WILLIAMSON, T., MUZOORA, T., STROH, J., *Sector Budget Support in Practice. Case Study Education Sector in Uganda*, London/Oxford, Overseas Development Institute/Mokoro, 2010.

<sup>90</sup> Interviewees.

<sup>91</sup> See e.g. the Uganda National Health Consumers Organization in the health sector and Link Community Development and Uwezo in the education sector. See IOB, *Primary Education in Uganda*, the Hague, Ministry of Foreign Affairs of the Netherlands, 2008. An organization active in both sectors is the Uganda Debt Network, which leads amongst others a downward accountability initiative.

<sup>92</sup> Interviewees.

<sup>93</sup> REPUBLIC OF UGANDA, *Phase II Evaluation of the Implementation of the Paris Declaration in Uganda, final report*, Kampala, Republic of Uganda, Office of the Prime Minister, 2011.

<sup>94</sup> IHP+, *Monitoring performance and evaluating progress in the scale-up for better health, a proposed framework*, prepared by the monitoring and evaluation working group of the international health partnership and related initiatives (IHP+) led by WHO and the World Bank, 2008; CHAN, M., KAZATCHKINE, M., LOB-LEVY, J., OBAID, T., SCHWEIZER, J. SIDIBE, M., VENEMAN, A., YAMADA, T., "Meeting the demand for results and accountability: a call for action on health data from eight global health agencies", *PLoS Medicine*, Vol. 7, No. 1, 2010, pp. 1-4.

to their requests<sup>95</sup>.

On the other hand, the Fast Track Initiative, which was set up in 2002 to accelerate progress on the Education for All (EFA) goals, did not establish a proper results-oriented monitoring and evaluation (M&E) framework and as a result, it was impossible to sufficiently monitor progress at country and global levels<sup>96</sup>. To correct for this, the successor of the Fast Track Initiative, the Global Partnership for Education (GPE), elaborated an M&E strategy and established a results framework that links objectives with specific assessment criteria and concrete activities<sup>97</sup>.

In Uganda, the development partners' role in the development of the M&E systems in the education and health sectors has been quite important. The Joint Assessment Framework agreed upon by the development partners under the Joint Budget Support Framework<sup>98</sup> has functioned as an important directive for M&E at sector level. In the education sector the financial and technical support provided by education development partners for the development of the reporting and M&E systems has been essential<sup>99</sup>. Some evaluations and studies have been done jointly by the MoES and development partners. Initiatives to improve data collection and monitoring have not been well coordinated although the level of coordination among the education development partners is on the increase, as well as their interest in M&E.

In the health sector, development partners do not seem to be very interested in funding M&E (strengthening). Generally, they prefer to fund issues or departments which are more visible such as specific disease control or system strengthening in the area of specific diseases<sup>100</sup>. Some global health partners (WHO, GFATM, GAVI Alliance and World Bank) were recently involved in

<sup>95</sup> See PETERS, D. H., PAINA, L., SCHLEIMANN, F., "Sector-wide approaches (SWAps) in health: what have we learned", *Health Policy and Planning*, Vol. 28, 2013, pp. 884-890.

<sup>96</sup> LISTER, S. (ed.), *Mid-Term Evaluation of the EFA Fast Track Initiative. Final Synthesis Report. Volume 1 – Main Report*, Cambridge/Oxford, Cambridge Education/Mokoro/Oxford Policy Management, 2010.

<sup>97</sup> GLOBAL PARTNERSHIP FOR EDUCATION, *The Case for Investment (2011-2014)*, Washington, D.C., Global Partnership for Education, 2011.

<sup>98</sup> Development partners who supply general and sector budget support have to join the Joint Budget Support Framework (REPUBLIC OF UGANDA, *Uganda Partnership Policy. Implementing the National Development Plan (2010/11-2014/15)*, Kampala, final draft December 2010), which was approved in October 2009 (WORLD BANK, *International Development Association...*, *op. cit.*). The aim of this framework is to reduce budget support transaction costs, to increase predictability of disbursements and to create a stronger and more consistent policy dialogue which promotes mutual accountability consistent with the Paris Declaration and Accra Agenda for Action (WORLD BANK, *ibid.*). The twelve development partners who joined the Joint Budget Support Framework in 2009 are: African Development Bank, European Commission, World Bank, Austria, Belgium, Germany, Ireland, the Netherlands, Norway, Sweden and the United Kingdom.

<sup>99</sup> HEDGER, E., WILLIAMSON, T., MUZOORA, T., STROH, J., *op. cit.*

<sup>100</sup> Interviewees.

the elaboration of the M&E plan (through on the job capacity building), which has led to the inclusion of indicators on which they need data, among other outcomes. While this could trigger the implementation of the plan and reduce the burden of additional data collection, no health development partner has shown any interest in financing the implementation of the M&E plan so far.

## 6. UNPACKING THE PATTERNS OF INTERACTION

This section analyses the main patterns of interaction and in doing so establishes linkages among the various building blocks discussed in the previous sections. More specifically, the patterns of interaction summarised in Table 4 are related to the behaviour of actors in the action arena (section 6) which is influenced by the physical and material conditions, community attributes and rules-in-use (section 5), and which in turn influences the quality of the M&E systems in the education and health sectors (section 4).

**Table 4. Patterns of interaction in Uganda's education and health sector**

IAD DOMAIN	EDUCATION SECTOR	HEALTH SECTOR
Patterns of interaction	<ul style="list-style-type: none"> <li>- Motivational problems</li> <li>✓ collective action problem</li> <li>✓ asymmetric power relations</li> </ul>	<ul style="list-style-type: none"> <li>- Motivational problems</li> <li>✓ collective action problem</li> <li>✓ asymmetric power relations</li> </ul>
	<ul style="list-style-type: none"> <li>- Information problems</li> <li>✓ missing information, but less than in the health sector</li> <li>✓ data collection is driven by higher level M&amp;E needs, but less so than in the health sector</li> </ul>	<ul style="list-style-type: none"> <li>- Information problems</li> <li>✓ missing information, more than in education sector</li> <li>✓ data collection is driven by higher level M&amp;E needs, more strongly than in the education sector</li> </ul>

Source: based on authors' findings.

### 6.1. Motivational problems

#### 6.1.1. Collective action problem

The benefits of M&E (availability of evidence) and (local) accountability could be considered as public goods<sup>101</sup>, which creates a kind of 'second-order freerider problem'<sup>102</sup>. According to Booth<sup>103</sup> neither governments nor citizens

<sup>101</sup> OLKEN, B.-A., "Monitoring corruption: evidence from a field experiment in Indonesia", *Journal of Political Economy*, Vol. 115, No. 2, 2007, p. 200-249.

<sup>102</sup> HECHTER, H., *Principles of group solidarity*, Berkeley, University of California Press, 1987.

<sup>103</sup> BOOTH, D., *Development as a collective action problem. Addressing the real challenges of African governance, Africa Power and Politics Programme*, London, Overseas Development Institute, 2012.

in developing countries are committed to improving governance and the provision of public goods and therefore he considers government limitation in Africa to be caused by collective action problems. As Booth<sup>104</sup> puts it: “in existing democracies in Africa, both leaders and ordinary voters face problems of credible commitment and collective action that prevent the first from pursuing, and the second from rewarding, performance of the sort that lead to economic transformation.” The limited commitment of political leaders and civil servants to contribute to development, created by e.g. the material conditions (such as budgets and human resources) and informal rules-in-use, seems to be an essential factor underlying the limited demand from Ugandan government actors for M&E. This is in line with Hickey<sup>105</sup>, who argues that Uganda cannot be classified as a developmental state because high levels of political commitment and resources are lacking as well as a sufficient state capacity. If development is not in the interest of key Ugandan actors, it is also highly unlikely that they will be interested in information that provides insights into the reasons behind the failure or success of development programmes and projects and that aims to improve interventions<sup>106</sup>. Moreover, as corruption or lack of performance caused by corruption can be revealed through M&E, M&E is not in the personal interest of corrupt officials and politicians who are therefore inclined to manipulate data and/or block evaluations<sup>107</sup>. This undermining of M&E could be even stronger in the health sector, as this sector is more affected by corruption. It is therefore not surprising that the MoES and MoH (including the M&E working groups) hardly pay any attention to (improving) the quality of the M&E systems (see 3.1 and 5.1), especially as strengthening formal accountability systems might (partly) curtail the informal systems, which are often more lucrative.

From the perspective of budget support development partners, the lack of attention to the quality of the M&E systems (as e.g. in the M&E working group in the education sector) is at first sight more surprising as they primarily rely on the outputs of these M&E systems for their own accountability towards their constituencies. However, from the vantage point of their own quest for budget support success stories, the apparent negligence by development partners of the quality of recipient M&E becomes understandable. While it is certainly not unique to the Ugandan case<sup>108</sup>, during our field research,

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<sup>104</sup> BOOTH, D., *op. cit.*, p. 60.

<sup>105</sup> HICKEY, S., *op. cit.*

<sup>106</sup> PRITCHETT, L., “It pays to be ignorant: a simple political economy of rigorous program evaluation”, *Policy Reform*, Vol. 5, No. 4, 2002.

<sup>107</sup> Interviewees; REPUBLIC OF UGANDA, *National Strategy to Fight Corruption and Rebuild Ethics and Integrity in Uganda 2008-2013*, Kampala, Office of the President, Directorate for Ethics and Integrity, 2008; SEKIRIME, S., *op. cit.*

<sup>108</sup> HOLVOET, N., ROMBOUTS, H., “The Denial of Politics in PRSP’s Monitoring and Evaluation. Experiences from Rwanda”, *IOB Discussion Paper* No. 2008.02, Antwerp, Institute

several representatives from donor agencies highlighted that they could not afford to be too openly critical of the quality of the existing M&E systems and their outputs as these constitute a source for their own reporting to their home parliaments. In addition, as donor agencies are generally under pressure to disburse<sup>109</sup>, they will not be inclined to withdraw their support even if efforts of recipients (including in strengthening their M&E systems) are low. As recipients are aware of this, they do not have any incentive to make a serious effort (i.e. the Samaritan's dilemma<sup>110</sup>)<sup>111</sup>.

### 6.1.2. *Asymmetrical power relations*

The collective action problem is reinforced by asymmetrical power relations, as the status quo with limited attention to (improving) the quality of the M&E systems, creates advantages for those who are in power<sup>112</sup>. There are asymmetrical power relations at different levels.

At central level, there is a complex interaction and competition among the different government actors (Ministry of Finance, Planning and Economic Development, the Office of the Prime Minister and the National Planning authority) who are responsible for part of the central level M&E coordination and oversight over different line ministries<sup>113</sup>. This has created a duplication of reporting obligations for sector and local levels. Both sectors also have reporting requirements for projects, which are more substantial in the health sector where a higher share of the budget is provided through projects. As a consequence of this reporting burden, there is hardly any time left for analysis and evaluation<sup>114</sup>.

As a result of the 1997 local government act (formal rules-in-use), district education and health officers (and education inspectors) are not directly accountable to the sector ministries and due to community attributes such as for instance the passive attitude since the introduction of free services, parents/clients do not have the power and/or interest to raise their voices

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of Development Policy and Management, University of Antwerp, 2008.

<sup>109</sup> MOLENAERS, N., RENARD, R., "Policy Dialogue under the New Aid Approach: Which Role for Medium-sized Donors? Theoretical Reflections and Views from the Field", *IOB Discussion Paper*, No. 2008.05, Antwerp, Institute of Development Policy and Management, University of Antwerp, 2008.

<sup>110</sup> See OSTROM, E., GIBSON, C., SHIVAKUMAR, S., ANDERSSON, K., *op. cit.*

<sup>111</sup> For indications of disbursement pressure and Samaritan's dilemma in Uganda, see HILDEMAN, A., *Defining and Implementing Conditionality The Case of Uganda*, Lund, Lund University, Institute of Economic Research, Department of Economics, 2006.

<sup>112</sup> *Ibidem.*

<sup>113</sup> BOOTH, D., NSABAGASANI, X., "Poverty Monitoring Systems: An Analysis of Institutional Arrangements in Uganda", *ODI Working Paper* No. 246, London, Overseas Development Institute, 2005; interviewees.

<sup>114</sup> Interviewees.



within management committees<sup>115</sup> (see 4.2). Asymmetrical power relations also tend to be stronger in the health sector due to the complexity of clinical health services, which also puts into perspective performance monitoring by the District Health Office<sup>116</sup>.

Due to informal rules-in-use, including nepotism and favouritism, M&E positions are not always filled in time and staff responsible for data collection and/or M&E may not necessarily be the most qualified<sup>117</sup>, which negatively influences data quality (analysis).

Asymmetrical power relations also hamper the demand for information by outside government actors. Civil society organizations might for instance practice self-censorship for reasons of (organizational) survival<sup>118</sup> or perceive their efforts to keep government accountable to be highly ineffective<sup>119</sup> which does not incentivise demand for M&E. Parliamentarians on the other hand tend to be mainly interested in information related to their own districts<sup>120</sup>.

### 6.1. Information problems

Motivational problems created by collective action problems and asymmetrical power relations are more difficult to resolve if information is missing or asymmetric<sup>121</sup>. Missing information refers to the fact that the majority of citizens do not make demands for information and/or better services, as they are not aware of their rights (community attributes). This is more of an issue in the health sector as health information tends to be more complex. Government in turn has little incentive to supply information or to improve their performance as there is relatively little demand.

Moreover, both citizens and civil servants have little knowledge with respect to M&E, and this is particularly the case at local levels<sup>122</sup>. According to the phase II evaluation of the Paris Declaration, only a few people in Uganda

<sup>115</sup> BTC UGANDA, *op. cit.*; CAMBRIDGE EDUCATION, *op. cit.*; PRINSEN, G., TITECA, K., *op. cit.*; MURINDWA, G., TASHOBYA, C. K., KYABAGGU, J. H., RUTEBEMBERWA, E., NABYONGA, J., *op. cit.*

<sup>116</sup> See also WORLD BANK, *op. cit.*

<sup>117</sup> MoE has for instance only filled 60% of its positions at district level. See REPUBLIC OF UGANDA, *op. cit.* Interviewees and SEKIRIME, *op. cit.*, pointed out that decentralisation increased the possibility of nepotism and favouritism and that this may affect the quality of staff (e.g. having sub-standard skills).

<sup>118</sup> VAN DE WALLE, N., "Towards an Accountable Budget Process in Sub Saharan Africa: Problems and Prospects", *Social Research*, Vol. 77, No. 4, 2010, pp. 1281-1310; MUHUMUZA, W., "State-Civil Society Partnership in Poverty Reduction in Uganda", *Eastern Africa Social Science Research Review*, Vol. 26, No. 1, 2010, pp. 1-21.

<sup>119</sup> Interviewees.

<sup>120</sup> Interviewees.

<sup>121</sup> OSTROM, E., GIBSON, C., SHIVAKUMAR, S., ANDERSSON, K., *op. cit.*

<sup>122</sup> REPUBLIC OF UGANDA, *National Policy...*, *op. cit.*

understand the 'management for results' principle and these are mainly those who participated in national and international aid effectiveness meetings<sup>123</sup>. Besides, key concepts such as monitoring, evaluation, performance and supervision are not understood in the same way by professionals, civil servants and the public. Most civil servants and decision-makers are not aware of their roles within a results-based M&E system and therefore consider M&E to be costly and not very useful. In addition, staff involved in data collection do not understand the rationale for data collection, which negatively affects the quality of data. This lack of knowledge undermines ownership of M&E and, as a result, priority has been given to M&E for development partners as a necessity to release funds, but not to improve performance<sup>124</sup>.

The increased international focus on results and related information needs generally leads to crowding out of national information needs. Similarly, central-level (Office of the Prime Minister) needs are overwhelming line ministries' needs while local district and facility level M&E is largely driven by data collection needs decided upon at line ministry level. This crowding out of local level national information needs seems to be a bigger problem in the health sector, where international vertical funds are more dominant, pushing for instance for the inclusion of specific indicators in the HMIS.

The information needs of international development partners also seem to be the underlying reason for the elaboration of the M&E framework of the MoES and the M&E plan of the MoH, which were both elaborated with the assistance of development partners. At international level, global health partners committed themselves to M&E strengthening and support for the development of a coherent M&E plan at country level. It is highly likely that it is against the background of this international commitment that the M&E plan (and HSSIP) of Uganda's health sector was elaborated as an adapted version of the M&E framework for health system strengthening developed by the WHO, GAVI Alliance, GFATM and World Bank. However, as the MoH is influenced by informal rules-in-use and capacity problems (see section 4), which affects the demand and ownership from within the MoH itself, the implementation of the M&E plan is challenged, even if sufficient funds become available.

In the education sector, the international Fast Track Initiative did not invest much in the promotion of data collection and M&E at country level. The technical support from DFID rather seems to be an individual development partner's initiative while education development partners in general and the MoES do not seem interested in the implementation of the M&E framework. In fact, some development partners were not even aware of its existence. As the successor of the Fast Track Initiative, the Global Partnership for Education, seems to focus more on M&E and will need country level data for its results

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<sup>123</sup> *Ibid.*

<sup>124</sup> *Ibid.*

framework, it might take initiatives to improve country level data collection and M&E. As demonstrated in the health sector, demand from the MoES itself is a prerequisite for increasing the probability that support from the Global Partnership for Education will also generate results on the ground.

## **7. CONCLUSION AND LESSONS LEARNED**

The 2005 Paris Declaration imposed an important M&E reform agenda upon recipient and donor countries. Recipients are expected to build country-owned M&E systems that are properly functioning and allow the satisfaction of accountability and learning needs, whereas donors are expected to wind down their own parallel M&E exercises or at least align them with country systems and engage in joint M&E capacity development. Thus far, on the ground, progress in the M&E reform agenda has proved difficult, particularly with respect to addressing the underlying systemic issues. At the same time, many donor agencies are themselves struggling with the increasing demands of 'home' accountability and have not invested much in strategies for recipient M&E capacity development.

If anything, a realisation of the limits of a narrow technocratic approach to M&E capacity development is gaining ground among aid scholars and practitioners. The understanding that blueprint 'first-best' solutions imposed from the outside do not necessarily work gradually shifts the balance in favour of more modest approaches that start from what exists locally. An essential first step in such strategies is a diagnosis of the outlook and performance of currently prevailing M&E frameworks. In line with this, our paper sets out with a diagnostic review of the M&E systems in the Ugandan education and health sectors. We move beyond pure stocktaking and explore the complex web of institutional factors that influence M&E practices in the education and health sectors. In doing so, we have used Ostrom's Institutional Analysis and Development framework, an analytical framework that has been widely applied, but, to the best of our knowledge, not yet to the topic under study.

Our findings demonstrate how contextual factors shape the behaviour and interaction of different M&E demand and supply actors, and documents how prevailing M&E practices and outcomes in Uganda's education and health sectors are related to patterns of interaction that are characterised by motivational and information problems. As most of these motivational and information problems go beyond sector boundaries, differences between the education and health sector prove to be relatively small. Due to the higher technical complexity of the health sector, and the predominance of donor M&E needs in that sector, however, health sector M&E is somewhat more affected by motivation and information problems, which may contribute to a lower quality of M&E supply and a weaker country-owned M&E demand.

Comparison between the M&E systems in both sectors confirms the necessity to base M&E capacity development on what exists locally and to avoid imposing blueprints from outside.

This analysis is not only theoretically interesting, it also aims to feed into the elaboration of more contextualised and workable strategies of M&E capacity development. For donors it implies, for instance, the need to increase their knowledge on local political and institutional issues<sup>125</sup> and to set up M&E capacity building interventions in line with local priorities<sup>126</sup>. Recent initiatives such as the revamping of the Ugandan national evaluation society might be particularly interesting from this vantage point. While it is too early to assess its contribution, national evaluation networks elsewhere have demonstrated their capacity to bring together existing national M&E expertise which is usually spread over government, academics, civil society, parliament, audit offices and to broaden the M&E agenda beyond donor-driven M&E priorities<sup>127</sup>. Also in the academic M&E literature, there are interesting evolutions in M&E approaches such as experiential learning<sup>128</sup> and Problem Driven Iterative Adaptation (PDIA)<sup>129</sup> that move away from M&E blueprints and put more emphasis on localised M&E that changes incrementally. Along the same lines is the recent claim of Ramalingam<sup>130</sup> in favour of systemic thinking based upon the assertion that M&E is not a linear and simple process.

Our own current research is obviously highly exploratory and will benefit from further in-depth long-term field research with a focus on local settings, including comparative analysis among settings with different community attributes. We also suggest a further exploration of the applicability of insights from the collective action and public goods literature, particularly regarding ways to overcome collective action problems.

Antwerp, July 2014

<sup>125</sup> See BOOTH, D., *Aid Effectiveness: bringing country ownership (and politics) back in*, London, Overseas Development Institute, 2011; UNSWORTH, S., "What's politics got to do with it?: why donors find it so hard to come to terms with politics, and why this matters", *Journal of International Development*, Vol. 21, 2009, pp. 883–894.

<sup>126</sup> See STIERMAN, E., SSENGOOBA, F., BENNETT, S., "Aid alignment: a longer term lens on trends in development assistance for health in Uganda", *Globalization and Health*, Vol. 9, No. 7, 2013, pp. 1-11.

<sup>127</sup> See HOLVOET, N., DEWACHTER, S., "Multiple paths to effective national evaluation societies", *American Journal of Evaluation*, Vol. 34, 2013, pp. 519-544.

<sup>128</sup> See PRITCHETT, L., SALIMAH, S., HAMMER, J., "It's all about MeE: Using Structured Experiential Learning ("e") to Crawl the Design Space", *Working Paper 234*, Washington, D.C., Center for Global Development, 2013.

<sup>129</sup> See ANDREWS, M., PRITCHETT, L., WOOLCOCK, M., "Escaping Capability Traps through Problem Driven Iterative Adaptation (PDIA)", *World Development*, Vol. 51, 2013, pp. 234-244.

<sup>130</sup> RAMALINGAM, B., *Aid on the Edge of Chaos. Rethinking International Cooperation in a Complex World*, Oxford, Oxford University Press, 2013.