

Institutional analysis of monitoring and evaluation systems

Comparing M&E systems in
Uganda's health and education
sector

Nathalie **Holvoet**
Liesbeth **Inberg**
Susan **Sekirime**

Working Papers are published under the responsibility of the IOB Research Lines, without external review process. This paper has been vetted by Nadia Molenaers, coordinator of the Research Line Conditional Finance for Development.

Comments on this Working Paper are invited. Please contact the authors at **nathalie.holvoet@ua.ac.be** or **liesbeth.inberg@ua.ac.be** or **susan.sekirime@ua.ac.be**.

Instituut voor Ontwikkelingsbeleid en -Beheer
Institute of Development Policy and Management
Institut de Politique et de Gestion du Développement
Instituto de Política y Gestión del Desarrollo

Postal address:	Visiting address:
Prinsstraat 13	Lange Sint-Annastraat 7
B-2000 Antwerpen	B-2000 Antwerpen
Belgium	Belgium

Tel: +32 (0)3 265 57 70
Fax: +32 (0)3 265 57 71
e-mail: iob@ua.ac.be
<http://www.ua.ac.be/iob>

WORKING PAPER / 2013.03

ISSN 2294-8643

Institutional analysis of monitoring and evaluation systems: Comparing M&E systems in Uganda's health and education sector

Nathalie **Holvoet***

Liesbeth **Inberg****

Susan **Sekirime*****

April 2011

* Nathalie Holvoet is a senior lecturer at the Institute of Development Policy and Management (IOB), University of Antwerp.

** Liesbeth Inberg is a researcher at the Institute of Development Policy and Management (IOB), University of Antwerp.

*** Susan Sekirime Sekirime is a graduate of the master of development evaluation and management from the university of Antwerp (2012). She is currently working as a monitoring and evaluation officer on the USAID/ Uganda Tourism for Biodiversity Program in Uganda, and pursuing further research in the area of development evaluation.

TABLE OF CONTENTS

ABSTRACT	6
ABBREVIATIONS	7
1. INTRODUCTION	8
2. INSTITUTIONAL ANALYSIS AND DEVELOPMENT FRAMEWORK	10
3. METHODOLOGY	12
3.1. CASE SELECTION	12
3.1.1. UGANDA'S PERFORMANCE IN THE EDUCATION SECTOR	12
3.1.2. UGANDA'S PERFORMANCE IN THE HEALTH SECTOR	14
3.2. DATA COLLECTION	16
4. EXPLORING EXOGENOUS FACTORS	17
4.1. PHYSICAL AND MATERIAL CONDITIONS	17
4.1.1. FINANCING	17
4.1.2. CAPACITY AND INCENTIVES	18
4.1.3. TECHNOLOGY	19
4.2. COMMUNITY ATTRIBUTES	20
4.3. RULES IN USE	21
4.3.1. FORMAL RULES	21
4.3.2. INFORMAL RULES	23
5. INTO THE ACTION ARENA	26
5.1. GOVERNMENT	26
5.1.1. CENTRAL LEVEL	26
5.1.2. SECTOR LEVEL	28
5.1.3. LOCAL LEVEL	29
5.2. PARLIAMENT	32
5.3. CIVIL SOCIETY	33

5.4.	DEVELOPMENT PARTNERS	35
5.4.1.	INTERNATIONAL LEVEL	35
5.4.2.	DEVELOPMENT PARTNERS IN UGANDA	37
6.	UNPACKING THE PATTERNS OF INTERACTION	39
6.1.	ASYMMETRICAL POWER RELATIONS	39
6.2.	CORRUPTION	40
6.3.	MISSING INFORMATION	40
6.4.	PRINCIPAL-AGENT PROBLEMS	41
7.	QUALITY OF THE M&E SYSTEMS	43
7.1.	SUPPLY	43
7.1.1.	POLICY	43
7.1.2.	INDICATORS, DATA COLLECTION AND METHODOLOGY	44
7.1.3.	JOINT SECTOR REVIEWS	45
7.1.4.	PERFORMANCE REPORTS	46
7.2.	DEMAND	47
8.	DISCUSSION AND CONCLUSION	50
8.1.	CONFRONTATION OF OUTCOMES WITH PATTERNS OF INTERACTION	52
8.1.1.	SUPPLY	52
8.1.2.	DEMAND	54
8.2.	MOVING FORWARD	55
	REFERENCES	57
ANNEX 1:	ACTORS IN THE NATIONAL M&E SYSTEM AND THEIR RESPONSIBILITIES	66
ANNEX 2:	CHECKLIST AND SCORES M&E SYSTEM AT SECTOR	68

ABSTRACT

In the context of the Paris Declaration and sector wide approaches (SWAps), the need to invest in well-functioning national health sector monitoring and evaluation (M&E) systems is widely acknowledged. Regardless of the approach adopted, an important first step in any strategy for capacity development is to diagnose the quality of existing systems or arrangements, taking into account both the supply and demand sides of M&E. As no standardized M&E diagnostic instrument currently exists, we invested in the development of an assessment tool for sector M&E systems. In order to counter the criticism that M&E is often narrowed down to a focus on technicalities, our diagnostic tool assesses the quality of M&E systems according to six dimensions: i) policy; ii) indicators, data collection and methodology; iii) organisation (further divided into iiiia: structure, and iiib: linkages); iv) capacity; v) participation of non-government actors; and vi) use of M&E outputs. We have applied this checklist to M&E arrangements in e.g. the education and health sectors of Uganda. The outcomes of these two assessments are compared in this paper. As we aim to explore the underlying institutions and contextual factors that influence M&E in Uganda, and more specifically M&E in the education and health sectors, we draw upon the insights from the Institutional Analysis and Development (IAD) framework to structure our analysis.

ABBREVIATIONS

BTVET	Business, Technical and Vocational Education and Training
EDI	Education for All Development Index
EFA	Education for All
EMIS	Education Management Information System
ESSP	Education Sector Strategic Plan
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GAVI	Global Alliance on Vaccines and Immunization
FENU	Forum of Education NGOs in Uganda
FTI	Fast Track Initiative
HDI	Human Development Index
HMIS	Health Management Information System
HMN	Health Metrics Network
HSSIP	Health Sector Strategic and Investment Plan
HSSP	Health Sector Strategic Plan
IAD	Institutional Analysis and Development
IHP+	International Health Partnership Plus
JAF	Joint Assessment Framework
MDG	Millennium Development Goals
M&E	Monitoring and Evaluation
MoES	Ministry of Education and Sports
NER	Net Enrolment Rate
NGO	Non Governmental Organisation
NRM	National Resistance Movement
ODA	Official Development Aid
PEPFAR	President's Emergency Plan for AIDS Relief
SMER	Supervision, Monitoring, Evaluation and Research
UBOS	Uganda Bureau of Statistics
UPE	Universal Primary Education
USE	Universal Secondary Education
WHO	World Health Organisation

1. INTRODUCTION

With the aim to increase 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'. The indicator for measuring progress in the 'management for results' principle is the "number of countries with transparent and monitorable performance assessment frameworks to assess progress against (a) the national development strategies and (b) sector programmes" (OECD/DAC, 2005: 12). The indicator is composed of three sub-components, i.e. 'stakeholder access to information', 'quality of information' and 'coordinated country-level monitoring and evaluation (M&E)'. The recent 2011 Paris Declaration Monitoring Survey shows considerable improvements in the development of results-oriented frameworks: while the 2010 target of 36% was not met, 21% (15 out of 76) of the countries participating in the 2011 survey have results-oriented frameworks that are deemed adequate, compared to 6% (3 out of 54) in the 2008 survey. Nevertheless, due to the narrow focus on the technicalities of results-oriented frameworks and indicators, the authors of the phase II Paris Declaration evaluation (Wood et al., 2011) are of the opinion that the relevance of the 'managing for results' principle has been weakened, as at the outset, a broader interpretation of the principle was foreseen, i.e. "using information to improve decisions; strengthening performance on the delivery of results towards clearly defined development goals" (Wood et al., 2011: 53). If anything, the focus on technicalities comes at the detriment of the broader M&E policy and institutional issues, and tends to neglect in particular the fact that M&E occurs in a socio-political and economic context in which stakeholders have different, sometimes competing interests (Holvoet and Rombouts, 2008).

Having an appropriate organisation of a national M&E system is crucial for a performance assessment framework to be nationally owned and properly functioning (technical interpretation of the 'managing for results' principle) as well as for the use of information for decision-making and results delivery towards development goals (original broader interpretation of the 'managing for results' principle). Such a national M&E system should have a clear division of responsibilities between different levels and layers of government, and clearly identified information streams and accountability structures between central and line ministries and between the local and national level. While strengthening M&E systems has thus far not figured on the priority list of many development partners and partner countries, it is obvious that more efforts are needed to strengthen and use recipient M&E systems if development partners want to make progress on the 'alignment' and the 'managing for results' principles. Strengthening recipient M&E systems generally leads to an improvement of accountability and learning, which may ultimately lead to increased performance and results on the ground. Along the same line, it has been observed that the quality of joint sector reviews largely depends on the quality of the underlying sector M&E system (Holvoet and Inberg, 2009). It is thus believed that strengthening sector M&E systems will contribute to an improvement in the quality of joint sector reviews in the short run and change its outlook over time. In the long run, joint sector reviews can evolve towards a kind of meta-evaluation instrument which monitors and evaluates the existing M&E system (including some reality checks on the ground) instead of being an M&E instrument that focuses on activities and outputs.

Prior to the development or upgrading of an M&E system, it is important to assess the quality of existing systems or arrangements, taking into account both the M&E supply and demand side. Considering a harmonised M&E diagnostic instrument does not exist so far, the O-platform Aid Effectiveness has invested in the elaboration of a diagnostic instrument and stocktaking exercises of M&E systems at central and sector level in various partner countries. This focus on diagnosis and stocktaking starts from the assertion that, regardless of the approach adopted, an important first step in any M&E capacity-building effort is to take stock of what already exists at the M&E supply and demand side. This is also consistent with the idea that small incremental changes to existing systems might be more feasible and workable than radical and abrupt changes that seek to impose blueprints from the outside (see North, 1990; Santiso, 2008).

In order to counter the criticism that M&E is often narrowed down to a focus on technicalities, our diagnostic instrument broadens the spectrum and gives a broad overview of the quality of M&E systems alongside six dimensions, including i) policy, ii) indicators, data collection and methodology, iii) organisation (split into iii.a: structure, and iii.b: linkages), iv) capacity, v) participation of actors outside government and vi) use of M&E outputs. These criteria are further subdivided into 34 questions and assessed using a five-point scoring system: weak (1), partially satisfactory (2), satisfactory (3), good (4) and excellent (5). So far, we have applied this checklist to M&E arrangements in the health sectors of Niger (Holvoet and Inberg, 2011a), Rwanda (Holvoet and Inberg, 2011b) and Uganda (Holvoet and Inberg, 2012a) and the education sector in Uganda (Holvoet and Inberg, 2012b).

In this paper we compare the outcomes of the assessments of Uganda's education and health sector M&E systems. As we aim to explore the underlying institutions and contextual factors that influence M&E in Uganda, and more specifically M&E in the education and health sectors, we draw upon the insights from the Institutional Analysis and Development (IAD) framework to structure our analysis.

Our paper consists of eight sections. Section two introduces the IAD framework while section three provides an overview of the methodology used. The different elements of the IAD framework, i.e. exogenous factors, action arena, patterns of interaction and outcomes with respect to quality of M&E systems in Uganda's health and education sectors, are subsequently discussed in sections four, five, six and seven. Section eight discusses findings and concludes.

2. INSTITUTIONAL ANALYSIS AND DEVELOPMENT FRAMEWORK

Prior to the introduction of the Institutional Analysis and Development (IAD) framework, this chapter first discusses the concept of institutions.

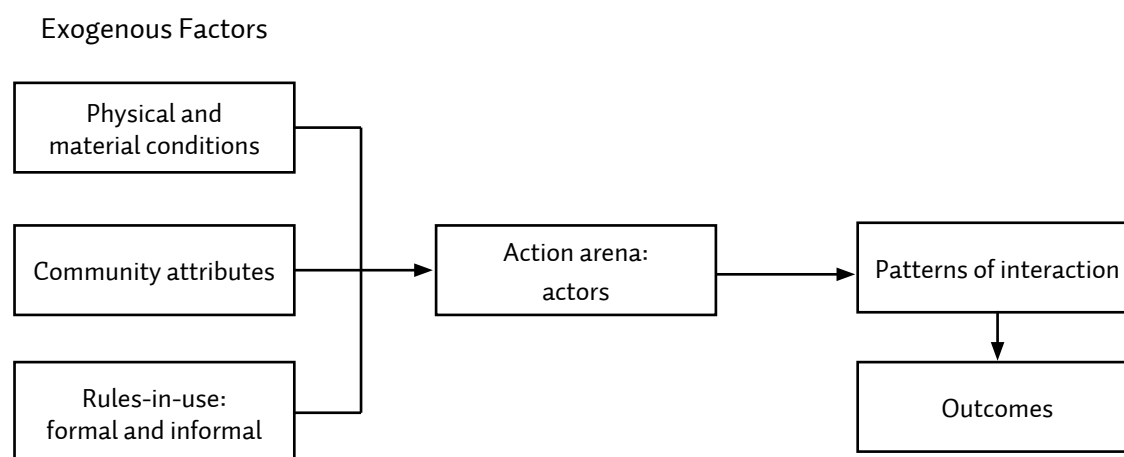
Institutions have been studied widely in the field of social studies, yet so far no uniform definition exists. The notion of ‘institutions’ is also often incorrectly used interchangeably with ‘organisations’ (Polski and Ostrom, 1999). For the purpose of this paper, the definition provided by North (1991: 97) is particularly suitable, i.e. “the humanly devised constraints that structure political, economic and social interactions”. Humanly devised constraints can include both informal constraints, such as sanctions, taboos, customs, traditions and codes of conduct, as well as formal constraints including constitutions, laws and properly rights (North, 1991).

Institutions are important because much of human interaction and activity is structured in terms of explicit and implicit rules (Hodgson, 2006). Therefore, any attempt to understand human behaviour and to explain patterns of interaction and outcomes requires the examination of the underlying institutions that shape the observed facts (Grief, 2006). In other words, ‘the rules of the game’ must be understood (North, 1994) as should ‘the games within the rules’ (Leftwich and Sen, 2010) considering individuals may play the game according to the rules (institutions), but may simultaneously change the rules as well.

With respect to the topic under study, the above implies that it is essential to understand the rules that influence M&E in Uganda’s education and health sectors, the effects of these rules on the behaviour of actors involved in M&E and the effects of this behaviour on the outcomes of M&E. From this vantage point, the Institutional Analysis and Development Framework is particularly useful as it provides insight into the interaction of the different stakeholders involved in M&E.

The IAD framework was developed by a group of social scientists as a tool for policy analysts who evaluate policy interventions or policy design (Polski and Ostrom, 1999). The different elements of the IAD framework are visualised in Figure 2.1. and discussed in detail in Polski and Ostrom (1999).

Figure 2.1. The Institutional Analysis and Development framework



Source: Ostrom et al. (1994)

According to Polski and Ostrom (1999), a specification of exogenous factors, including physical and material conditions, the community attributes and the rules in use, is important as they have significant implications for policy design, politics and collective action, which are all crucial elements of the policy making process. The action arena is the focus of policy analysis and design, as policy action takes place in here. Within the action arena, actors inform themselves, 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 rules-in-use. Subsequently, the patterns of interaction flow logically from the behaviour of the actors defined in the action arena. In this specific subcomponent of the framework the structural characteristics of an action situation and the behaviour of participants in the resulting structure are analysed. Again, if analysed rigorously, the outcomes flow logically from the patterns of interaction. When analysing the outcomes (the performance of a policy system), objective standards for comparison are needed. If baselines are available, these could be used, otherwise evaluative criteria should be specified (Polski and Ostrom, 1999).

According to Polski and Ostrom (1999) the framework can be used in both directions, 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 move forward to end with an analysis of the outcomes. The first approach is more suitable for analysing established policy situations, while the second approach is more suitable for analysing new policy initiatives or for comparing alternative policy designs (Polski and Ostrom, 1999). In this paper we adopt the ‘forward approach’.

3. METHODOLOGY

In order to gain insight into the way exogenous factors and their interplay with actors involved in M&E systems influence the quality of these systems, we use a comparative case-study approach. By comparing two cases, i.e. M&E systems in Uganda's education and health sectors, we are able to identify factors that specifically affect the quality of the different M&E systems. In sub-section 3.1, the selection of Uganda's education and health sector is motivated and the cases are shortly introduced (3.1.1. and 3.1.2.). Sub-section 3.2 describes the data collection methods.

3.1. Case selection

Two cases in Uganda have been selected for this paper considering the country has a long experience with (M&E of its) poverty reduction strategy papers and therefore is expected to have institutional structures and arrangements in place. In fact, Uganda's first Poverty Eradication Action Plan served as an inspiration for the World Bank to launch the poverty reduction strategy papers in the context of the Heavily Indebted Poor Countries initiative. In the 2006 and 2008 Paris Declaration surveys, Uganda was one of only two and three countries respectively, that obtained a B-score ('largely developed') for indicator 11. Uganda obtained this score for all three sub-indicators of indicator 11: 'quality of development information', 'stakeholder access to information' and 'coordinated country-level M&E' (World Bank, 2007). In the 2011 Paris Declaration Survey however, Uganda's score on indicator 11 decreased to a C score, meaning that the performance assessment framework degraded from being 'largely developed' to 'action taken towards achieving good practice' (OECD/DAC, 2007). In contrast, the recent Paris Declaration country evaluation report assigns a score 2 for the 'managing for results' principle, which is indicative of the fact that it is considered successful¹. Uganda received this positive score as a result of a better integration of results-based management principles into planning, budget tracking and national M&E (Republic of Uganda, 2011a).

Uganda was also one of the first countries that introduced sector wide approaches (SWAPs) in its education and health sectors. A SWAP was introduced in the education sector after the launch of the Education Strategic Investment Plan in 1998 and in the health sector in 1999. As (budget) support is received through the SWAPs, improvement and diagnosis of existing M&E systems are expected to be high on the agenda. This is especially the case for budget support donors who are largely dependent on recipient sector M&E systems to satisfy the accountability needs of their own constituencies.

The next two paragraphs give a brief account of Uganda's performance in the education and health sectors.

3.1.1. Uganda's performance in the education sector

While Uganda has made impressive progress in increasing access to primary education, the quality of education is still poor, which is e.g. demonstrated by the limited increase in the number of pupils passing their primary leaving exams (Hedger et al., 2010), the low

[1] Possible scores are 1: very successful; 2: successful; 3: some problems; 4: serious deficiencies (Republic of Uganda, 2011a).

percentage of pupils attaining the minimum competencies in English literacy and numeracy (Winkler and Sondergaard, 2008; Uganda National Examination Board, 2011a) and the low survival rate to grade 5, an indicator which is included in the Education for All (EFA) Development Index (EDI). In 2012 Uganda ranked 104/120 on this index (0.771), among the countries with a low EDI (UNESCO, 2012). Other indicators used for calculating the index are primary adjusted net enrolment ratio, adult literacy rate and the gender-specific index. Table 3.1. shows Uganda's scores on these four indicators, which are all lower than the previous scores (see UNESCO, 2011).

Table 3.1. Uganda's scores on the EDI components, 2008

Component	Score
Primary adjusted net enrolment rate (NER) ²	0.910
Adult literacy rate	0.732
Gender specific EFA Index	0.872
Survival rate to grade 5	0.571

Source: UNESCO, 2012

Comparing Uganda's primary adjusted NER and the survival rate to grade 5 with Sub-Saharan Africa countries with a medium EDI, demonstrates Uganda's strong results in access and weak results in quality. Ghana e.g., a country which was just one rank higher than Uganda in the 2011 monitoring report and which improved its rank to 97/120 (EDI 0.803) in the 2012 monitoring report, has a primary adjusted net enrolment rate (0.842) that is lower than Uganda's, but Ghana's survival rate to grade 5 (0.784) is considerably higher than Uganda's³. Also, Ghana's gender specific EFA index, which stands at 0.913 is higher than Uganda's (0.872). While Uganda reached gender parity in primary education, boys perform better than girls in reading and mathematics (Byamugisha, 2011).

One of the reasons for the low quality of primary education is the high absenteeism rate of teachers (IOB, 2008; Lubanga, 2008; Winkler and Sondergaard, 2008). A 2006 survey showed that 19% of teachers were absent without a reason (Winkler and Sondergaard, 2008), a figure which is somewhat lower than the absenteeism rate found in an earlier (2004) survey, moreover using the same methodology. In the 2004 survey, Uganda's absenteeism rate was 27%, the highest among the six countries included in the survey (Chaudhury et al., 2006). While Uganda was the only African country included in the 2004 survey, another survey (referred to in IOB, 2008) showed that even among African countries, Uganda has a bad track record in teacher absenteeism. Compared with eight other (South and Eastern) African countries⁴, Uganda also had the highest absenteeism rate of 24% in 2000.

[2] The adjusted NER, in contrast to the traditional NER, measures the proportion of children of primary school age who are enrolled in either primary or secondary education (UNESCO, 2011: 262). As the traditional NER does not include enrolment in secondary education, estimations of the number of children out of school are overestimated. The NER included in the Uganda National Household Survey 2009/2010 (83.2%) is therefore lower than the adjusted NER 2008 included in the EFA global monitoring report.

[3] Between 2011 and 2012 Ghana increased its enrolment rate (from 0.770 to 0.842), but decreased its survival rate to grade 5 (from 0.886 to 0.784)

[4] Botswana, Kenya, Malawi, Mozambique, Namibia, South Africa, Tanzania and Zambia.

Other obstacles with regard to the quality of education include the quality of teachers, inappropriate teaching methods, inadequate supply of instructional materials, weak school inspection, support and supervision (BTC Uganda, 2011), non-functional school management committees and low levels of community interest and involvement in school activities (Republic of Uganda, 2010a).

3.1.2. Uganda's performance in the health sector

While Uganda's health policy is quite optimistic on improvements in the health situation of its population over the last decade (e.g. the life expectancy increased from 45 years in 2003 to 52 in 2008; the HIV prevalence rate reduced from 27% in 2000/01 to 7% in 2007/08 and the under-five mortality rate decreased from 156 in 1995 to 137 per 1,000 live births in 2005) (Republic of Uganda, 2010b), other documents (Republic of Uganda, 2010c; Republic of Uganda, 2011a; BTC, 2011) refer to a lack of performance in the health sector. Of the 25 indicators formulated in the second Health Sector Strategic Plan (HSSP II), performance declined for 5 of them, an improvement recorded for 11 (although this was insufficient in view of their targets) while for the remaining 9 indicators, no comparable data was available (BTC, 2011). As table 3.2 shows, Uganda still has low scores on most of the health-related Millennium Development Goals (MDG) indicators, with scores worse than the African average for almost half (8/17) of the indicators. The relatively best scoring indicators include; maternal mortality rate (which is however still among the highest in the world, caused e.g. by high fertility rates and poor pre- and post-natal care, Republic of Uganda, 2011a), antenatal care coverage, tuberculosis mortality rate and population using improved sanitation.

Table 3.2. Ugandan and African average performance on the health-related MDG indicators (for which a regional average is available)

Indicators (a)	Uganda	African average
Children aged <5 years underweight (%)	16.4	
Under-five mortality rate (per 1000 live births), 2009	128	127
Measles immunization coverage among 1-year-olds (%), 2009	68	69
Maternal mortality (per 100,000 live births), 2008	430	620
Births attended by skilled health personnel (%)	42	
Contraceptive prevalence (%)	23.7	24.4
Adolescent fertility rate (per 1000 girls aged 15-19 years)	159	117
Antenatal care coverage (%): at least 1 visit	94	74
Unmet need for family planning (%)	40.6	24.8
Prevalence of HIV among adults aged 15-49 years (%), 2009	6.5	4.7
Males aged 15-24 years with comprehensive correct knowledge of HIV/AIDS (%)	38	33
Females aged 15-24 years with comprehensive correct knowledge of HIV/AIDS (%)	32	25
Antiretroviral therapy coverage among people with advanced HIV infection (%) 2009	39	37
Malaria mortality rate (per 100,000 population), 2008	103	94
Children aged <5 years sleeping under insecticide-treated nets (%)	9	17
Children aged <5 years with fever who received treatment with any antimalarial (%)	61	
Tuberculosis mortality rate among HIV-negative people (per 100,000 population), 2009	29	52
Population using improved drinking-water sources (%), 2008	67	61
Population using improved sanitation (%), 2008	48	34

Source: World Health Organisation, 2011

(a) For the indicators for which no specific year is given, the World Health Organisation (WHO) report mentions 'the latest available data since 2000'

The main causes of mortality and morbidity in Uganda are malaria, malnutrition, respiratory tract infections, AIDS, tuberculosis and perinatal and neonatal conditions, which are all to a high degree preventable (Republic of Uganda, 2010a). Jeppsson (2002) refers in this respect, to the focus of Uganda's strategic health plans on curative services (with an emphasis on constructing new regional hospitals and high-tech solutions) rather than on preventive measures in e.g. areas of water and sanitation. While the second HSSP (2005/06-2009/10) defines the Uganda National Minimum Health Care Package, which has a clear focus on prevention, various interviewees highlighted that in practice, too many resources are still allocated to hospitals at the detriment of primary health care.

3.2. Data collection

This paper is mainly based on our 2011 and 2012 assessments of Uganda's health and education sector M&E systems (see Holvoet and Inberg, 2012a; Holvoet and Inberg, 2012b) and earlier research by Sekirime (2012). The M&E assessments draw upon secondary data, including official documents provided by the government of Uganda, academic and grey literature on Uganda education and health information and M&E systems, as well as on primary data. Primary data was mainly collected through interviews with different stakeholders 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 output. Interviews in the health sector were conducted between the 19th and 25th of October 2011. In this period, we also participated in the pre-Joint Review Meeting field missions to Jinja (19 and 20 October), the National Health Assembly (24 November) and the first day of the Joint Review Meeting (25 November). Interviews in the education sector were organised between the 22nd and 28th of August 2012. Information obtained through the interviews was triangulated with the information obtained through our desk studies. During a debriefing in Kampala (28th of August) preliminary findings for the education sector were presented and discussed. Findings for the health and education sector were presented and discussed at the headquarters of the Belgian Development Cooperation in January and December 2012 respectively.

Other important sources of information for this paper include academic and grey literature on among others monitoring and evaluation, the Institutional Analysis and Development Framework, politics, (local) governance and the collective action problems.

4. EXPLORING EXOGENOUS FACTORS

As shown in figure 2.1., the exogenous factors consist of the physical and material conditions, community attributes and (formal and informal) rules in use. This chapter elaborates on the exogenous factors relevant for M&E in Uganda's education and health sectors.

4.1. Physical and material conditions

The physical and material conditions described in this section are financing (4.1.1.), capacity and incentives (4.1.2.) and technology (4.1.3.).

4.1.1. Financing

Uganda is a poor country with an estimated 500 USD gross national income per capita (OECD and World Bank, s.a.). Moreover, Uganda is dependent on aid and received 1.730 million USD official development aid (ODA) in 2010, which corresponds with 10.3% of gross national income. The three most important development partners in terms of volume (2009/10 average) are the United States (373 million USD), the International Development Association (IDA) (362 million USD) and the United Kingdom (150 million USD) (OECD and World Bank, s.a.). The health (and population) sector received the highest percentage of bilateral ODA (27.2%) in 2009/10, the education sector received 6.5% (OECD and World Bank, s.a.). Most of the ODA in the health sector is provided through projects. In 2011/12 on-budget projects accounted for 35% of the health sector budget (Ministry of Health, 2012) and for 12% of the education sector budget (Ministry of Education and Sports, 2012a). The education sector however, receives a higher share of the national budget. In the 2011/12 budgetary year, the education sector was allocated 14.7% of the national budget (Ministry of Education and Sports, 2012a), while the health sector got 8.3% (Ministry of Health, 2012).

The financial allocation to both sectors is not sufficient for attaining their objectives. In fact, despite relatively new funding initiatives in the health sector, including the Global Alliance on Vaccines and Immunization (GAVI), the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the President's Emergency Plan for AIDS Relief (PEPFAR) and the President's Malaria Initiative, which have contributed to an increase in health funding, Uganda's health sector is still insufficiently funded, with only 10 USD per capita instead of the 28 to 42 USD per capita needed for financing the Health Sector Strategic and Investment Plan (HSSIP) (BTC, 2011). According to a European Network of non-governmental organisations (NGOs), the Action for Global Health (2010), health is not a priority of Uganda's government as it is not a productive sector. At the same time, the Action for Global Health quotes a donor who postulated that: "without tracking the inefficiencies in the sector (health workers absenteeism, leakage of drugs – just to name the biggest system challenges) any additional funds would be wasted as well and have no real impact at the end of the day" (Action for Global Health, 2010: 17).

In the education sector as well, inefficiencies contribute to a waste of funding (Republic of Uganda, 2010a) and it is for this reason that the MoES commissioned a study on the efficiency of Uganda's public education system prior to the finalisation of the Updated ESSP. This study revealed that no less than one-third of expenditures on primary education was wasted due to four principal sources of internal inefficiency: i) leakage of resources between the central government and the school, through e.g. ghost teachers and misuse of universal primary

education (UPE) grants to districts and government; (ii) leakage of resources within the school through e.g. high rates of absenteeism among students, teachers and headmasters; (iii) deployment of teachers, both across and within districts unrelated to measures of need; and (iv) allocation of resources within government schools, with largest class sizes in the early grades and lowest class sizes in the later grades (Winkler and Sondergaard, 2008). By including objectives to improve efficiency and effectiveness in the Updated Education Sector Strategic Plan (ESSP), the Ministry of Education and Sports (MoES) seeks to address efficiency and effectiveness issues (Republic of Uganda, 2010a).

Whereas the MoES allocated 4% of its recurrent non-wage expenditure to monitoring and 1% of its development expenditure to evaluation in 2011/12, the Ministry of Health (MoH) allocated 14% and 10% respectively. Moreover, a breakdown of expenditures on monitoring and evaluation demonstrates that the MoES spent 100% of the expenditures in 2011/12 on allowances (Office of the Prime Minister, 2012). While this percentage is highly unlikely (in comparison with other Ministries, Departments and Agencies, and in light of other costs related to the organisation of field visits), the MoES is specifically mentioned as 1 of 7 (out of 19) Ministries, Departments, and Agencies, spending more than 44% of their budgets for M&E on travel inland, allowances, fuel, lubricants and oils (Office of the Prime Minister, 2012). In comparison, the MoH spent 9% of expenditures on M&E on allowances, 23% on inland travel and 5% on fuel, lubricants and oils (Office of the Prime Minister, 2012). A 2012 report of the Office of the Prime Minister, investigating the expenditures on M&E recommends that Ministries, Departments, and Agencies, allocate and ring-fence a minimum percentage of the recurrent non-wage budgets to the running of management information systems and that a minimum percentage of project budgets be allocated and ring-fenced to evaluation.

4.1.2. Capacity and incentives

High level civil servants in Uganda are generally well trained in public management (Republic of Uganda, 2010d). However, despite high qualifications, civil servants do not seem to be able to effectively perform their duties, due e.g. to deficits in capabilities, experience, linkage building and skills (Wiegratz, 2009; Sekirime, 2012). A poor and rigid education system that emphasizes theory rather than practice might be one of the underlying reasons for these deficits (Sekirime, 2012). In addition, ministries have to deal with high vacancy rates: in the MoES for example, 38% of the 351 posts are vacant (BTC Uganda, 2012) while in the health sector, only less than 59% of posts are filled by qualified health workers (Republic of Uganda, 2012a).

At the MoES both the M&E unit and the Education Management Information System (EMIS) unit have only four permanent staff members who are assisted by staff members hired on a contractual basis. The MoH's Quality Assurance Department on the other hand, has four staff members, and within the resource centre, only one person is responsible for the health management information system (HMIS), although since recently, they are being assisted by a staff member of the Uganda Bureau of Statistics (UBOS) and occasionally by trainees. A recent document of the Office of the Prime Minister however, refers to five staff members within the MoES⁵ and eight staff members within the MoH⁶ involved in M&E. This document further refers

[5] Principal Education Planner and four M&E Officers.

[6] The document lists nine functions, but Assistant Commissioner is mentioned twice. The eight functions include: Commissioner, Assistant Commissioner, Principal Medical Officer, Senior Medical Officer, Principal Bio Statistician; two Data Entry Clerks and IT specialist.

to the MoES as the only Ministry, Department, and 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 or diploma in M&E, compared with three MoH staff members with an M&E certificate, and two with an M&E diploma. A World Bank study (cited in BTC Uganda, 2012) however, considers Uganda's capacity to monitor education indicators such as enrolment rates, teacher numbers, infrastructure and instructional material to be relatively strong. Moreover with some of the 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. In the health sector on the other hand, a frequent change of M&E staff due to e.g. enticement to agencies of development partners is a real problem (interviewees).

Frequent change of staff in the public sector is e.g. related to a weak incentive structure, including low wages, which also hamper motivation and performance (Republic of Uganda, 2010d). With regard to M&E, incentives are linked with formal requirements (doing good paperwork) instead of being linked with quality and timely M&E reports. The National Development Plan acknowledges the need to establish a strong incentive system and has recently linked this to performance contracts of Permanent Secretaries and Chief Administrative Officers (Republic of Uganda, 2010e). The Government Annual Performance Report 2010/11 (Republic of Uganda, 2012a), highlights that all Permanent Secretaries, Chief Administrative Officers, hospital directors and 82% of the head teachers (against a target of 95%), signed a performance agreement. The Government Annual Performance Report 2011/12 will report on achievements of targets included in these performance agreements.

The recently introduced cabinet retreats, during which performance of the government is discussed (on the basis of the Government Annual Performance Report), might create an incentive for data collection and use. The Office of the Prime Minister and UBOS have already noticed an increase in demand for M&E data since the introduction of the cabinet retreats. In the health sector e.g. the cabinet retreats provoked more emphasis on performance and therefore more attention on, and use of data. As far as the education sector is concerned, the recent retreat in December 2011, discussed the issue of ghost teachers, classrooms and pupils, and planned a further discussion on the same during an inter-ministerial meeting that was to be convened by the Office of the Prime Minister in the third quarter of 2012 (Republic of Uganda, 2012b).

4.1.3. Technology

The level of technology in Uganda is rather low, and the national communication system, on which local governments and other implementing bodies depend, is not functional, despite attempts to improve the situation (Republic of Uganda, 2012c). At local levels, computers (and software programmes like excel) and certainly internet are not always available, and this hampers data transfer from the district to the central level. Much of the data collection at these levels is therefore still paper based. In the education sector however, a new EMIS technology has recently been installed and is currently being piloted in 20 districts (25 schools in each), before scaling up to all districts in April 2014. So far, mobile telephones and computers have been used, but from November 2012 onwards, 100 schools will receive a smart phone which should enable schools to easily use the data for their own planning purposes (interviewees).

4.2. Community attributes

Uganda was able to reduce the percentage of people living in poverty from an estimated 28.5% in 2008/09 to 24.5% in 2009/10, which conversely, is the target set for 2014/15 in the National Development Plan (Republic of Uganda, 2012b). Particularly, the percentage of poor people in rural areas decreased considerably from 42.7% in 2002/03 to 27.2% in 2009/10, although it is still much higher than the percentage of poor people living in urban areas (9.1% in 2009/10) (Muwonge, 2011). Moreover, high variations exist between the different regions, with 75.8% of the population in the North East recorded as poor compared to only 4% in Kampala in 2009/10 (Muwonge, 2011). In the Human Development Index (HDI) ranking, Uganda is classified among the countries with a low human development (value 0.446, rank 161/179 in 2011). The inequality adjusted HDI is even lower than the HDI (0.296), suggesting that due to inequality, some level of human development is lost (estimated to be 33.6%) (UNDP, 2011). Table 4.1 below gives an overview of the scores on the sub-indicators of the HDI.

Table 4.1. Scores on the sub-indicators of the HDI

Sub-indicator	Uganda	SSA
Life expectancy at birth (2011)	54.1	54.4
Mean years of schooling (2011)	4.7	4.5
Expected years of schooling (2011)	10.8	9.2
Gross National Income (GNI) per capita (PPP 2008 \$)	1,124	1,966

Source: UNDP, 2011

With regard to gender equality, Uganda improved its score on the Gender-Inequality Index (GII) between 2010 and 2011 from 0.715 to 0.577⁷ (UNDP, 2010 and 2011) and is ranked at place 116 out of 145 countries in 2011 (UNDP, 2011). Table 4.2. gives an overview of the sub-scores of the GII.

Table 4.2. Scores on the sub-indicators of the GII

Sub-indicator		Uganda	SSA
Maternal mortality ration (2008)		430	619
Adolescent fertility rate (2011)		149.9	119.7
Seats in parliament (%) (2011)	F	37.2	19.8
Population with at least secondary education (% ages 25 and older) (2010)	F	9.1	22.2
	M	20.8	34.9
Labour force participation rate (%) (2009)	F	78.3	62.9
	M	90.6	81.2

Source: UNDP, 2011

[7] The GII values range from 0, perfect equality, to 1, total inequality.

Generally the population is not aware about 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 (Tumushabe et al., 2011). A study on popular participation in primary health care in Uganda (Golooba-Mutebi, 2005), demonstrates that users do not complain to local leaders when dissatisfied with service quality due to lack of information on mechanisms through which users can complain, and because of the availability of alternatives like self-provision or private services (exit). Moreover, complaining is also often considered to be a waste of time as it is often ineffective or even dangerous in cases where civil servants are linked to local politicians (Golooba-Mutebi, 2005). While wealthier people are more likely to use their voice than poor people (Prinsen, 2007), they are also more likely to use their exit option by turning to the private sector (Booth, 2010). A difference between the education and the health sectors is noticeable as people are generally more hesitant to oppose a nurse or doctor than a teacher because a nurse could become in charge of their life in the future (Prinsen, 2007). Moreover, due to a higher complexity of health services (see World Bank, 2003), it is also more difficult for clients to address problems in health service delivery than for parents to address problems in schools.

Different sources (Cambridge Education, 2011; BTC Uganda, 2012; Prinsen and Titeca, 2008) point out that parents and communities have become passive since the abolition of user fees in public education (1997) as they consider the government to have become responsible for everything related to school issues. The same applies to the abolition of user fees in the health sector (2001). Sekirime (2012) e.g. refers to a newspaper article in which a patient is quoted who is just happy to see a doctor for free despite the poor quality of services delivered.

The 2012 Afrobarometer for Uganda (Wilsken Agencies Limited and the Centre for Democratic Governance, 2012) shows that 41% of the population considers the government to be like a parent who should decide what is good for them⁸. This percentage is especially high in Kampala (56% compared with 31% in west Uganda) and used to be even higher (59%, see Moncrieffe, 2004). This attitude of dependency contributes to a sustained system of patronage (see 4.3.2.), which undermines efforts to hold government to account (Moncrieffe, 2004).

4-3- Rules in use

4-3-1. Formal rules

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 (Sekirime, 2012).

A first important instrument that guides the actions of the whole population is the 1995 constitution. The constitution e.g. separates the legislature and the executive by providing the Ugandan Parliament an independent role in holding the government accountable for their actions (Moat and Abelson, 2011) and provides rights for citizens to participate in decision-making and freedom of expression and speech. Violation of the constitution by any citizen is to be punished by law (Sekirime, 2012).

[8] 58% consider the government to be like an employee and the population as the bosses which should tell the government what to do

A second instrument is the 1997 Local Government Act as it guides further implementation of the decentralisation process which started in 1987 (Moat and Abelson, 2011). The Local Government Act e.g. devolved the responsibility for recruiting, deploying and supervision of the health and education staff and the disbursement and management of funds to districts and municipalities. The idea behind the decentralisation process, and not only in Uganda, is that people at the local level have better knowledge of local needs and that a closer contact between the public and politicians leads to increased demand for better services by the former and as a result, politicians are expected to take measures to improve these services (Golooba-Mutebi, 2005).

Other acts that guide the behaviour of actors in Uganda include; the Budget Act (2001), the National Planning Act (2002), the Public Finance and Accounting Act (2003), the Public Procurement and Disposal of Public Assets Act (2003), the Access to Information Act (2005) and the National Audit Act (2008) (Sekirime, 2012).

Besides the Constitution and other relevant Acts, formal policies at central and sector levels are also important instruments. At central level, the National Development Plan (2010/11-2014/15) aims at transforming the Ugandan society from a peasant to a modern and prosperous one within 30 years (Republic of Uganda, 2010e). The National Development Plan was elaborated on the basis of an extensive and broad-based country-driven consultative process (IDA and IMF, 2010) and with hardly any influence from development partners (Republic of Uganda, 2011a). In April 2010 the M&E strategy for the National Development Plan was also released as an addendum to the National Development Plan. The objectives of this strategy were; to coordinate and facilitate ministries, departments and agencies, local governments and other stakeholders to regularly and systematically track progress of the implementation of priority initiatives of the National Development Plan; provide an early warning system for potentially challenging areas or processes of implementation; provide a sustained technical backstopping and training for M&E; and facilitate continuous learning by ministries, departments and agencies, local governments and other actors during the implementation of the National Development Plan (Republic of Uganda, 2010f). In addition to the M&E strategy for the National Development Plan, a National Policy on Public Sector Monitoring and Evaluation has been elaborated by the Office of the Prime Minister. This policy was released in November 2010 but was still awaiting cabinet approval at the time of our field mission in August of 2012. The purpose of the national M&E policy is to: "Improve the performance of the public sector through the strengthening of the operational, coordinated, and cost-effective production and use of objective information on implementation and results of national strategies, policies, programmes and projects" (Republic of Uganda, 2010g: 3).

The guiding policy document in the education sector is the Revised ESSP (2010-2015), which is aligned with the objectives and strategies of the National Development Plan. The overall objective of the Updated ESSP 2010-2015 is to achieve universal primary education and universal secondary education by the year 2015, and to enhance equitable access at tertiary level. Specific objectives address equitable access to and improvement of quality and relevance of primary education, secondary education, BTVET⁹ and higher education (Republic of Uganda, 2010a). While the strategies formulated for each subsector remain largely the same as those included in earlier versions of the ESSP (ESSP 2004-2015 and revised ESSP 2007-2015), additional objectives and strategies have been included in the Updated ESSP to address issues of efficiency

[9] Business, Technical and Vocational Education and Training

and effectiveness. However, although the Updated ESSP includes a draft list of indicators and targets, no specific M&E policy or strategy for the Updated ESSP is available. Earlier In 2002, the MoES elaborated a monitoring and evaluation framework for the education sector, which provides an overview of what and why to monitor and evaluate. Despite its usefulness however, this document needs to be updated and implemented.

The health sector is guided by the National Health Policy II and the HSSIP 2010/11 – 2014/15. The goal of the National Health Policy II is to promote people's health to enhance socio-economic development, thereby contributing to the key goals of the National Development Plan. The National Health Policy II formulates 15 policy objectives with corresponding policy strategies on seven topics, including organisation and management of the national health system; the minimum health care package; supervision, M&E; research; legal and regulatory framework; health resources; and partnerships in health (Republic of Uganda, 2010b). The HSSIP's goal on the other hand, for the period 2010/11-2014/15 (derived from the National Health Policy II goal), is "to attain a good standard of health for all people in Uganda in order to promote a healthy and productive life" (Ministry of Health, 2010: 52). In 2011, a MoH task force (including representatives of the Quality Assurance Department, WHO, Centres for Disease Control and the Planning Department) under the supervision of the Supervision, Monitoring, Evaluation and Research (SMER) technical working group¹⁰, developed an M&E plan for the HSSIP. The goal of the plan is "to establish a system that is robust, comprehensive, fully integrated, harmonized and well coordinated to guide monitoring of the implementation of the HSSIP and evaluate impact" (Government of Uganda, 2011: 13). A budget of 44 billion Ugandan shillings¹¹ is needed for the implementation of the M&E plan, of which a large part is reserved for performance reviews (including the Joint Review Meetings, the National Health Assembly and quarterly review meetings at all levels) and surveys. At the time of our field mission (November 2011) however, only funds for printing and dissemination of the M&E plan were available (interviewees).

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).

4.3.2. Informal rules

In addition to the formal rules, informal rules determine the behaviour of actors in the education and health sectors as well. Generally informal rules are more difficult to change and if they are not in favour of government reforms, they could delay them (Prinsen, 2007). Three common informal institutions are corruption, clientelism and 'big man' presidentialism. According to Moat and Abelson (2011), "taken together, these concepts posit that power is concentrated in an executive who is able to control key societal resources, and who uses this control to establish a form of neopatrimonial rule in which patrons and clients engage in reciprocal exchanges to achieve their desired (and often self-interested) goals" (Moat and Abelson, 2011).

Uganda has a rather weak track record in the fight against corruption. In the Corruption Perceptions Index 2012, Uganda scores 29¹² and ranks 130 out of 174 countries

[10] Members of the SMERTWG include Ministry of Health officials, DPs, civil society, private sector and academia (Government of Uganda, 2011).

[11] Equivalent to 12,633,600 Euro (www.oanda.com/currency/converter, consulted on 15th March 2013).

[12] The Corruption Perceptions Index scores countries on a scale from 0 (highly corrupt) to 100 (very clean).

(<http://cpi.transparency.org/cpi2012/results>). On the 'control of corruption' indicator of the Kaufmann, Kraay and Mastruzzi governance indicators, the country still persistently lags behind in the 10th -25th percentile¹³ (regional average is in the 25th -50th percentile (http://info.worldbank.org/governance/wgi/sc_chart.asp). In addition and despite the fact that the President initiated a 'zero-tolerance for corruption' campaign in 2006 (Sekirime, 2012), the control of corruption score decreased between 2006 and 2011 (http://info.worldbank.org/governance/wgi/sc_chart.asp). A recent corruption scandal on allegations of mismanagement of funds (e.g. embezzlements of funds, use of personal accounts for implementation of activities, diversion of funds and unaccounted funds) e.g. for the Peace Recovery and Development Programme (Office of the Auditor General, 2012a) in the office of the Prime Minister, is an example of the corruption incidence in the country.

The education sector used to be highly affected by corruption (Prinsen and Titeca, 2006), but since the publication of a first public expenditure tracking survey in 1996, which revealed that between 1991-95, only 13 percent of earmarked funds reached schools (World Bank, 2004), thereby provoking compulsory publishing of all funding allocations to work plans of the Poverty Action Fund, transparency and accountability has been forced into administrators' dialogue with clients and end users (Hauge, 2003). Even though these allocations have only been published in bits due to the fact that civil servants are not sanctioned for failing to publish these funding allocations (Hauge, 2003), where they have been published, they seem to have generated positive effects. Prinsen and Titeca (2006) for instance show that 100% of the grants which had been put on view in the office of the District Education Officer, were received by the 15 schools included in their research. Reinikka and Svensson (2005 and 2011) demonstrate that publications not only contributed to lower capture of funds at local level, but also had a positive influence on school enrolment and learning outcomes. Nevertheless, the education sector is still affected by corruption scandals. A recent report of the Auditor General (Office of the Auditor General, 2012b) e.g. reveals that a Commission of Inquiry, installed to investigate mismanagement in the education sector, cannot account for 74 million Ugandan Shilling¹⁴. The inquiry report recommends to prosecute e.g. the MoES Permanent Secretary and the commissioner for basic education for their presumed roles in the mismanagement of the UPE and universal secondary education (USE) programmes (Monitor, 2012).

In the health sector, public expenditure tracking surveys demonstrate that on average, 14% of the funds released to districts did not reach health units between 2001 and 2006 (Dijkstra, 2011). In addition, GFATM and GAVI suspended their financing due to corruption cases in 2005 and 2006 respectively although financing restarted again in 2010/11 (BTC, 2011). In the case of GFATM more than 300 persons were involved, but only four persons had been prosecuted by 2010 (Action Group for Health, Human Rights, and HIV/AIDS et al., 2010).

Both sectors are also negatively affected by two other forms of corruption; bribery and absenteeism (referred to as 'quiet corruption'). In its third annual report on tracking corruption trends in Uganda, the Inspectorate of Government reveals that the health sector is especially affected by bribes: 29,6% of interactions within medical services result in bribe paying, compared to 12,4% of the interactions within the education services. Uganda's bribery rate in the health sector is also considerably higher than those in neighbouring countries which are 1,5% in Burundi, 8% in Kenya, 15% in Tanzania, 0,1% in Rwanda. In the education sector as well, Uganda has a higher bribery rate than its neighbouring countries, except for Tanzania with

[13] The percentile rank specifies the percentage of countries that score below the country.

[14] 74 million Ugandan Shilling equals 20.163.10 euro on 5/2/2013 (<http://www.oanda.com/currency/converter/>).

similar scores¹⁵ (Inspectorate of Government, 2012).

The health sector is also more affected by absenteeism than the education sector. In 2010/11, almost half of the health workers in government health centres were absent, compared to 19% of teachers in government primary schools. The highest levels of absenteeism in the education sector are in the northern region (28%), while in the health sector, the highest levels are recorded in the western region (48.8% in health centres at parish level and 53.9% in health centres at sub-county level) (Inspectorate of Government, 2012).

Despite the fact that decentralisation seems to lead to more efficient service delivery and opportunities for local control over resources, it has also created more opportunities for networks of patrons and clients to flourish (Prinsen and Titeca, 2006). Cambridge Education (2011) mentions that in the education sector “clientelism is particularly strong in the area of recruitment, performance management and discipline of actors within the system, with patronage networks dominating decisions rather than the formal systems and rules” (Cambridge Education, 2011: 42/43).

‘Big man’ presidentialism on the other hand, refers to the dominance of the president in policy formulation (Bratton, 2007). The influence of ‘big presidentialism’ in Uganda can e.g. be demonstrated by the fact that president Museveni took the initiative to abolish user fees in the education sector (1996) and in the health sector (2001) at a time when the government structures were not yet ready (Booth, 2010; Moat and Abelson, 2011; Hickey, 2011). Moat and Abelson (2011) notice in this respect, that formal institutions including local governments and the Parliament of Uganda, which should have resisted these autonomous and unchecked policies did not do so. They conclude therefore that “it appears that the government structures that could have stymied President Museveni’s decision through the creation of veto points were likely undermined because of the influence of informal institutions, which in this case appear to have enhanced his ability to make the decision to abolish user fees” (Moat and Abelson, 2011: 582).

[15] The bribery rate is 11.4% in Burundi, 2% in Kenya and 0.4% in Rwanda (Inspectorate of Government, 2012).

5. INTO THE ACTION ARENA

This chapter provides an overview of the actors that are involved in the M&E systems of Uganda's education and health sector, including the government, parliament, civil society and development partners.

5.1. Government

The M&E systems of the education and health sectors not only involve actors at sector level, but also actors at central and local levels. The most important actors at central level are described in 5.1.1, while the key players at sector and local levels are discussed in sections 5.1.2. and 5.1.3.

5.1.1. Central level

At central level, 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 organisations (Office of the Prime Minister, 2011).

In practice, there is a complex interaction and competition among different players responsible for part of the central level M&E coordination and oversight over different line ministries. While the Ministry of Finance, Planning and Economic Development used to be responsible for both budget monitoring and monitoring of the real (substance) sphere (outputs and outcomes), its responsibilities have been partly transferred to the Office of the Prime Minister. More specifically, the Poverty Monitoring and Analysis Unit has been transformed into the Budget Monitoring and Analysis Unit and is responsible for budget monitoring, while the Office of the Prime Minister became responsible for M&E of the real sphere (outputs & outcomes). Separating M&E of the real and financial spheres into two different entities makes the move towards more performance-oriented budgeting systems (which aim at confronting inputs with outputs and outcomes) inherently more difficult, information from the two spheres is currently brought together during the six monthly cabinet retreats (see 4.1.2.). Besides, ministries currently combine monitoring for the Office of the Prime Minister and the Ministry of Finance, Planning and Economic Development in one quarterly report.

What is however more challenging, is the unclear division of M&E responsibilities between the Office of the Prime Minister and the National Planning Authority. Booth and Nsabagasani (2005) refer to a conflict of mandates between the Office of the Prime Minister and the National Planning Authority, which is responsible for the M&E of the effectiveness and impact of development programmes and the performance of Uganda's economy. There has been a lot of discussion on how to settle the fact that both the Office of the Prime Minister and the National Planning Authority have a mandate in M&E, and at present, there is an agreement that both have a role to play (another option was to change the law, but this seemed to be too counterproductive). Officials recently interviewed in the context of a review led by the Office of the Prime Minister on M&E expenditures (Office of the Prime Minister, 2012) refer to the need to strengthen cooperation between the Office of the Prime Minister, the National Planning

Authority, the Ministry of Finance, Planning and Economic Development and development partners, and according to them, M&E procedures, practices and mechanisms, need to be harmonised and standardised, a development which could lead to substantial savings.

According to BTC Uganda (2012), the Office of the Prime Minister is gaining importance for government-wide performance monitoring through the Government Annual Performance Report which outlines specific progress on three instruments: the Presidential Investors Round Table¹⁶, the cabinet retreat and the Joint Assessment Framework (JAF) (Republic of Uganda, 2012a). In order for output-based budgeting to function effectively, the Office of the Prime Minister has been pushing line ministries to send their reports earlier (September instead of October) in order to be able to take into account the performance reported in these reports for the next budget round. Interviewees within the MoES confirmed that this timing is feasible for them and simultaneously referred to the fact that such reports will then probably include more estimations.

In 2011, a Government Evaluation Facility was created within the M&E department of the Office of the Prime Minister. This has three full time staff members and plays two roles: to design, conduct, commission, and disseminate evaluations on public policies, and major investments (as directed by Cabinet); and to oversee improvements in the quality and utility of evaluations conducted across Government at a decentralised level (Office of the Prime Minister, 2011). Recently, Facility finalised a first draft of its first evaluation with respect to the Government of Uganda's response to absenteeism in the public sector.

The UBOS also plays a crucial role within national M&E through supplying data acquired through its surveys and censuses. According to the World Bank (2010), the UBOS is one of the most professional and transparent statistical offices in Africa. In addition to the production of data, the UBOS is also responsible for:

- Coordination, support, validation and designation of any statistics produced by UBOS, ministries, departments and agencies and local governments;
- Harmonisation and dissemination of statistical information;
- Strengthening of statistical capacity of planning units in ministries, departments and agencies and local governments for data production and use;
- Attention to best practice and adherence to standards, classification and procedures for statistical collection, analyses and dissemination in ministries, departments and agencies and local governments (Republic of Uganda, 2010g).

A staff member of the UBOS Directorate of Statistical Co-ordination and Services¹⁷ has been installed within the Resource Centre of the MoH since 2011, because the quality of the HMIS has not sufficiently improved over time. This staff member has to make sure that processes are coordinated and aligned to UBOS guidelines.

The role of UBOS in improving quality of data collected at the level of line ministries will be expanded through a new statistics act, which is in the process of being elaborated and which will give the UBOS more leverage to harmonise the different sector management information systems (as a result of which districts will only have to use one system instead of several

[16] The Presidential Investor Round Table in an Presidential initiative which brings together key actors from the private and public sector with the aim to develop a common agenda for accelerating economic development in Uganda (Republic of Uganda, 2012a).

[17] UBOS's Directorate of Statistical Co-ordination and Services is responsible for streamlining data collection of ministries, departments and agencies according to centrally identified processes for statistics production and quality.

different sector systems). According to UBOS, there is some resistance to this increased level of involvement, particularly within ministries, such as the MoES that already have management information systems (interviewee).

5.1.2. Sector level

The MoES has a specific M&E section, which falls under the responsibility of the Education Planning and Policy Analysis Department. The M&E section performs several activities routinely:

- Monitoring the progress of sector programmes and projects and assemble on a regular basis key education sector indicators;
- Ensuring coverage of all required education sector indicators and investigating critical issues in the education sector;
- Maintaining quality of data collection procedures and undertaking efforts to develop new methods or materials for use in the education sector;
- Verifying accuracy and quality of data from the field and designing appropriate reporting mechanisms;
- Disseminating data and reports to stakeholders at appropriate levels and training decision-makers in the use of data for improved management of education and;
- Undertaking efforts to estimate longer-term impact of education programmes (Republic of Uganda, 2010a: 81).

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 practice M&E is scattered over the different departments, which are responsible for the monitoring of their activities within the year plan. Recently responsibilities of the Quality Assurance Department have increased as several tasks which were previously under the Planning Department have been transferred to the Quality Assurance Department. A specific M&E unit within the Quality Assurance Department (still to be established) will be specifically responsible for the coordination and implementation of the M&E plan. This unit will also be responsible for Data Quality Audits, sector evaluations and Rapid Data Quality Assessments.

There is a likelihood that due to their positions under the planning department, the power of the M&E section and the Quality Assurance Department to fulfil their coordination and oversight function is curtailed. An M&E oversight function logically needs a positioning which is higher, as M&E is sensitive by itself and necessitates a certain degree of independence. Independence might be triggered through a location which is high enough in the hierarchy, an independent budget or by leadership of the unit from a recognised authority. The example of the Office of the Prime Minister e.g. shows that it became stronger through the elevation of the coordination, monitoring and evaluation department to directorate level (Oxford Policy Management, 2009). Conversely, while it is highly likely that the present position of the M&E section and the Quality Assurance Department jeopardizes to some extent the fulfilment of the accountability objective, their positioning within the planning department should normally steer the feedback and use of findings in the ministry's policy-making and planning.

In both sectors, the coordination and oversight for specific technical areas is in the

hands of technical working groups. In the education sector, there are seven sub-sector working groups (primary; secondary; BTVET; higher education; teacher education; special needs education and career guidance and counselling) and three cross-cutting working groups (sector policy and management working group, budget sector working group and monitoring & evaluation working group), with members from technical offices of the MoES, other ministries, education development partners, non-governmental organisations and the private sector. The M&E working group is chaired by the Commissioner of Planning and has about 50 members (attendance lingers around 30 members). While the name of the M&E working group suggests that this is the working group focusing on M&E issues (including M&E systemic issues), in reality the working group rather functions as an overall technical coordination working group where all technical issues are discussed before they are taken further up to the Education Sector Consultative Committee (i.e. forum for senior technical and operational staff from MoES, other ministries, education development partners, non-governmental organisations and the private sector). Findings from M&E exercises which mainly relate to education substance, figure among the issues discussed in the M&E working group, whereas M&E systemic issues are hardly discussed, except for the EMIS system (the new EMIS has e.g. been discussed in the July M&E working group meeting).

The health sector has eight technical working groups, which are linked with different MoH units¹⁸. Not all the technical working groups function optimally and interviewees highlighted that particularly the linkage between the technical working groups and the policy dialogue is not straightforward. This tends to undermine the quality of the policy dialogue as the latter partly depends on the level of technical sector knowledge (otherwise the policy dialogue is not evidence-based). Technical working groups which are considered to be relatively active are the budget working group and the supervision M&E and research technical working group, which is responsible for the coordination of the technical working groups. The malfunctioning of the technical working groups was addressed during the recent Joint Review Meeting, which accepted a resolution that the Director General of Health Services has to ensure that all technical working groups provide meeting schedules and provide reports regularly to the Senior Management Committee and policy implications to the Health Policy Advisory Committee (i.e. the forum for government, development partners and other stakeholders to discuss health policy and strategy implementation) (Quality Assurance Department, 2011).

5.1.3. Local level

Under the 1997 local government act education and health service delivery became the responsibility of local governments. The District Education Officer and District Health Officer head the district education office and the district health office respectively. They have to report to the district head of civil servants, the Chief Administrative Officer, and the elected chairman. While the Chief Administrative Officer reports to the central level, the elected chairman is mainly accountable to his electorate (Sabitit and Kawooya Ssebunya, 2012). As technocrats and politicians often have a different view on how programmes should be implemented, Moncrieffe (2004) called Uganda's system a 'duo mode' of administration or a 'technocratic vs. patronage' system of local governance. As a result of decentralisation, the District Education Officer and

[18] These eight units include Health Sector Budget; Human Resources; Health Infrastructure; Medicines Management and Procurement; Supervision, Monitoring and Evaluation (M&E) and research; Public Private Partnership for Health; Basic Package; and Hospital and Health Centre IV (Government of Uganda and Health Partners, 2010).

the District Health Officer are not directly accountable to the MoES and MoH, which implies that the sector ministries are dependent on the district for implementation of their policies (see Cambridge Education, 2011 for the education sector).

Data at the school level is collected through an annual school census exercise (Cambridge Education, 2010). The school census questionnaire for primary schools e.g. consists of eight sections: school identification, school particulars, pupil information, teaching staff information, infrastructure and sanitation information, teaching materials, information on HIV/AIDS and physical education and sports (Ministry of Education and Sports, 2012b). The school census questionnaires are sent to the schools through the districts and filled in by the head teachers, who send the filled-in questionnaires through the District Education Officer to the MoES where the data is entered by data entry clerks into the EMIS (Ministry of Education and Sports, 2009). Recently, the EMIS technology system has been replaced by a new school based system (see 4.1.3.), through which data is collected in a real time environment. One of the advantages of the new system is the availability of real time data to inspectors. So far, differences between e.g. number of students in EMIS and the number of students counted during inspections are easily disputed by the head teacher as usually a large time lag exists between data collected during the annual census (usually only available one year later) and the inspection. Against this background, the new EMIS is expected to contribute to reducing data inflation.

Information on teaching and learning is collected by the Directorate of Education Standards which falls directly under the responsibility of the MoES Permanent Secretary. Inspectors of the Directorate of Education Standards complement the District Inspector of Schools at district level by performing deeper and more formal inspections (Cambridge Education, 2011). Similar to the District Education Officer, the District Inspector of Schools falls under the control of the district administration. As a result, the Directorate of Education Standards does not have the power to intervene when problems arise (interviewee). The District Inspector of Schools sends quarterly reports to the Directorate of Education Standards through the District Education Officer and Chief Administration Officer. The District Inspector of Schools is supposed to visit each school at least once per term, but in practice most schools are visited less often due to financial and manpower constraints (Office of the Auditor General, 2011; Republic of Uganda, 2012d). According to the Office of the Auditor General (2011), a lack of regular inspection leads to an inability to assess compliance of schools with expenditure and other UPE guidelines by education district offices and also leaves challenges faced in implementation of UPE undetected and unresolved.

The health sector data is collected through the HMIS, which is the routine reporting system related to health service delivery for public and private-not-for-profit health facilities. Weekly, monthly and yearly, HMIS reports are produced at health facility, health sub-district and district level. The HMIS has recently been revised and currently includes specific indicators for e.g. the GFATM and the GAVI Alliance (interviewees). According to the health M&E plan, the health information assistants of the health facilities are supposed to send their reports to the health sub-district, where all health facility reports are compiled into a single health sub-district report. The health information assistant of the health sub-district is supposed to send the health sub-district reports to the District Health Office. In the case of the Jinja district however, all health facilities send their data directly to the District Health Office where the Biostatistician compiles the health facility data and sends it to the MoH Resource Centre. The reason for bypassing the health sub-district in Jinja relates to the fact that not all health sub-districts used to compile and send their data to the District Health Office and as a result, reports of the District

Health Office did not include data of all health facilities (which however sent their data on time to the health sub-district). Moreover, as health facilities had to bring their reports to the District Health Office anyway they had to pay twice for transport costs, so they preferred to bring them only to the District Health Office. Timeliness, completeness and accuracy of the reports is to be discussed officially during monthly meetings at health facility, health sub-district and District Health Office levels. However in Jinja district, these kinds of meetings have not taken place (so far). Supervision from the MoH to the districts takes place during quarterly area team visits (in October combined with pre- Joint Review Meeting field mission) and HMIS is among the topics discussed. However, according to various interviewees, these visits are very expensive, time consuming and not very useful. Moreover, Mulindwa et al. (2006) refer to the supervision visits as being poorly coordinated, planned and not always implemented.

At service delivery level, school management committees manage government funded primary schools on behalf of the government and have as a main task, the monitoring of the head teacher (Cambridge Education, 2011). Health unit management committees are responsible for direct supervision of health units¹⁹ (Golooba-Mutebi, 2005). Members of school management committees are elected (two of them by parents) while those of the health unit management committees are selected by local authorities on the basis of a list of personal requirements for candidates (Prinsen, 2007). While both education and health committees fail to send reports/ minutes to the district, Prinsen (2007) shows that they often use other ways to be accountable, e.g. through public display of income and expenditure sheets, organisation of public meetings to discuss plans and progress reports or through discussions. Most health committees mainly take government's perspective when exercising these accountability activities, while school committees mainly direct activities towards government or/ and parents. This slightly different perspective might be related to the fact that the members of the health committees are selected by government (Prinsen, 2007).

In practice, school management committees have limited power to hire and fire school staff (Winkler and Sondergaard, 2008) and they often lack skills to monitor the head teacher (Cambridge Education, 2011). Members of health unit management committees on the other hand hardly meet and are not able to resolve problems (Golooba-Mutebi, 2005). Generally the health unit management committees of private-not-for-profit providers are more effective than those of the public health units (Sabiti and Kawooya Ssebunya, 2012).

At sub-county level, citizens are able to hold officials accountable for service delivery in the education, health, water, agriculture and road sectors through the annual so-called 'barazas', which bring together policy makers (central government), public service providers (local government) and public service users (citizens). 'Barazas' were piloted in 2009 in four districts and eight sub-counties and lessons from the organisation of these pilot 'barazas' were fed into the introduction of 'barazas' nationwide (National Monitoring and Evaluation Technical Working Group, 2009). By September 2011, 24 districts had hosted at least two fora per district and in the financial year 2011/2012 all districts were expected to organise 'barazas' in two sub-counties (Republic of Uganda, 2011b). The Office of the Prime Minister, which is responsible for the implementation of the 'barazas', documented the issues raised during the 'barazas' in the 24 districts and concludes that the 'barazas' have shown to be a tool for strengthening the decentralisation policy and democratisation process (Republic of Uganda, 2011b).

[19] There are also committees at district and sub-county level, the district health and environment committees (DHEC) respectively sub-county health committees (SHC) (Golooba-Mutebi, 2005)

5.2. Parliament

The official responsibilities of the Parliament with respect to M&E are:

- Scrutinising various objects of expenditure and the sums to be spent on each;
- Assuring transparency and accountability in the application of public funds;
- Monitoring the implementation of Government programmes and projects (Republic of Uganda, 2010g).

Wild and Domingo (2010) mention however, that the Parliament is not considered an effective watchdog and is hardly involved in decision making on government activities. According to interviewees most parliamentarians are mainly interested in their own constituencies. They respond when there are issues in their own districts or regions, but not when there are general issues on which they do not necessarily win votes. Uganda's report of the second phase of the evaluation of the Paris Declaration concludes that Parliament is still to be fully accorded its space to make critical decisions on new and existing aid, including monitoring its impact on the population and holding sector ministries and development partners to account (Republic of Uganda, 2011a). Williamson and Dom (2010) consider the lack of effective pluralism the reason for weaknesses in Uganda's Parliament unlike the parliaments of Tanzania, Rwanda and Mozambique, political opposition though allowed, is weak as compared to the power of the ruling party²⁰. On the other hand, as according to Hedger et al. (2010) however, Parliament's role as watchdog is improving and Parliamentary Committees such as the Public Accounts Committee have become better informed and are more assertive (e.g. thanks to improvements in transparency as a result of e.g. sector budget support).

The Social Service Committee (about 9 to 10 members) used to deal with education and health related issues, but recently this committee has been split into a Health and an Education Committee (interviewees). According to interviewees the relatively stronger members of the Social Service Committee have joined the Health Committee and as a result, the Education Committee has very few knowledgeable members.

A Parliamentary Research Service is available to carry out specific studies at the request of the parliamentary committees however it is underutilised by the parliamentarians despite being fairly staffed (18 staff members). The Parliamentarians mainly use this department when issues related to budget matters or which affect their own districts are discussed. As of May 2011 however, a new Parliament with many relatively young parliamentarians has been installed. Apparently, these younger parliamentarians have a higher reading culture which increases the probability that information from M&E reports will be read and used. So far, a more objective and qualitative debate has been observed despite the fact that a large majority of parliamentarians are from the ruling party (interviewees).

The Office of the Auditor General ensures that Parliament is involved in the monitoring and management of public finances by delivering annual expenditure reports directly to different commissions of Parliament (Wild and Domingo, 2010). The Office of the Auditor General is e.g. responsible for financial audits of all public accounts, value for money audits for projects involving public funds and revenue and expenditure inspections at local levels (Office of the Auditor General of Uganda, 2006). In 2011 e.g. the Office of the Auditor General con-

[20] The legitimacy of the ruling parties of Uganda, Rwanda and Mozambique originates from their roles in conflicts from which the countries emerged, the ruling party in Tanzania is the heir of the previous one-party era (Williamson and Dom, 2010).

ducted a value for money audit on the management of universal primary education Capitation Grants. After discussion of the annual expenditure reports, Parliament provides recommendations to the Ministry of Finance, Planning and Economic Development, whereupon this ministry indicates in a Treasury of Memorandum which actions have been undertaken by the different ministries (interviewee). In practice however, the last Treasury of Memorandum dates from 2003/2004 (interviewees) and there is a backlog of review and discussion of audit reports within Parliament (the 2009/2010 audit report was debated by the Public Accounts Committee in February 2012 and Parliament has not discussed reports of the Public Accounts Committee in the past three years), and as a result, feedback to the Ministry of Finance, Planning and Economic Development is rather informal and less effective. According to Wild and Domingo (2010), the Office of the Auditor General is poorly resourced and this has negatively affects its effectiveness and yet it also seems to lack independence. Lubanga (2008) and Hedger et al. (2010) are however more positive about the Office of the Auditor General, making reference to successful capacity building initiatives within the Office. In fact, the Office of the Auditor General won the Swedish National Audit Office Prize for the best performance audit report in 2011²¹ in the region of the African Organisation of Supreme Audit Institutions in English-speaking Africa (AFROSAI-E)²². Auditing at local level is however problematic, as the Office of the Auditor General does not have enough capacity to carry out regular audits at district or school level. Moreover, different methods are used and many schools do not have the capacity to generate financial data.

5-3- Civil society

The M&E policy describes the role of civil society organisations (and development partners) in the national M&E system as follows:

- Provide an external perspective on Government performance and results;
- Provide feedback to domestic and international constituencies on Government performance and results;
- Assist Government through financial, technical and other forms of assistance to strengthen its performance (Republic of Uganda, 2010g).

In both the education and the health sectors, civil society organisations participate in annual joint reviews and sector working groups. However, they are not considered to be effective watchdogs. Moreover the organisations themselves acknowledged this weakness during a seminar for civil society organisations on ‘strengths and weaknesses of civil society organisations in Uganda’ organised by the Norwegian Embassy. According to the participants, capacity of civil society organisations can be built, but citizens are generally afraid of addressing staff positioned at higher levels (interviewees). Moreover, civil society organisations’ role in holding

[21] The winning audit report examines the implementation of Bujagali Interconnection Project by Uganda Electricity Transmission Company Limited (<http://afrosai-e.org.za/performance-audit/news/uganda-winner-performance-audit-prize-2011>).

[22] AFROSAI-E consists of 21 English and 2 Portuguese speaking Supreme Audits Institutions in Africa and is a subgroup of AFROSAI. As from January 2007 AFROSAI-E assists the Supreme Audits Institutions in achieving six goals: to obtain as great a level of independence as possible under the prevailing circumstances; to improve information technology infrastructure and optimise the utilisation thereof; to apply best practices in human resource management; to exercise quality control over audit services rendered, focusing on both technical and institutional issues; to promote performance auditing in the region so that meaningful performance audits can be carried out; to improve communication and relationships with stakeholders with the newly promoted awareness of the SAI’s function and its impact on society.

government and development partners accountable has recently been weakened as a result of the global international crisis which caused a decline in civil society organisations' financing (Republic of Uganda, 2011a).

According to Hedger et al. (2010), the influence of civil society organisations in the education sector has diminished since the introduction of forums like the education and sports sector review and the planning and budgeting workshop, which tend to be dominated by staff from the MoES, the Ministry of Financing, Planning and Economic Development and the education development partners. In the 2009 planning and budgeting workshop e.g. the contribution and influence of the Forum of Education NGOs in Uganda (FENU) which represents the education NGOs, was quite limited (Hedger et al., 2010). Similarly, Vaillancourt (2009) concludes that health SWAp are not really successful in engaging with civil society organisations (and private sector) and this has undermined service coverage and quality as these actors are often important health service deliverers. A 2005 study on the involvement of sixteen reproductive health non-governmental organisations (NGOs) in Uganda's health SWAp (Mugisha et al., 2005), highlighted that none of the NGOs under study could be classified as actively engaged in the SWAp process due to weaknesses in strategic planning, marketing, management of human resources and restricted funding possibilities. Some of the interviewees also referred to weaknesses of civil society organisations including among others the poor quality of their M&E outputs which are often anecdotal. This particularly applies to civil society organisations operational at local levels. In 2010 however, around 30 civil society organisations (including three involved in Mugisha's study) active in the health sector, elaborated through a participatory process, a report on 'Civil Society Organisations Perspectives and Priorities Health Sector Performance FY 2009-2010'. In this report perspectives of the civil society organisations on the health sector performance are documented and recommendations for different stakeholders are provided. In this report, the civil society organisations show that they are intensifying their watchdog role: "We are not going to allow for compromises anymore. We are part of the sector, but we are increasingly going to hold duty bearers accountable. We urge you to play your part. Follow our recommendations, follow your recommendations, and together we will see change happening" (Action Group for Health, Human Rights, and HIV/AIDS et al., 2010).

An important civil society organisation within the health sector is the Uganda National Health Consumers Organisation, which is a member of the Health Policy Advisory Committee. One of the important objectives of the Organisation is to create linkages among civil society organisations to increase their effectiveness. Among its achievements are e.g. the introduction of the patient charter (see below) and the adjustment of the Terms of References for the health management committees at health facility level (interviewees). There are some organisations involved in the education sector M&E as well, including e.g. the non-governmental organisation 'Link Community Development' which collaborated with the MoES and the previous Education Standards Agency in the elaboration of 16 quality indicators used for school inspection, within the context of the Masindi District Education Development Project (2000 – present). Another example is the 'uwezo' initiative which is hosted within the Uganda National NGO forum and which aims at improving competencies in literacy and numeracy among children between 6 and 16 years old, through an innovative, civic-driven and public accountability approach to social change (Uwezo Uganda, 2010). An organisation active in both sectors is the Uganda Debt Network, which e.g. coordinates civil society monitoring of the Poverty Action Fund activities in the districts (Office of the Prime Minister, 2012) and leads an experiment with local downward accountability. The organisation has been involved in community based monitoring

since 2002 and has recently started implementing the Community Based Monitoring System. Together with 15 Community Based Organisations, the Uganda Debt Network has trained more than 6000 community monitors in 22 districts to monitor service delivery (not only in education and health, but also in rural roads, agriculture, water and sanitation) at village level (Uganda Debt Network, 2009).

After being dormant for some years the Uganda Evaluation Association has been re-vitalised recently and is e.g. active in the National M&E technical working group. The association has 40 members with different backgrounds all of them being in some way or another involved in evaluation. Presently the main activity of the Uganda Evaluation Society is the elaboration of evaluation standards. In doing this, a mixture of existing standards is relied upon and translated to the specific Ugandan context. They also have established contacts with the Uganda Christian University which organises a post graduate programme in Development Evaluation Studies and where the Uganda Evaluation Association will have its own office (interviewee).

5.4. Development partners

5.4.1. International level

In 2000, world leaders adopted eight Millennium Development Goals (MDGs), including two education goals (universal education (MDG 2), one gender equality (MDG 3)) and three health-related goals (reduce child mortality (MDG 4), improve maternal health (MDG 5) and combat HIV/AIDS, malaria and other diseases (MDG 6)).

Since the adoption of the MDGs, health sector reforms have been mainly tailored towards the realisation of the health related MDGs in 2015. Financing for MDG 6 (HIV, TB and malaria) accounts for much of the increase in ODA for the health sector (World Bank et al., 2008; Piva and Dodd, 2009). As financial means and activities to attain the health-related MDGs are scaled up, the need to invest in a well-functioning M&E system in the health sector is recognised by diverse health partners (IHP+, 2008; Chan et al., 2010). In 2005, the WHO initiated the Health Metrics Network (HMN) with the intention to assist low and low-middle income countries in strengthening their management information systems through the 'Framework and Standards for Country Health Information Systems' (i.e. the HMN Framework). The objectives of the HMN Framework are to focus investment and technical assistance on standardizing HIS development and to permit access to and better use of improved health information at country and global levels (Health Metrics Network, 2008). The HMN framework is supposed to function as "the universally accepted standard for guiding the collection, reporting and use of health information by all developing countries and global agencies" (Health Metrics Network, 2008: v). More recently, eight agencies, working in the area of global health,²³ committed themselves to reserve funding for M&E system strengthening and to support countries in the development of a coherent M&E plan (Chan et al., 2010). The agencies adhere to the principles of the International Health Partnership Plus (IHP+)²⁴ common framework for monitoring performance and evaluat-

[23] World Health Organisation, Global Fund to Fight AIDS, Tuberculosis and Malaria, Global Alliance for Vaccines and Immunisation (GAVI), United Nations Population Fund (UNFPA), Human Development Network, UNAIDS, UNICEF, Global Health Program.

[24] IHP+, which consists of several health initiatives, build on the lesson from SWAps and aim to strengthen national health systems and to harmonise donor actions at country level. IHP+ bases its actions on five principles: i) one single country health and HIV/AIDS plan; ii) one single policy matrix and results framework; iii) one single budget; iv) one monitoring framework and process and v) one single country-based validation process (World Bank et al., 2008).

ing progress in the scaling-up for better health, which is in line with the Paris Declaration and includes: collective action, alignment with country processes, balance between country ownership and independence, harmonised approach to evaluation and performance assessment, capacity building and health information system strengthening and provision of adequate funding (IHP+, 2008).

Conversely also, the emphasis in the education sector has been put on attaining the two education MDGs. These two indicators are also included in the EFA goals, which were adopted during the Dakar World Education Forum in 2000. The focus on these two goals came at the expense of the other EFA goals. In fact, recipients did not have much choice in accepting this focus because of their dependency on external finances for realising education for all (King, 2004). As King (2004) argues with regard to the MDG education goals, “It would be easy to show that they have been valuable for the politics of the Northern international development community, both the agencies and the NGOs, but very much harder to prove that they are genuinely and widely owned in the South. It could be argued that these targets were part of the new Northern agenda after the end of the Cold War, and that the North now wants the South to own what the North has already decided upon” (King, 2004: 91). Nevertheless, improvements have been made for all EFA indicators since 1999 although the world is not on track to reach most of these by 2015. UNESCO (2011) argues that consequences of not attaining the EFA goals include; the failure to attain MDG goals related to poverty reduction, nutrition, child survival and maternal health, the undermining of economic growth, and the reinforcement of unequal patterns of globalisation. Notwithstanding these negative effects, the education sector does not receive the attention needed from the international development community (UNESCO, 2011). In the Dakar Framework for Action development partners promised that “no countries seriously committed to education for all will be thwarted in their achievement of this goal by a lack of resources” (World Education Forum, 2000: 9). In this context several development partners decided to set up the Fast Track Initiative (FTI) in 2002 with the aim to accelerate progress on the EFA goals. A midterm evaluation of the FTI in 2010 (Cambridge Education et al., 2010) concludes that the FTI has made positive contributions albeit with some disappointments. According to this evaluation, the FTI has not been able to significantly contribute to increasing expenditure on education, strengthening policy and planning processes & capacity, and promoting data collection, monitoring and evaluation. At country level, only a small part of funds have been used to strengthen data reporting and use, and the foreseen strengthening of education sector plans by including monitoring, evaluation and annual targets for measuring progress has been limited. Moreover, the evaluation argues that “progress in using data for planning has remained limited, that the FTI’s contribution to such progress had been minor, and that too often donors themselves remain the principal audience for any analyses of the data” (Cambridge Education et al., 2010: 8).

The evaluation is also critical with respect to the fact that the FTI 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. It explicitly states that “basic management monitoring systems were not set up to establish whether the FTI was achieving the inputs, let alone the outputs that its “business plan” required. The FTI has blurred the distinction between objective monitoring and advocacy. Weaknesses in monitoring have prevented the FTI from recognising key differences between FTI aspirations and the reality (particularly the gap between its aspirations as a global partnership and the reality of country-level implementation)” (Cambridge Education et al., 2010: 11). 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 (Global Partnership for Education, 2011). This results framework might contribute to resolving the attribution challenge mentioned above.

Commitments made in the Dakar Framework for Action have not been fully honoured; aid to the education sector has not increased and there are no major new initiatives, no important development partner champions for the sector nor indications of major future increases in aid (Varghese and Buchert, 2011). According to Varghese and Buchert (2011), this is due to the fact that the education sector has not convinced development partners of its importance and is not well organised to spend aid. Steer and Baudienville (2010) are also critical with respect to (basic) education aid and mention that “lack of donor coordination, ineffective division of labour and unpredictability of aid continue to limit the scale and effectiveness of financial support to basic education” (Steer and Baudienville, 2010: 2). They also refer to the fact that education funding is constrained by the relative lack of innovative approaches to raising and delivering financing, e.g. innovations such as ‘cash on delivery’²⁵ remain limited. In order to attract more aid, the education sector should e.g. make use of evidence, demonstrate results, enhance aid effectiveness, use innovative financing mechanisms and collaborate with non-traditional development partners and the private sector (Steer and Baudienville, 2010).

5.4.2. Development partners in Uganda

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 JAF agreed upon by the development partners under the Joint Budget Support Framework²⁶, has functioned as an important directive for M&E. The JAF consists of four sections: (I) preconditions for effective and efficient implementation of government policies; (II) improved value for money in service delivery through removal of barriers in public financial management and public sector management systems, while reinforcing compliance with regulations and avoidance of leakages; (III) sector results matrixes (for the sectors health, education, transport and water and sanitation); and (IV) development partners performance. The JAF indicators are monitored by the Technical Administration Support Unit which is located within the World Bank and supports the Joint Budget Support Framework development partners. The Technical Administration Support Unit triangulates data and prepares JAF assessment reports on the basis of which development partners decide upon their contribution. Oxford Policy Management (2009), in its review of DFID and European Commission support to government monitoring and evaluation in Uganda, urges the Office of the Prime Minister to ensure that the Technical Administration Support Unit does not undermine the role of the Prime Minister’s Office. Recently, a decision was made to include only two indicators per sector in the fifth JAF. After consultations with different stakeholders, the MoES submitted two indicators to the Office of the Prime Minister, one indicator for primary education (increasing the percentage of pupils reaching defined level of competence in literacy and numeracy at grade six) and one indicator for secondary education (increasing the percent-

[25] The combination of five basic features characterises ‘cash on delivery’: payments for outcomes, hands-off implementation, independent verification of progress, transparency through public dissemination, and complementarity with other aid programs (Birdsall et al., 2010).

[26] Development partners who supply general and sector budget support have to join the Joint Budget Support Framework (Republic of Uganda, 2010h), which was approved in October 2009 (World Bank, 2010). 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, 2010).

age of students reaching defined level of competence in mathematics, English and biology at S2) (Ministry of Education and Sports, 2012c). The two health indicators included in the draft JAF5 are ' % deliveries in Government health facilities (health centres and hospitals)' and 'proportion of health facilities without drug stock-outs for 6 tracer drugs' (Government of Uganda and JBSF Development Partners, 2012). According to BTC Uganda (2012), the JAF cycle tends to be time-consuming, labour intensive and too often inefficient, resulting in high transaction costs.

The European Commission and DFID have particularly been active in strengthening the capacity of central agencies responsible for M&E, including the Office of the Prime Minister, the Ministry of Finance, Planning and Economic Development and UBOS. A 2009 evaluation of this capacity strengthening concludes that "in each case the DFID and EC projects have succeeded in delivering the technical assistance intended. The individual partner organisations place high value on the long term technical advisers involved, and on the responsiveness and quality of the support delivered" (Oxford Policy Management, 2009: 36).

At sector level, development partners participate in annual joint reviews and sector working groups. In the education sector the financial and technical support provided by the education development partners for the development of the reporting and M&E systems has been essential (Hedger et al., 2010). USAID e.g. has contributed to the development and strengthening of the EMIS. The reporting and M&E system has furthermore been supported by development partners through regular technical notes and through their demands for dialogue and review processes, which have contributed more to the strengthening of these systems compared to technical assistance (Hedger et al., 2010). Some evaluations and studies have been done jointly by the MoES and development partners. An impact evaluation on primary education in Uganda (IOB, 2008) e.g. was executed jointly by the MoES and the Policy and Operations Evaluation Department of the Netherlands Ministry of Foreign Affairs. Another example is the study on the efficiency of public education in Uganda (Winkler and Sondergaard, 2008) which was undertaken with assistance from both the MoES and the World Bank. 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 (demonstrated e.g. by the elaboration of a mapping of all M&E studies conducted by the education development partners).

In the health sector, development partners do not seem to be much 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 (interviewees). Some health development partners (WHO, GFATM, GAVI Alliance and World Bank) were recently involved in the elaboration of the M&E plan (through on the job capacity building), which has among other things led to the inclusion of indicators on which they need data. While this could trigger the implementation of the plan and reduce the burden of additional data collection no health development partner has shown interest to finance the implementation of the M&E plan so far. DFID, in line with its general policy of increased focus on demonstration of evidence and impact (DFID, 2011), will invest more in robust impact evaluations (including randomised controlled trials) in Uganda. The fact that many health development partners (particularly the project development partners) are still performing their own M&E and that some might (again) increasingly invest in additional M&E is not necessarily negative as long as information feeds into the country's M&E systems and not into the agency's own system alone. However, in practice, such coordination and feedback into the country systems hardly exists (interviewees).

6. UNPACKING THE PATTERNS OF INTERACTION

This chapter analyses the patterns of interaction. The patterns of interaction flow from the behaviour of actors in the action arena (section 5) which is influenced by the physical and material conditions, community attributes and rules-in-use (chapter 4) (Polski and Ostrom, 1999), which in turn is expected to influence the quality of the M&E systems in the education and health sectors (chapter 7). Issues related to asymmetrical power relations, corruption, missing information and principal-agent problems are discussed in this section.

6.1. Asymmetrical power relations

The 1995 constitution and the 1997 local government act devolved power from the central level to the districts, which became responsible for recruiting, deploying and supervision of health and education staff and the disbursement and management of funds to districts and municipalities (see 4.3.1.). Decentralisation was expected to bring services closer to the population, but has created power asymmetries in reality as district officials have misused the acquired power for their own profits at the detriment of development (Sekirime, 2012). Supervision and local accountability mechanisms, which are required to limit this misuse, are not functional. As a result, decentralisation seems to favour nepotism and favouritism as the guiding principles of service delivery (Prinsen and Titeca, 2008). In practice this leads, e.g. to the requirement of payments in exchange for employment (Sekirime, 2012), which makes the recruitment process very slow and cumbersome (Republic of Uganda, 2010d) and which results in the recruitment of under-qualified staff. In the area of M&E this means that M&E positions are not always filled in time and staff responsible for data collection and/or M&E are not necessarily the most qualified.

At central level as well, power asymmetries/ struggles are visible, e.g. in the struggle for M&E responsibilities between the Ministry of Finance, Planning and Economic Development, the Office of the Prime Minister and the National Planning Authority (see 5.1.1.), which has created a duplication of reporting obligations for sector and local levels.

Informal institutions like 'big man presidentialism' and clientelism create power asymmetries and allow highly placed politicians, including the president, and highly placed officials to influence policy, which results in policies for which the administration is not yet ready, like the abolition of user fees in education and health sector (see 4.3.2.), or policies that are contradictory to already existing sector policies (Cambridge Education, 2011; interviewees). Hickey (2011) however, notes that presently, the election manifesto of the National Resistance Movement (NRM) corresponds more with the National Development Plan than with the Poverty Eradication Action Plan before. According to Hickey, the 2011 budget speech for Parliament generally reflected priorities of the National Development Plan. However, M&E of the election manifesto of the NRM and presidential pledges come at the expense of M&E of the National Development Plan and sector strategies (Sekirime, 2012).

Asymmetrical power relations are also notable in government's relation with media. While public access to information on government policies and activities is covered in formal institutions, including the constitution of Uganda (1995) and the Information Act (2005), in practice the media is not always free to publish government information. Journalists have been harassed and arrested on several occasions and media houses closed (Sekirime, 2012). Sekirime (2012) quotes a journalist of the Independent who refers to the double standard of the president:

“Over the last twenty years, President Yoweri Museveni has baffled observers with his relations with the Ugandan media. He has simultaneously been the strongest promoter of press freedom and its biggest threat. He has jailed and prosecuted as many journalists as he has dined with” (Sekirime, 2012: 68). With respect to M&E this implies that the media is hindered in publish sensitive outputs of M&E, which could be essential to inform the public on government’s performance. However, it was the media that published the mismanagement of funds in the Office of the Prime Minister (see 4.3.2.) in reaction to which the Office of the Auditor General was requested to investigate the mismanagement (Office of the Auditor General, 2012a)

6.2. Corruption

As demonstrated in 4.3.2. (quiet) corruption is an informal rule that has negatively affected the education sector and, even to a higher extent, the health sector. Uganda’s reluctance to hold high political officers accountable for financial misuse 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 (Republic of Uganda, 2011a). In reaction to the 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 (Daily Monitor, 2012). The combination of financial misuse, withdrawal and suspension of aid, results in even less financial means available for the implementation, monitoring and evaluation of policies and strategies. Moreover, as corruption or lack of performance caused by (quiet) corruption could be revealed through M&E, M&E is not in the personal interest of corrupt officials and politicians and they will therefore be inclined to manipulate data and/or block evaluations (Sekirime, 2012). This undermining of M&E could even be stronger in the health sector, as this sector is more affected by corruption.

6.3. Missing information

Missing information refers to the fact that the majority of citizens do not demand for information and subsequently better services, as they are not aware of their rights and/or are not motivated, as has been demonstrated in the description of community attributes in paragraph 4.2. This is more an issue in the health sector as health information is more complex. Government in turn has no incentive to supply information or to improve their performance as demand is largely lacking.

Moreover, both citizens and civil servants hardly have any knowledge on M&E, especially at local levels (Republic of Uganda, 2010d). According to the phase II evaluation of the Paris Declaration, only a few people in Uganda understand the management for results principle and these are the ones that participated in local and international aid effectiveness meetings (Republic of Uganda, 2011a). Besides, key concepts such as monitoring, evaluation, performance and supervision are not understood 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. As a result, priority has been given to M&E for development partners as a necessity to release funds, but not to improve performance (Republic of Uganda, 2010d).

6.4. Principal-agent problems

At all levels in the education and health sectors, there are various actors (principals) that are expected to motivate the actors (agents) responsible for certain actions within the system. As Cambridge Education (2011) describes, for primary education (see table 6.1.), in practice principals are not always in the position to motivate the agents, as formal accountability mechanisms are challenged by both formal and informal realities. While table 6.1. is focussed on the education sector, comparable principle-agent problems exist in the health sector as well.


The relationship between development partners (principles) and the Ugandan government (agents) could be added to this table, as development partners provide funding and try to influence government policies, which could undermine government ownership (Sekirime, 2012). Hickey (2011) examined the National Development Plan process and came to the conclusion that the plan was influenced by development partners, especially the International Financial Institutions, while the government clearly had control over its development agenda. The author therefore situates Uganda in-between the models of 'sovereign control' and 'ownership via donor influence'. However, M&E in both sectors seems to be rather donor driven (Republic of Uganda, 2010d, 2011a).

In the health sector, the principal-agent problem between the District Health Officer and the health unit is bigger than in the education sector, due to the complexity of clinical health services, which makes it more difficult for the District Health Officer to monitor performance (see also World Bank, 2003).

Booth (2012) in his synthesis report of the Africa Power and Politics Programme (including findings on Uganda), criticises the principal-agent model for assuming that either governments or citizens in development countries are committed to improve governance and the provision of public goods. According to him, government limitations in Africa are rather caused by collective action problems: "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. It makes little sense, therefore, to apply a principal agent perspective to either leaders or citizens" (Booth, 2012: 60). Only if embedded in the understanding of collective action challenges, principal-agent problems could be relevant in meeting development challenges (Booth, 2012).

An issue related to the collective action problem is the public goods character of (impact) evaluations. While the benefits of evaluations (availability of evidence) which could be considered as public goods only become available after the finalisation of a programme, costs for (impact) evaluations already have to be made in the early programme phases. In these phases, however, stakeholders are more concerned with design and implementation and are often not willing to invest in evaluations which won't directly benefit them. As a result an underinvestment in evaluations can be observed (see Center for Global Development, 2006).

Table 6.1 Principal-Agent Relationships in Primary Education

Principal	Agent	
		Challenge to accountability
MoES	District Education Officer (DEO)	MoES has no performance management responsibility for DEOs and instead has to rely on the Chief Administrative Officer (CAO) as managers of district civil service. MoES cannot reward or discipline DEOs or enforce Ministry policies and directives.
Department of Education Standards (DES)	District Inspector of Schools (DISs)	DISs are employed at a district level and cannot be line managed or held to account by the central inspection service. The DES reported serious problems in trying to get reports and information from DISs and an inability to hold them to account for the number and quality of inspections carried out.
Citizens	Politicians	In theory citizens are able to hold their political representatives to account through elections. However, there is a feeling of disengagement and apathy with politics from the local to the national level. Between elections there is little opportunity for citizens to feel they can put politicians under pressure to perform. Combined with this there is limited available information on the education system that reaches and is understood by parents and that enables them to hold political agents to account.
Chief Administration Officer (CAO)	District Education Officer (DEO)	Within the structures of local government the formal systems of performance management are not being enforced to hold civil servants to account. As head of the local government civil service the CAO should hold the DEO accountable, however as a lack of budgetary support for the DEO prevents duties being fulfilled effective monitoring by the CAO is curtailed by the ability of the DEO to argue that he is not financially able to carry out his work.
District Education Officer	School Management Committees (SMCs), Head Teachers (HT) and Teachers	Despite having customised performance targets for the effective management of head teachers, the DEO and CAO are both unwilling (due to clientelism) and unable (lack of time and funds) to effectively hold schools to account. Similarly SMCs rarely have to report to districts or local government structures with no formal system of SMC review in place.
School Management Committees (SMCs)	Head teachers (HT)	Despite having a remit to monitor the work of head teachers and manage the strategy of the school, SMCs have no role in Head Teacher recruitment and are reluctant to report head teacher mismanagement to the districts for action. SMCs often lack the confidence or skills to manage head teachers effectively, or they are captured by interests that are more aligned with the protection of the head teacher than the performance of the school.
Head teachers (HT)	Teachers	Having no role in the recruitment of teachers to their schools and little ability to punish them apart from relying on the district to act on their reports of teacher misconduct, head teachers have little effective means to motivate teachers to carry out their duties. Moreover, the constrained school budget and an inability to raise funds from the community mean that even small rewards for teacher performance are difficult.
Parents	School Management Committees (SMCs)	Due to the composition of SMCs parents have little ability to make their voice heard in a formal sense on SMCs. Added to this, the reality of SMCs is that they are dominated by foundation bodies or high profile community members that gives little room for a parental voice.

Source: Cambridge Education, 2011: 44

7- QUALITY OF THE M&E SYSTEMS

This section focuses on the quality of the M&E systems and is based on the assessments of the M&E systems of the education and health sectors (Holvoet and Inberg, 2012a and 2012). These sector M&E assessments review sector M&E alongside six key M&E dimensions, including i) policy; ii) indicators, data collection and methodology; iii) organisation (structure and linkages); iv) capacity; v) participation of actors outside government; vi) and use of information. These six dimensions are further subdivided into 34 questions (see annex 2) and assessed using a five-point scoring system: weak (1), partially satisfactory (2), satisfactory (3), good (4) and excellent (5). For each of the 34 sub-items we have specified the grading system in detail through the identification of standards (see annex 2). This benchmarking, as well as the participation of two researchers in the diagnostic review, has helped to reduce subjectivity in grading and to compare the two cases, as objective standards for comparison are required when analysing outcomes in an IAD framework (see section 2).

Our assessments highlight that the M&E system of Uganda's education sector is satisfactorily developed, while the M&E system of Uganda's health sector is partially satisfactorily developed (see annex 2 for an overview of the scores). As some of the six M&E dimensions are already discussed in previous sections (e.g. the actors in section 5), we focus here mainly on the remaining dimensions and reorganise the discussion into issues related to the supply (7.1) and demand side (7.2) of the M&E systems under study.

7.1. Supply

This paragraph scrutinises the quality of the M&E policies, indicators, data collection and methodology, the joint sector reviews and the M&E outputs in both sectors.

7.1.1. Policy

The MoES elaborated a sound M&E framework in 2002 with technical support from DFID. This framework provides an overview of what and why to monitor and evaluate, but needs to be updated and implemented. In the health sector, a task force (including representatives of the Quality Assurance Department, World Health Organisation, Centres for Disease Control and Planning Department) under the supervision of the Supervision, Monitoring, Evaluation and Research (SMER) technical working group, developed an M&E plan for the HSSIP. The task force received technical support from the WHO, GFATM and GAVI Alliance (one week intensive support and continued feedback). While it is not clear how substantial the input and influence of these organisations has been during the elaboration process (the M&E plan does include an adapted version of the M&E framework for health system strengthening developed by the WHO, GAVI Alliances, GFATM and World Bank), the fact that they have explicitly highlighted that they will use the M&E plan for their own M&E purposes could trigger its implementation. The M&E plan was shared and discussed with sector stakeholders during the 2011 National Health Assembly, but no funds are available as yet for its implementation.

The MoES M&E framework and the MoH M&E plan both clearly distinguish between monitoring and evaluation, but links between the two concepts are not clearly spelled out. A recent document of the Office of the Prime Minister (2012) demonstrates that evaluation is not

a major activity within the MoES. While five types of evaluation (ex-ante, baseline, mid-term, final, impact) are performed (on a low scale) within most Ministries, Departments and Agencies, the MoES allocates less to evaluation than average (1% of development expenditure in 2009/10, 2010/11 and 2011/12 compared to 4%, 9% and 4% all Ministries, Departments and Agencies). The MoH on the other hand, allocates more than average to evaluation in recent years. While the percentage lingered around 1% in the 2009/10 budget, it increased to 18% in 2010/11 and decreased again to 10% in 2011/12²⁷ (Office of the Prime Minister, 2012). Notwithstanding the increase in the percentage of the budget allocated to evaluation from 1% to 10%, various interviewees highlighted that evaluation is not a priority of the MoH nor of the health development partners, who are particularly interested in financing and monitoring disease specific interventions. According to the MoES, the limited focus of the M&E section on evaluation is related to the high reporting pressure, which has left insufficient time for evaluation (and research) by the limited number of staff. (and research) (interviewee). A consequence of the focus on monitoring at the expense of evaluation is that underlying reasons for (non)-performance are not revealed (see Holvoet and Renard, 2007).

While accountability mechanisms exist on paper, in practice these do not function effectively. Management committees in both sectors have limited power and the inspection system is ineffective, due to e.g. insufficient number of inspectors, vehicles and fuel to visit schools and health units. Moreover, upward accountability from districts to the MoES and MoH is undermined by a lack of data control.

Feedback is only partially satisfactory. While references are made to reporting and dissemination, an explicit and consistent approach does not yet exist in the education and health sectors. The Office of the Prime Minister intends to use M&E in budgeting and urges line ministries to provide their reports one month earlier (September instead of October) in order to be taken into account in the next budgetary cycle. The proposed introduction of performance based financing in the health sector might strengthen the link between budgets (inputs) and results however, without a proper data supervision/control mechanism, side effects such as crowding-out and gaming are a real possibility.

7.1.2. Indicators, data collection and methodology

The 'indicators, data collection and methodology' dimension is the strongest component of the health sector M&E system. Strengths include the limited number of core performance indicators (26) in the HSSIP (which hints at the fact that the need to be selective is well understood), the definition of criteria for the selection of these core performance indicators, the identification of baselines and targets (which are however not always realistic) as well as the identification of data sources for each core performance indicator. The quality of data from census and population-based surveys is generally more adequate than the quality of facility based data (including the HMIS). There is so far little cross-reading among survey and facility based data. The M&E plan links objectives, clusters and strategic interventions with indicators (not the core performance indicators), which clearly highlights which indicators are supposed to monitor which strategic intervention. A weaker element is the lack of disaggregation of indicators. While the Health Sector Strategic & Investment Plan (HSSP) points to the need for disaggregation of indicators by income, literacy level, gender and security level, the Annual Health Sector

[27] The decrease was caused by an increase in the total budget from 86,020,000 to 188,420,000 Ugandan Shilling (the evaluation budget increased with 18.6% from 15,856,737 Ugandan Shilling to 18,813,079).

Performance Report (AHSPR) does not include any disaggregated indicator. Moreover, specific evaluation methodologies are not clearly identified in the HSSIP or the M&E plan.

In the education sector the weakest elements with respect to the ‘indicators, data collection and methodology’ dimension are selection criteria and methodologies used, as these are not clearly identified. A limited number of indicators and targets are included in the annex to the Updated ESSP, but this annex became available only recently. More important though is the Joint Position Paper, which includes performance indicators with baselines and targets which are also included in the JAF. The identification of the JAF targets proves to be a difficult undertaking as scores on a number of JAF indicators are currently decreasing instead of increasing, with some of them even positioned below baseline. Data collection is the best scoring sub-component. While incompleteness and unreliability of the EMIS data is still a challenge, the quality is improving. The major problems that remain are the low response rates and incompleteness of information at school level and the tendency for over reporting as the allocation of teachers and the Capitation Fund are linked to enrolment data. Thus far, data from various sources (e.g. EMIS, the baselines and M&E exercises of the Quality Enhancement Initiative, the Uganda Population Survey of the UBOS, the National Assessment of Progress in Education and the Poverty Action Fund) are hardly cross-checked.

7.1.3. Joint sector reviews

One of the main mechanisms to assess performance in the education and health sectors is the joint sector review. A joint sector review could be described as “a type of joint periodic assessment of performance in a specific sector with the aim to satisfy donor and recipient’s accountability and learning needs” (Holvoet and Inberg, 2009: 205). ‘Performance’ is interpreted broadly and could include a focus on substance at various levels (i.e. inputs, activities, output, outcome and impact) and on underlying systemic and institutional issues.

The Education and Sports Sector Review (ESSR) is organised by the secretariat of the planning section of the Education Planning and Policy Analysis Department with support of the M&E section. The Joint Review Meeting in the health sector is organised by the Quality Assurance Department in collaboration with the health development partners. Conclusions and actions agreed upon during the ESSR and the Joint Review Meeting are documented in an Aide Mémoire which is signed by the government and the education and health development partners respectively (Lubanga, 2008; Government of Uganda, 2011). In the education sector’s Aide Mémoire, two types of undertakings are agreed upon, i.e. critical undertakings and process undertakings. Critical undertakings include performance indicators to be monitored at each review, while process undertakings focus on processes needed to achieve certain sector priorities and are replaced once they are achieved (Eilor, 2004). While the list of undertakings was very long at the first joint sector reviews (58 undertakings for half a year were agreed upon at the First review (Penny et al., 2008)), the list became shorter and more focused at subsequent reviews (Purcell, 2010). Recently however, the lists of undertakings have expanded again to 74 undertakings at the 2010 ESSR (Ministry of Education and Sports, 2011a) and 80 at the 2011 ESSR (Ministry of Education and Sports, 2011b).

While ESSRs and Joint Review Meetings are especially focussed on content issues, there is some attention to systemic issues as well. During the 2011 ESSR e.g. a paper on the inspection system has been presented and some undertaking related to M&E and inspection

has been included in the Aide Mémoire. During the 2011 Joint Review Meeting and the National Health Assembly, presentations were given on e.g. the M&E plan, the National Health Accounts, the implementation of the Compact and progress on the implementation of priority actions of the 16th Joint Review Meeting. A specific session was devoted to the presentation of a very critical and frank financial and performance audit report of the Office of the Auditor General. While there was little time left for discussion, the audit report allows a better grasp of the strengths and weaknesses of the current health (budget) management systems. It might as well feed into a proper risk assessment as well as into an identification of remedying measures.

Prior to the joint sector reviews, field missions were organised with participation of the MoES and MoH respectively, development partners and civil society organisations (of which in fact only a few participate) (BTC Uganda, 2012). The Office of the Prime Minister (2012) refers to positive effects of the involvement of top management in field visits (and specifically refer to positive effects in the education sector), who tend to act more purposefully upon recommendations after they have been confronted with challenges on the ground themselves (Office of the Prime Minister, 2012). The questionnaires used during the field visits however demonstrate that little attention is given to systemic issues during these visits. Despite the attention on (poor) data quality and (poor) feedback in MoES and MoH documents, no questions related to data collection, use of data or feedback on data quality are included in the questionnaires. In the education questionnaire, only three questions related to inspection are included (i.e. was your school inspected last term?, who carried out the inspection?, if yes, did the inspector leave behind an inspection report?). By focussing purely on monitoring and local level reality checks, and not probing into underlying reasons for local non-performance, possible weaknesses or hindrances which are situated at other levels of the education system but which influence local level performance are not disclosed. Positive elements of the pre- Joint Health Review Meeting mission to Jinja included the fact that feedback and recommendations were given during interviews as well as the organisation of a short debriefing which allowed open discussion of the main findings and recommendations. Similarly, the Terms of Reference for the 2012 ESSR field visits show that feedback will be provided to the District Education Officer at the end of the visit (feedback to schools is not included), which could stimulate discussion of the main findings and recommendations. Such discussion and negotiation is one of the ways in which effective use of M&E findings may be stimulated.

7.1.4. Performance reports

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.

In the education sector, the Education Sector Annual Progress Report is one of the most important input documents for joint review, planning and budgeting (Cambridge Education, 2010). According to Hedger et al. (2010), the progress report provides a rich source of information, although it does not systematically link expenditures. The Education Sector Annual Progress Report 2011, includes in its assessment of sector performance an overview of the interventions undertaken, progress and main achievements, results/outcomes, constraints and challenges for a few topics (access and equity, quality, efficiency and effectiveness) per sub-sector. While a lot of data is provided, the progress and main achievements as well as the results/outcomes are hardly compared to targets, which makes it difficult to assess whether objectives

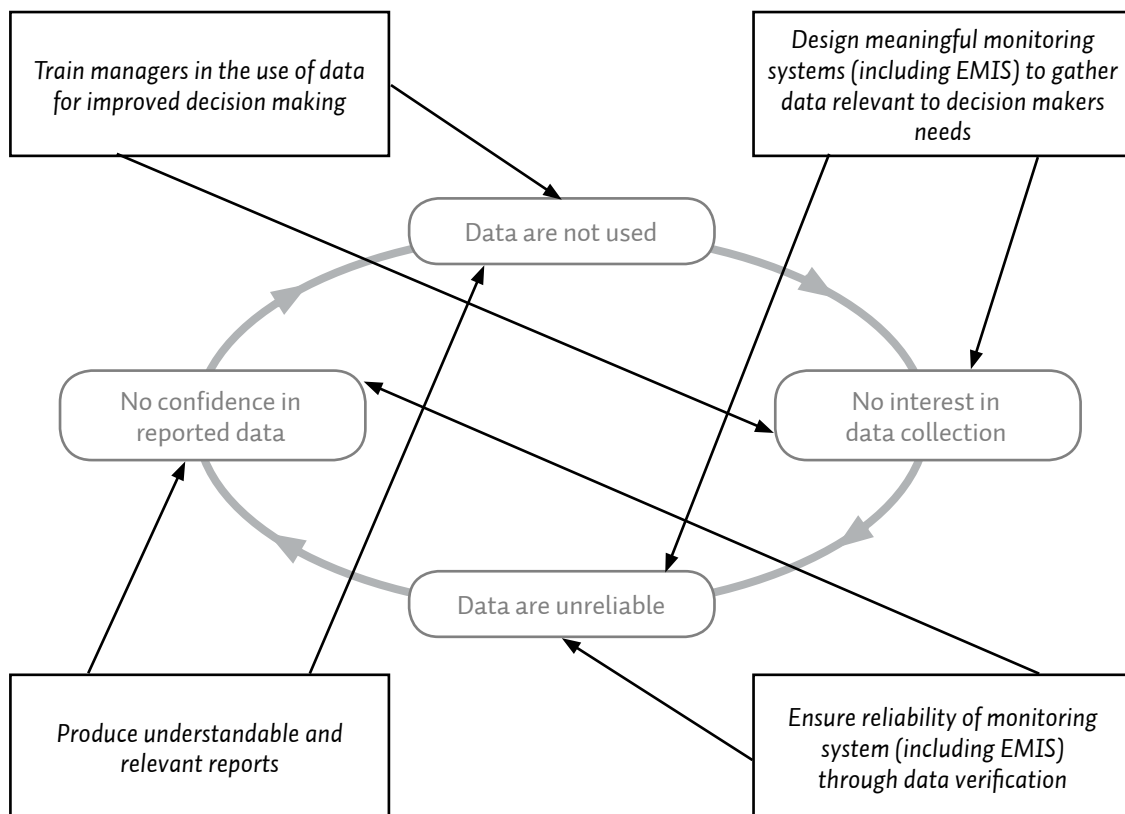
are attained. An exception is the progress on civil works under the school facility grant. For this specific issue percentages as well as reasons for non-performance are provided (Ministry of Education and Sports, 2011c: 38/39). The paragraph that presents progress on the Education For All and the education Millennium Development Goals includes in its overview of key challenges more analysis of non-performance.

The Annual Health Sector Performance Report is one of the main inputs into the Joint Review Meeting and it feeds into future policy-making and planning. Moreover, health development partners use this mechanism to make decisions regarding their (financial) contributions. The first Annual Health Sector Performance Reports were of very poor quality as they were mainly focused on activities (e.g. number of workshops held) (Cruz et al., 2006). The quality of the Annual Health Sector Performance Report is however increasingly improving. Cruz et al. (2006) refer to the 2003/04 Annual Health Sector Performance Report which provides a good outline of the sector's performance at central and local level while various interviewees consider the most recent Annual Health Sector Performance Report (2010/11) to be of better quality than the previous one. Notwithstanding this progress, information in the report remains weak and fragmented. However, as the report also includes an overview of the districts which did not provide information on time (naming and shaming), an incentive might be given to those districts to improve their timeliness of reporting in the future. While the report pays more attention to achievements with respect to previous recommendations, the level of analysis remains the Achilles heel. The lack of analytical quality in performance reports at all levels strongly affects their overall quality and usefulness. Analysis helps to identify causal factors which influence phenomena that are recurrently being observed (e.g. absenteeism of health workers, non-functionality of health centres II, III, IV, heeling of drugs and medicines) but which are not addressed. Identifying causal mechanisms also highlights those factors that need to be addressed to bring about success. An example of an area in which some analysis would be feasible and useful is related to the phenomenon of maternal death on which evidence is available in the maternal audits.

7.2. Demand

The M&E demand side is even more important than the M&E supply side. As Mackay (2007: 54) puts it "if demand for M&E is strong, then improving supply in response can be relatively straightforward, but the converse does not hold". Presently a low demand for M&E has strongly affected the supply and sustainability of the M&E systems in Uganda's education and health sectors. The 2002 M&E framework of the MoES acknowledges that the implementation of the M&E framework is dependent upon the use of the M&E output. The framework describes the vicious circle of low reliability and poor utility, and offers solutions for breaking this circle (see figure 7.1.). While the framework is interesting and links M&E supply and demand, it remains blind to the political economy of M&E.

Figure 7.1. Breaking the circle of poor reliability and non-use of data



Source: Ministry of Education and Sports, 2002

The use of M&E output seems to be slightly higher in the education sector, although in both sectors, it is the development partners who especially use the output (and mainly for accountability objectives). Since the introduction of the education SWAP, most of the development partners have been using the reporting and M&E system of the MoES. However, as there is currently only one sector budget support development partner, a new uprise of own project M&E that is not systematically linked to the sector M&E might become a real challenge. The health M&E output has been used by all health development partners even though some health development partners still demand additional information (Cruz et al. 2006). A recent OECD report (2011), applauds the Annual Health Sector Performance Report for its efforts to scrutinise sector performance, but it also refers as well to the fact that several health development partners still commission external monitoring reports because they do not have sufficient trust in government reports. This is certainly not a uniform position as those development partners who supply budget support (currently Belgium and Sweden) mainly rely on information from the MoH and Joint Review Meetings without imposing additional M&E requirements.

In the health sector, data is being used but the current level of usage is inadequate. Only the integration and use of data from census and population-based surveys are considered adequate (Health Metrics Network, 2007). This has confirmed by interviews with MoH staff members who highlighted that HMIS data is currently not up-to-date, not reliable and that it should therefore not be used. Within the ministry itself however, data has been used for planning and for performance reporting. M&E findings are used within the MoES as well but in an ad hoc manner. There is no systematic or institutionalised use of M&E outputs for learning and accountability at central or local levels. In the health sector, the use of data at district level

depends on personal motivation, qualifications, and capacity of staff. At health facility level data is currently not used and staff at this level do not seem to be curious why data fluctuates substantially between different months (at this level data is not only under-used but it is also not checked upon).

8. DISCUSSION AND CONCLUSION

This last section explores whether patterns of interaction/actions could explain the (differences in) strengths and weaknesses of the M&E systems in Uganda's education and health sectors (8.1.) and which threats and opportunities exist for the further development of the M&E systems (8.2.). Table 8.1. summarises for each of the IAD domains, those elements that are considered relevant for the education and health sectors and that have already been discussed in the previous sections. While findings point at the existence of many similar phenomena in the two sectors, it is particularly the level of intensity that differs.

Table 8.1. Comparison of Uganda's education and health sector on different IAD domains

IAD domain	Education sector	Health sector
Physical and material conditions	<ul style="list-style-type: none"> • insufficient financial allocation, higher share of national budget, lower share of ODA, lower share of project support/ODA (as compared to health sector) • % budget allocation to M&E is lower than average (of ministries, departments and agencies) • inefficiency • M&E staff in MoES do not have M&E related certificates or diplomas, but long work experience (on the job training) • weak incentive structure • poor technology 	<ul style="list-style-type: none"> • insufficient financial allocation, lower share of national budget, higher share of ODA, higher share of project support/ODA (as compared to education sector) • % budget allocation to M&E higher than average (of ministries, departments and agencies) • inefficiency • M&E staff in MoH have M&E related certificates or diplomas, but frequent change of staff (due to e.g. enticement to donor agencies) • weak incentive structure • poor technology
Community attributes	<ul style="list-style-type: none"> • largely poor • low civic awareness • minimal empowerment, but less hesitancy to address teachers • passive • dependent upon government 	<ul style="list-style-type: none"> • largely poor • low civic awareness • minimal empowerment, more hesitancy to address nurses and doctors • passive • dependent upon government

<p>Rules-in-use</p>	<ul style="list-style-type: none"> • Formal <ul style="list-style-type: none"> - Constitution - Local Government Act - National Development Plan - Revised ESSP (2010-2015) - M&E framework (2002) • Informal <ul style="list-style-type: none"> - corruption, but at a relatively lower level - bribery, but (relatively) lower rates - absenteeism (quiet corruption), but at a relatively lower level - clientalism - 'big man' presidentialism 	<ul style="list-style-type: none"> • Formal <ul style="list-style-type: none"> - Constitution - Local Government Act - National Development Plan - National Health Policy and HSSIP (2010/11-2014/15) - M&E plan for HSSIP (2011) • Informal <ul style="list-style-type: none"> - higher levels of corruption - higher rates of bribery - higher levels of absenteeism (quiet corruption) - clientalism - 'big man' presidentialism
<p>Action arena: actors</p>	<ul style="list-style-type: none"> • Government, central level: <ul style="list-style-type: none"> - Office of the Prime Minister - Ministry of Finance, Planning and Economic Development - National Planning Authority - UBOS • Government, sector level: MoES, • Government, local level <ul style="list-style-type: none"> - District Education Officer - Chief Administrative Officer - Chairman (elected) • Parliament (& audit office): Education Committee weaker members • Civil society • Development partners, less active at international level, better organized at country level 	<ul style="list-style-type: none"> • Government, central level: <ul style="list-style-type: none"> - Office of the Prime Minister - Ministry of Finance, Planning and Economic Development - National Planning Authority - UBOS • Government, sector level: MoH, • Government, local level <ul style="list-style-type: none"> - District Health Officer - Chief Administrative Officer - Chairman (elected) • Parliament (& audit office): Health Committee stronger members • Civil society • Development partners, more active at international level, less organized at country level
<p>Patterns of interaction</p>	<ul style="list-style-type: none"> • asymmetric power relations • corruption, but lower levels • missing information, but comparatively less as compared to health • principal-agent problem, but comparatively less as compared to health • collective action problem 	<ul style="list-style-type: none"> • asymmetric power relations • higher levels of corruption • more information missing • larger principal-agent problem • collective action problem

Outcomes	<ul style="list-style-type: none"> • supply <ul style="list-style-type: none"> - M&E framework exist - limited set of indicators identified - poor quality of management information system data - lack of evaluation (analysis) - functional working groups and joint sector reviews - limited attention to systemic issues • demand <ul style="list-style-type: none"> - particularly from education development partners - ad hoc at ministry level, but stronger than in health sector - weak at local level, but stronger than in health sector 	<ul style="list-style-type: none"> • supply <ul style="list-style-type: none"> - M&E policy exist - limited set of indicators identified - poorer quality of management information system data - lack of evaluation (analysis) - working groups and joint sector reviews are not as functional as in education sector - limited attention to systemic issues • demand <ul style="list-style-type: none"> - particularly from international health development partners - ad hoc at ministry level - weak at local level
----------	---	---

8.1. Confrontation of outcomes with patterns of interaction

8.1.1. Supply

Both the MoES and the MoH elaborated an M&E framework/plan with the assistance of development partners; the MoES in 2002 with technical support from DFID and the MoH in 2011 with technical support from WHO, GFATM and GAVI. In the education sector however, the M&E framework has not been implemented and needs to be updated. In the health sector, funds are not yet available for the implementation of the M&E plan. A principal-agent problem seems to be one of the underlying reasons for the non-implementation. At international level, global health donors, including the WHO, GFATM and GAVI, committed themselves to M&E strengthening and support to the development of a coherent M&E plan at country level (see 5.4.1.). It is particularly against the background of this international commitment that we assert that the M&E plan (and HSSIP) of Uganda's health sector is an adapted version of the M&E framework for health system strengthening developed by the WHO, GAVI Alliance, GFATM and World Bank. Without genuine demand and ownership from within the MoH however, the implementation of the M&E plan is challenged, even if sufficient funds will become available.

In the education sector, the FTI 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 FTI, the Global Partnership for Education, seems to focus more on M&E and will need country level data for its results framework and might take initiatives to improve country level data collection and M&E. As demonstrated in the health sector, demand from the MoES is a prerequisite to increase the probability that support from the Global Partnership for Education will also generate results on the ground.

Ownership for M&E within MoES is higher than within MoH which is e.g. demonstrated by the fact that MoES has been able to develop an M&E system without too much pressure from development partners. Ownership in both sectors is however undermined by a general lack of knowledge on M&E as a result of which most civil servants and decision-makers are not aware of their role within the M&E system (see 6.3.). In addition, as both sectors are affected by corruption scandals, those involved in corruption are inclined to block M&E (especially evaluation), as their practices and lack of performance caused by corruption could be revealed through M&E.

In both sectors indicators are relatively well defined and a limited number of indicators has been identified for the monitoring of the sector strategies. However, there clearly is a bias towards outcomes and impact data collected through the UBOS surveys. Uganda survey data is widely appreciated for being among the most reliable and useful in informing decision-making at strategic and policy-making levels. However, this data is less useful for decision-making and implementation at lower levels which draw more on information from management information systems which are generally less well developed. The quality of the EMIS and HMIS is gradually improving, but so far there has been little cross-reading among survey and facility based data.

Power asymmetries/struggles at central level, including among others the competition for M&E responsibilities between the Ministry of Finance, Planning and Economic Development, the Office of the Prime Minister and the National Planning Authority (see 5.1.1.), have created a duplication of reporting obligations for sector and local levels. In addition, M&E obligations of the manifestos of the (NRM) party and presidential pledges come at the expense of M&E of the National Development Plan and sector strategies. Both sectors also have reporting requirements for projects, which are higher 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 time left for analyses and evaluation.

On top of the limited time available, staff responsible for M&E lack the necessary analytical skills, and this leads to a lack of evaluation and a deficient analytical quality of the M&E outputs, which are mainly limited to an overview of progress on indicators and lacking insights into the underlying reasons behind progress or lack thereof. Obviously, this also hampers the usefulness of the M&E output for learning purposes and weakens the quality of joint sector reviews. While M&E staff of the MoH have a more relevant educational M&E background their performance reports are not of higher quality than those of the MoES, moreover the MoES also scores better on the organisation of sector working groups and joint sector reviews. The frequent change of M&E staff at the MoH and the enticement to development partners' agencies which stands in contrast to the MoES where some of the M&E staff members have a long working experience and benefitted from on the job training might be an explanatory factor. (see 4.1.2.). The fact that a higher proportion of ODA funds are allocated towards the health sector combined with a more prominent presence of international health organisations in the country, might explain the higher enticement to development partners' agencies in the health sector (see 4.1.1).

The quality of data is negatively affected by the lack of knowledge on M&E and as a result data collectors do not understand the rationale for data collection. This lack of understanding is aggravated by the fact that data collection needs are driven by higher level M&E needs and not by the own local-level needs. This is an issue at various levels with internation-

al (donor) information needs crowding out national needs, central-level (Office of the Prime Minister) needs overwhelming line ministries' needs and local district and facility level M&E being driven largely by data collection needs decided upon at line ministry level. This seems to be a bigger problem in the health sector probably due to the dominance of the international vertical funds and can be demonstrated e.g. by the fact that specific indicators for some of these vertical funds have been included in the revision of the HMIS.

Data quality is also negatively affected by the fact that staff members responsible for data collection and/or M&E are not necessarily the most qualified, as the recruitment process is often influenced by nepotism and favourism. In addition, manipulation of data by corrupt civil servants and politicians trying to hide their corruption practices, could also affect the quality of data .

The neglect of the more deep-rooted systemic issues is a critical shortcoming in both the education and health sectors, and particularly insights into the underlying systemic issues which might help to understand and address the lack of progress in sector outcomes. From the perspective of budget support development partners, this lack of attention to the quality of the M&E systems is all the more surprising as they primarily rely on the outputs of these M&E systems for their own accountability towards their constituencies. In the light of the issues already discussed above, it is less surprising from the perspective of the MoES and MoH as strengthening the formal systems might (partly) curtail the informal systems, which are often more lucrative.

8.1.2. Demand

As already mentioned in 7.2. demand for M&E is a precondition for the functioning and sustainability of an M&E system. Figure 7.1. demonstrates some of the ways to break the vicious circle of low reliability and poor utility, which are however rather technical (e.g. data verification, training). In fact, similar to the supply side, the demand side is affected by the influence of informal institutions. For this reason it does not come as a surprise that in the education and health sectors the development partners are the main users of the M&E outputs.

An essential factor underlying the limited demand for M&E of Ugandan government actors seems to be related to collective action problems which limit the commitment of political leaders and civil servants to contribute to development. According to Hickey (2011), Uganda is not a developmental state as high levels of political commitment and resources are lacking as well as sufficient state capacity. If development is not in the interest of the Ugandan actors, it is 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. In addition, demand is also affected by corruption as similar to the supply side, it is highly unlikely that those involved in corruption will demand for M&E information that might reveal their corruption practices. Actors that are interested in development might on the other hand lack information with respect to the usefulness of M&E.

Outside government actors are hampered in their demand for information as well. Due to asymmetrical power relations, civil society organizations might for instance be afraid to address highly placed staff, practice self-censorship for reasons of (organisational) survival or perceive their efforts to keep government accountable to be highly ineffective which does not incentivize demand for M&E. Media on the other hand is often hindered in their publication of

critical M&E outputs while parliamentarians tend to be mainly interested in information related to their own districts.

Furthermore, accountability mechanisms that are in place are often not functional, among others due to principal-agents problems. District education and health officers (and education inspectors) are not directly accountable to the sector ministries, health/education management committees do not have the power and/or interest to address problems at facility level and parents/ clients do not have the power and/or interest (passive attitude since introduction of free services) to raise their voices to management committees (see table 6.1.). A small difference between the education and health sectors exists, as clients are more afraid to address nurses and doctors (as they have their lives in their hands) than teachers.

With respect to local accountability however, a collective action problem might be more important than principal-agent problems (Booth, 2012). Booth (2012) refers to three panaceas, i.e. democratic decentralisation, client power and social accountability, which are based on assumptions about citizens demand that are however empirically and theoretically questionable. “They assume implicitly that ordinary citizens stand in a principal-agent relationship to governments and service providers, whereas the research evidence suggests that ordinary citizens face collective action problems, as do politicians and providers, and that the solutions that are sometimes found are both highly interactive and highly political” (Booth, 2012: 72). As regards the positive effects of the publication of funding allocations in the Ugandan education sector (see 4.3.2.) Booth (2012) refers to contextual factors, including top-down pressure and activities that affect provider incentives, that have contributed to its success, but which are often not included in summaries and dissemination of results which tend to emphasize increased citizens’ awareness and bottom-up actions.

While different obstacles seem to affect both supply of and demand for M&E, 8.2. discusses several opportunities (and challenges) for strengthening the M&E systems in Uganda’s education and health sectors.

8.2. Moving forward

While client voice alone is a weak source of results-based accountability, in combination with strong top-down pressures it could lead to a solution of collective action problems (Booth, 2012). Top-down pressure could come from the Office of the Prime Minister, which is currently becoming the most powerful actor in central M&E oversight and coordination among different line ministries. Within the Office of the Prime Minister, the coordination, monitoring and evaluation department has been elevated to directorate level (Oxford Policy Management, 2009) and its role in coordinating the drafting of the Government Annual Performance Report has increased its leverage on the line ministries. The line ministries’ annual performance reports are the main inputs into the Presidential retreats where ministers and permanent secretaries discuss sector performance and thus function as a powerful incentive for data collection and use. Besides triggering M&E demand, the Office of the Prime Minister also invests in the M&E supply side through the set-up of the Evaluation Facility and the proposal to allocate and ring-fence parts of sector budgets to monitoring and (particularly) evaluation. For line ministries that currently lack any M&E function, this M&E champion and cheerleader role of the Office of the Prime Minister is particularly welcome. However, for other line ministries such as the MoES and the MoH which have already established their own M&E units, a more coercive mandate from the Office of the Prime Minister is more sensitive as it is likely that they will need to adjust

their own M&E structures and activities according to the Office of the Prime Minister directives. Additionally, too much power and control over M&E from central agencies might also curtail the learning function of M&E within the line ministries themselves.

Top-down pressure could also come from UBOS, as UBOS intends to expand its role in improving the quality of data collected at line ministries' level. Through a new statistics act, UBOS will get more leverage to harmonise the different sector management information systems, which will facilitate data collection at district level. However, in line with what was highlighted above with respect to M&E in general, line ministries, including MoES and MoH, that already have management information systems tend to resist the increased level of UBOS' involvement.

Another opportunity is the revamping of the Uganda Evaluation Society, which could be a particularly useful forum for steering more effective networking among different actors involved in M&E which could also help to tackle collective action problems. Opportunities for increasing the demand for M&E are the district league tables, which are used in both sectors and which rank districts on the basis of their performance on several indicators, the performance contracts (see 4.1.2.) and the half-yearly cabinet retreats (see 4.1.2.). Demand at local levels could be stimulated through the barazas, as they could contribute in supplying ordinary citizens with the 'missing information' on their rights.

According to Booth (2012), development partners could also play a role in addressing collective action problems by creating an enabling environment for local problem-solving. This however demands, a thorough knowledge of specific local situations and a flexible, learning focused and modest attitude, which are not always present in development partners' agencies. As Booth (2012) concludes in his synthesis report: "There are serious doubts about whether official development agencies will ever achieve the quality of understanding and the management flexibility that this implies. As well as becoming less centred on delivering funds, therefore, the official agencies should probably be concerned to do more things 'at arm's length', delegating assistance to organisations that have demonstrated an ability to work in the ways that are required to make a positive difference" (Booth, 2012: 96). In the short term, development partners could support domestic accountability actors within a framework of a portfolio approach, by developing their capacities and increasing their room of manoeuvre, while using information from local level monitoring exercises in their own policy dialogue with government.

REFERENCES

Action for Global Health (2010) "Health Spending in Uganda. The impact of current aid structures and aid effectiveness", *EU Health ODA and Aid Effectiveness*, Country Brief 1.

Action Group for Health, Human Rights, and HIV/AIDS et al. (2010) "Civil Society Organisations Perspectives and Priorities Health Sector Performance FY 2009-2010".

Booth, D. (2010) "Towards a theory of local governance and public goods' provision in sub-Saharan Africa", Working Paper 13, Africa Power & Politics Programme, Overseas Development Institute, London.

Booth, D. (2012) "Development as a collective action problem. Addressing the real challenges of African governance", Africa Power and Politics Programme, Overseas Development Institute, London.

Booth, D. and Nsabagasani, X. (2005) "Poverty Monitoring Systems: An Analysis of Institutional Arrangements in Uganda", *ODI Working Paper 246*, Overseas Development Institute, London.

Bratton, M. (2007) "Formal vs. Informal Institutions in Africa", *Journal of Democracy* 18 (3): 96-110.

BTC (2011) "Technical Note. Budget Support to the Health Sector Uganda", BTC, Brussels.

BTC Uganda (2011) "Progress Report #1 January – June 2011 Education Sector Budget Support (ESBS)", BTC Uganda, Kampala.

BTC Uganda (2011) "Progress Report #2, Education Sector Budget Support (ESBS)", BTC Uganda, Kampala.

Byamugisha, A. (2011) "Progress in Gender Equality in Uganda Primary Education", paper presented at the IIEP Policy Forum on Gender Equality in Education, 3-4 October 2011, Paris.

Cambridge Education (2010) "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.

Cambridge Education (2011) "Primary Education System Analysis – Final", Cambridge Education, Cambridge.

Cambridge Education, Mokoro and Oxford Policy Management (2010) "Mid-Term Evaluation of the EFA Fast Track Initiative. Final Synthesis Report. Volume 1 – Main Report",

Center for Global Development (2006) "When will we ever learn? Improving lives through impact evaluation", Report of the Evaluation Gap Working Group, Washington, D.C, Center for Global Development,

Chan, M., Kazatchkine, M., Lob-Levyt, J., Obaid, T., Schweize, J. Sidibe, M., Veneman, A. and Yamada, T. (2010) "Meeting the demand for results and accountability: a call for action on health data from eight global health agencies", *PLoS Medicine* 7 (1): 1-4.

Chaudhury, N., Hammer, J., Kremer, M., Muralidharan, K. and Halsey Rogers, F. (2006) "Missing in Action; Teacher and Health Worker Absence in Developing Countries", *Journal of Economic Perspectives* 20 (1): 91-116.

- Cruz, V.O., Cooper, R., McPake, B., Yates, R., Ssengooba, F., Omaswa, F., Tashobya, C.K. and Murindwa, G. (2006) "Is the sector-wide approach (SWAp) improving health sector performance in Uganda?" in Tashobya, C.K., Ssengooba, F. and Cruz, O.V. (eds) *Health System Reforms in Uganda: processes and outputs*, Institute of Public Health, Makerere University.
- Daily Monitor (2012) "Donors cut all direct aid to government until 2013", Daily Monitor, posted on Tuesday 4 December 2012.
- DFID (2011) "Business Plan 2011-2015 Department for International Development", DFID, London.
- Dijkstra, G. (2011) "Aid and health sector performance in Uganda", a research commissioned by Cordaid, Erasmus University Rotterdam, Rotterdam.
- Eilor, J. (2004) "Education and the sector-wide approach in Uganda", UNESCO, International Institute for Educational Planning, Paris.
- Fredriksen, B. (2008) "The Evolving Allocative Efficiency of Education Aid: A Reflection on Changes in Aid Priorities to Enhance Aid Effectiveness", prepared by the World Bank for the Eight Annual High-Level Group Meeting on EFA 16-18 December 2008 in Oslo, Norway.
- Global Partnership for Education (2011) "The Case for Investment (2011-2014)", Global Partnership for Education.
- Golooba-Mutebi, F. (2005) "When Popular Participation won't Improve Service Provision: Primary Health Care in Uganda", *Development Policy Review* 23 (2): 165-182.
- Government of Uganda (2011) "Monitoring & Evaluation Plan for Health Sector Strategic & Investment Plan 2010/11 -2014/15", Government of Uganda, Ministry of Health, Kampala.
- Grief, A. (2006) "Institutions and the path to the modern economy: Lessons from medieval trade", Cambridge University Press, Cambridge.
- Hauge, A.O. (2003) "The Development of Monitoring and Evaluation Capacities to Improve Government Performance in Uganda", *Evaluation Capacity Development Working Paper Series 10*, World Bank, Washington D.C.
- Hauge, A.O. and Mackay, K. (2004) "Monitoring and Evaluation for Results. Lessons from Uganda", *Capacity Enhancements Briefs 3*, World Bank, Washington D.C.
- Health Metrics Network (2007) "Assessment of the Health Information System in Uganda", under guidance of the Ministry of Health, Resource Centre, Kampala.
- Health Metrics Network (2008) "Framework and Standards for Country Health Information Systems, (second edition)", World Health Organisation, Geneva.
- Hedger, E., Williamson, T., Muzoora, T. and Stroh, J. (2010) "Sector Budget Support in Practice. Case Study Education Sector in Uganda", Overseas Development Institute, London and Mokoro, Oxford.

- Hickey, S. (2011) "Beyond the poverty agenda? Insights from the new politics of development in Uganda", Working Paper 221, Chronic Poverty Research Centre, Institute for Development Policy and Management, University of Manchester, Manchester.
- Hodgson, M.G. (2006) "What are Institutions", *Journal of Economic Issues* XL (1): 1-25.
- Holvoet, N. and Inberg, L. (2009) "Joint sector reviews—M&E experiments in an era of changing aid modalities: Experiences from JSRs in the education sectors of Burkina Faso, Mali and Niger", *Public Administration and Development* 29 (3): 204-217.
- Holvoet, N. and Inberg, L. (2011a) "Sector Monitoring and Evaluation Systems in the context of Changing Aid Modalities: The case of Niger's Health Sector", IOB Working Paper/2011.02, IOB, Antwerp.
- Holvoet, N. and Inberg, L. (2011b) "Stocktaking and Assessing M&E Arrangements in Rwanda's Health Sector: Evidence from Desk and Field Study", study in the context of the formulation of Belgian Sector Budget Support to Rwanda's Health Sector, IOB, Antwerp.
- Holvoet, N. and Inberg, L. (2012a) "Sector Monitoring and Evaluation Systems in the context of Changing Aid Modalities: The case of Uganda's Health Sector", Institute of Development Policy and Management, University of Antwerp, Antwerp.
- Holvoet, N. and Inberg, L. (2012b) "Sector Monitoring and Evaluation Systems in the context of Changing Aid Modalities: The case of Uganda's Education Sector", Institute of Development Policy and Management, University of Antwerp, Antwerp.
- Holvoet, N. and Renard, R. (2007) "Monitoring and evaluation under the PRSP: Solid rock or quicksand?", *Evaluation and Program Planning* 30: 66-81.
- Holvoet, N. and Rombouts, H. (2008) "The Denial of Politics in PRSP's Monitoring and Evaluation. Experiences from Rwanda", *IOB Discussion Paper No. 2*, Institute of Development Policy and Management, University of Antwerp, Antwerp.
- IDA and IMF (2010) "Uganda. National Development Plan 2010/11-2014/15 Joint Staff Advisory Note".
- IHP+ (2008) "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.
- IOB (2008) "Primary Education in Uganda", Ministry of Foreign Affairs of the Netherlands, the Hague.
- Jeppsson, A. (2002) "SWAp dynamics in a decentralized context: experiences from Uganda", *Social Science & Medicine* 55: 2953-2060.

- King, K. (2004) “The External Agenda of Educational Reform: A Challenge to Educational Self-Reliance and Dependency in Sub-Sahara Africa”, *Journal of International Cooperation in Education* 7 (1): 85-96.
- Leftwich, A. and Sen, K. (2010) “Beyond Institutions: Institutions and organizations in the politics and economics of growth and poverty reduction. A thematic synthesis of research evidence”, University of York and University of Manchester.
- Lubanga, F.X.K. (2008) “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.
- Mackay, K. (2007) *How to Build M&E Systems to Support Better Government*, Washington D.C., World Bank, Independent Evaluation Group.
- Ministry of Education and Sports (2002) “Monitoring and Evaluation Framework for the Education Sector”, Ministry of Education and Sports, Education Planning Department, Kampala.
- Ministry of Education and Sports (2009) “Uganda Education Statistical Abstract”, Ministry of Education and Sports, Education Planning and Policy Analysis Department, Statistics Section, Kampala.
- Ministry of Education and Sports (2011a) “Joint Position Paper on the Performance of the Education and Sports Sector against the 2010/11 Undertakings”, Ministry of Education and Sports, Kampala.
- Ministry of Education and Sports (2011b) “Aid Memoire for 18th Annual Education and Sports Sector Review 15th -17th November 2011, Kampala”, Ministry of Education and Sports, Kampala.
- Ministry of Education and Sports (2011c) “The Education and Sports Sector Annual Performance Report, covering the period 1st July 2010 – 30th June 2011”, Ministry of Education and Sports, Education Planning and Policy Analysis Department, M&E section, Kampala.
- Ministry of Education and Sports (2012a) “The Education and Sports Sector Annual Performance Report covering the period 1st July 2011 – 30th June 2012”, Ministry of Education and Sports, Education Planning and Analyses Department, M&E Section, Kampala.
- Ministry of Education and Sports (2012b) “Uganda Annual School Census 2012. Form A: Statistical Returns from Primary Schools (ASC-FAQ-2012)”, Ministry of Education and Sports, Kampala.
- Ministry of Education and Sports (2012c) “The Joint Assessment Framework (JAF) JAF V and JAF VI targets for the Education and Sports Sector (2011/12-2012/13)”, Ministry of Education and Sports, Kampala.
- Ministry of Health (2010) “Health Sector Strategic & Investment Plan. Promoting People’s Health to Enhance Socio-economic Development. 2010/11 – 2014/15”. Ministry of Health, Kampala,
- Ministry of Health (2012) “Annual Health Sector Performance Report, Financial Year 2011/2012”, Ministry of Health, Kampala.

- Moat, K.A. and Abelson, J. (2011) "Analyzing the influence of institutions on health policy development in Uganda: A case study on the decision to abolish user fees", *African Health Sciences* 11 (4): 578-586.
- Moncrieffe, J. (2004) "Uganda's Political Economy: A synthesis of major thought", final draft, London, Overseas Development Institute.
- Monitor (2012) "UPE graft report: Lubanga, Nkaada to be investigated", article in Monitor, 12th of October 2012.
- Mugisha, F., Birungi, H. and Askew I. (2005) "Are reproductive health NGOs in Uganda able to engage in the health SWAp?", *International Journal of Health Planning and Management* 20: 227-238.
- Murindwa, G., Tashobya, C.K., Kyabaggu, J.H., Rutebemberwa, E. and Nabyonga, J. (2006) "Meeting the challenges of decentralised health service delivery in Uganda as a component of broader health sector reforms" in Tashobya, C.K., Ssenkooba, F. and Cruz, O.V. (eds) *Health System Reforms in Uganda: processes and outputs*, Institute of Public Health, Makerere University.
- Muwonge, J. (2011) "Household expenditures and income poverty trends for Uganda", powerpoint presentation, Uganda Bureau of Statistics, Kampala.
- National Monitoring and Evaluation Technical Working Group (2009) 'Statistics, Monitoring and Evaluation. Updating the National Integrated Monitoring and Evaluation Strategy (NIMES) for the National Development Plan', National Monitoring and Evaluation Technical Working Group, Sub-Committee on NDP.
- North, D.C. (1990) *Institutions, Institutional Change and Economic Performance*. Cambridge University Press, Cambridge.
- North, C.D. (1999) "Institutions", *The Journal of Economic Perspectives* 5 (1): 97-112.
- OECD (2011) *Progress and Challenges in Aid Effectiveness. What can we learn from the health sector?* Final report, Paris, OECD, Working Party on Aid Effectiveness, Task Team on Health as a Tracer Sector.
- OECD/DAC (2005) *Paris Declaration on Aid Effectiveness*, Paris, OECD/DAC.
- OECD /DAC (2007) *2006 Survey on Monitoring the Paris Declaration. Overview of the Results*, Paris, OECD/DAC.
- OECD and World Bank (s.a.), "Aid Statistics, Recipient Aid at a glance: Uganda", www.oecd.org/dac/aidstatistics/1883200.gif
- Office of the Auditor General of Uganda (2006) "Corporate Plan 2005-2006 to 2010-2011", Office of the Auditor General, Republic of Uganda, Kampala.
- Office of the Auditor General (2011) "Annual Report of the Auditor General FY09/10 Education", Office of the Auditor General, Kampala.
- Office of the Auditor General (2012) "Summary of the Annual Report of the Auditor General FY10/11 Education. EDP – 12 July first draft", Office of the Auditor General, Kampala.

- Office of the Prime Minister (2011) "Concept paper on Government Evaluation Facility", draft June 2011, Office of the Prime Minister, Kampala.
- Office of the Prime Minister (2012a) "Special Investigation Report on the Allegations of Financial Impropriety in the Office of the Prime Minister", Office of the Auditor General, Kampala.
- Office of the Prime Minister (2012b) "A Rapid Review of Public Expenditure on Monitoring and Evaluation across the Government of Uganda, draft report", Office of the Prime Minister, Kampala.
- Ostrom, E., Gardner, R. and Walker, J. (1994) *Rules, Games, and Common-Pool Resources*, University of Michigan Press, Ann Arbor.
- Oxford Policy Management (2009) "Joint review of DFID and EC support to government monitoring and evaluation functions in Uganda", Oxford Policy Management, Oxford.
- Penny, A., Ward, M., Read, T. and Bines, H. (2008) "Education sector reform: The Ugandan experience", *International Journal of Educational Development* 28: 268-285.
- Piva, P. and Dodd, R. (2009) "Where did all the aid go? An in-depth analysis of increased health aid flows over the past 10 years", *Bulletin of the World Health Organization* 87: 930-939.
- Polski, M.M. and Ostrom, E. (1999) "An Institutional Framework for Policy Analyses and Design", Prinsen, G. (2007) "The parents, the patients and the privileged. Accountability and elite capture in schools and clinics in Uganda and Tanzania", SNV Publication Ho702-09.
- Prinsen, G. and Titeca, K. (2008) "Uganda's Decentralised Primary Education: Musical Chairs and Inverted Elite Capture in School Management Committees", *Public Administration and Development* 28: 149-164.
- Purcell, R. (2010) "Mid-Term Evaluation of the EFA Fast Track Initiative. Country Desk Study: Uganda", Cambridge Education, Mokoro and Oxford Policy Management.
- Quality Assurance Department (2011b) Draft Resolutions of the 17th Joint Review Mission 25-26 October 2011, power point presentation at the Joint Review Mission, October 2011, Ministry of Health, Kampala.
- Reinikka, R. and Svensson, J. (2005) "Fighting Corruption to Improve Schooling: Evidence from a Newspaper Campaign in Uganda", *Journal of the European Economic Association* 3 (2-3): 259-267.
- Reinikka, R. and Svensson, J. (2011) "The power of information in public services: Evidence from education in Uganda", *Journal of Public Economics* 95: 956-966.
- Republic of Uganda (2010a) "Updated Education Sector Strategic Plan 2010-2015", Republic of Uganda, Ministry of Education and Sports, Kampala.
- Republic of Uganda (2010b) "The Second National Health Policy. Promoting People's Health to Enhance Socio-economic Development", Republic of Uganda, Ministry of Health, Kampala.
- Republic of Uganda (2010c) 'Millennium Development Goals Report for Uganda 2010', Republic of Uganda, Ministry of Finance, Planning and Economic Development, Kampala.

Republic of Uganda (2010d) “National Policy on Public Sector Monitoring and Evaluation” discussion paper, Republic of Uganda, Office of the Prime Minister, Kampala.

Republic of Uganda (2010e) “National Development Plan (2010/11-2014/15)”, Republic of Uganda, Kampala.

Republic of Uganda (2010f) “Monitoring and Evaluation Strategy for the National Development Plan (2010/11 – 2014/15)”, Republic of Uganda, Kampala.

Republic of Uganda (2010g) “National Policy on Public Sector Monitoring and Evaluation”, Republic of Uganda, Office of the Prime Minister, Kampala.

Republic of Uganda (2010h) “Uganda Partnership Policy. Implementing the National Development Plan (2010/11-2014/15)”, final draft December 2010, Republic of Uganda, Kampala.

Republic of Uganda (2011a) “Phase II Evaluation of the Implementation of the Paris Declaration in Uganda, final report”, Republic of Uganda, Office of the Prime Minister, Kampala.

Republic of Uganda (2011b) “Countrywide Implementation of the Baraza initiative Baraza report for 24 districts”, Republic of Uganda, Office of the Prime Minister.

Republic of Uganda (2012a) “Government Annual Progress Report 2010/11 volume 1, final version”, Republic of Uganda, Office of the Prime Minister, Kampala.

Republic of Uganda (2012b) “Government Annual Performance Report 2010/11. Report of proceedings and agreed actions from the retreat of ministers, ministers of state and permanent secretaries on government’s annual performance during 2010/11, Republic of Uganda, Office of the Prime Minister, Kampala.

Republic of Uganda (2012c) “Reducing Vulnerability, Equalising Opportunities and Transforming Livelihoods”, Republic of Uganda, Ministry of Planning and Economic Development, Kampala.

Republic of Uganda (2012d) “Mapping of Monitoring and Oversight Functions in Government”, Republic of Uganda, Office of the Prime Minister, Sub-Committee on Monitoring and Oversight, Kampala.

Sabiti, B. and Kawooya Ssebunya, A. (2012) “What works for the poor. Local governance systems and the delivery of maternal health, water and sanitation in two rural districts of Uganda”, Background Paper 16, Africa Power and Politics Programme, Overseas Development Institute, London.

Santiso, C. (2008) “Eyes Wide Shut? Reforming and Defusing Checks and Balances in Argentina”, *Public Administration and Development* 28: 67-84.

- Sekirime, S. (2012) "An Institutional Analyses of M&E Arrangements in the Health and Education Sectors in Uganda", dissertation Master of Development Evaluation and Management, Institute of Development Policy and Management, University of Antwerp.
- Steer, L. and Baudienville, G. (2010) "What drives donor financing of basic education?", *ODI Project Briefing* no 39, Overseas Development Institute, London.
- Tumushabe, G.W., Tamale, M.L. and Ssemakula, E. (2011) "Uganda Local Government Councils Scorecard Report 2009/10: Political Accountability, Representation and the State of Service Delivery", *ACODE Policy Research Series*, 42, Kampala, ACODE.
- Uganda Debt Network (2009) "A Sourcebook for Community Based Monitoring and Evaluation Systems", Uganda Debt Network, Kampala.
- UNDP (2010) *Human Development Report 2010. The Real Wealth of Nations: Pathways to Human Development*, New York, UNDP.
- UNDP (2011) *Human Development Report 2011. Sustainability and Equity: A Better Future for All*, New York, UNDP.
- UNESCO (2011) *EFA Global Monitoring Report 2011. The hidden crisis: Armed conflict and education*, Paris, UNESCO.
- UNESCO (2012) *EFA Global Monitoring Report 2012. Youth and Skills. Putting education to work*, Paris, UNESCO.
- Vaillancourt, D. (2009) "Do Health Sector-Wide Approaches Achieve Results? Emerging Evidence and Lessons from Six Countries. Bangladesh, Ghana, Kyrgyz Republic, Malawi, Nepal, Tanzania", *IEG Working Paper 2009/4*, Independent Evaluation Group, World Bank.
- Varghese, N.V. and Buchert, L. (2011) "Financing Education: Redesigning national strategies and the global aid architecture", International Institute for Educational Planning, UNESCO, Paris.
- Wiegratz, J. (2009) *Uganda's Human Resource Challenge: Training, Business Culture and Economic Development*, Kampala, Fountain Publishers.
- Wild, L. and Domingo, P. (2010) "Accountability and Aid in the Health Sector", Overseas Development Institute and World Vision, London.
- Williamson, T. and Dom, C. (2010) "Sector Budget Support in Practice. Synthesis Report", Overseas Development Institute, London and Mokoro, Oxford.
- Wilsken Agencies Limited and the Centre for Democratic Governance (2012) *Afro Barometer, round 5 Uganda Survey Summary of Results. A comparative series of national public attitude surveys on democracy, markets and civil society in Africa*.
- Winkler, D. and Sondergaard, L. (2008) "The Efficiency of Public Education in Uganda", World Bank, Washing D.C.

Wood, B., Betts, J., Etta, F., Gayfer, J., Kabell, D., Ngwira, N., Sagasti, F. and Samaranayake, M. (2011) *The Evaluation of the Paris Declaration, Final Report*, Copenhagen, Danish Institute for International Studies.

World Bank (2004) *Influential Evaluations. Evaluations that Improved Performance and Impacts of Development Programs*, Washington D.C., World Bank, Operations Evaluation Department, World Bank (2007) *Results-Based National Development Strategies. Assessment and Challenges Ahead*, Washington D.C. World Bank.

World Bank (2010) “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”, International Development Association, International Finance Corporation and Multilateral Investment Guarantee Agency.

World Bank, OECD and WHO (2008) *Effective Aid, Better Health*, Geneva, World Health Organisation.

World Health Organisation (2011) *World Health Statistics 2011*, Geneva, World Health Organisation.

<http://afrosai-e.org.za/performance-audit/news/uganda-winner-performance-audit-prize-2011>

<http://cpi.transparency.org/cpi2012/results>

http://info.worldbank.org/governance/wgi/sc_chart.asp

ANNEX 1: ACTORS IN THE NATIONAL M&E SYSTEM AND THEIR RESPONSIBILITIES

Level	Actor	Responsibility
National	President	Overall oversight
	OPM	<ul style="list-style-type: none"> Monitoring Government performance; Six-monthly reporting to Cabinet on Government performance;
	NPA	<ul style="list-style-type: none"> Establishing the results framework for the NDP; Ensuring that relevant institutions of Government (and relevant non-state actors) develop results indicators that are consistent with the NDP; Producing an overall annual national development report, capturing progress and issues pertaining to the strategic components of the NDP.
	MoFPED	<ul style="list-style-type: none"> Mobilising resources; Formulating national budgets; Disbursing NDP budgetary resources; Financial accountability; Budget monitoring and reporting.
	Ministry of Public Services (MoPS)	<ul style="list-style-type: none"> Providing human resources required to operationalise the strategy: <ul style="list-style-type: none"> Recruiting M&E specialists and statisticians; Reviewing and capacitating existing M&E sections/ units.
	Ministry of Local Government (MoLG)	<ul style="list-style-type: none"> Assisting LGs in preparing results oriented plans and budgets; Strengthening local governance and upwards reporting; Overseeing LGs compliance with statutory requirements and adherence to national policies and standards.
	UBOS	<ul style="list-style-type: none"> Providing core statistics critical for the monitoring and evaluation of NDP actions and results.
	Office of the Auditor General (OAG)	<ul style="list-style-type: none"> Auditing and reporting on public accounts of all public offices and any public corporation or other bodies established by an Act of Parliament; Conducting financial, value for money and other audits (e.g. gender and environment audits) in respect of any project or activity involving public funds.
	Parliament	<ul style="list-style-type: none"> Scrutinising various objects of expenditure and the sums to be spent on each; Assuring transparency and accountability in the application of public funds; Monitoring the implementation of Government programmes and projects.
Sector	Other MDAs	<ul style="list-style-type: none"> Monitoring performance; Reporting on progress against BFPs and MPSs; Consuming outputs and outcomes of M&E strategy.

	Sector Working Groups	<ul style="list-style-type: none"> • Developing and implementing a five-year sector strategic investment plan (SSIP), containing a results orientated monitoring matrix and 5-year evaluation plan; • Producing an annual Sector Budget Framework Paper (SBFP) derived from the SSIP; • Establishing and maintaining a monitoring and evaluation function within the SWG secretariat; • Ensuring proper coordination and oversight of M&E activities in their sector; • Holding biannual performance reviews to assess progress against targets, and for upwards reporting
	DPs	<ul style="list-style-type: none"> • Providing financial and technical assistance; • Operationalising and maintaining the M&E strategy; • Participating in refinement of indicators, tools and processes; • Participating in the implementation of M&E activities; • Integrating monitoring frameworks into Government systems; • Building capacity for M&E; • Using M&E products.
	Private sector	<ul style="list-style-type: none"> • Contributing in the development of and adherence to the necessary codes and standards.
Local	LGs	<ul style="list-style-type: none"> • Monitoring frontline service delivery and accountability for results: • Reporting on progress of implementation and achievement of planned outputs.
Community	Local councils, community based NGOs, administrative units at parish level, village councils	<ul style="list-style-type: none"> • Providing information on delivery of various services, transparency and accountability of resources accorded and challenges and gaps experienced in delivery of various services; • Validate outcomes of NDP implementation.
Household		<ul style="list-style-type: none"> • Providing information on NDP implementation and delivery of target outputs; • Validating results; • Using M&E results to demand for better service delivery and accountability (through 'barazas', see below)

Source: Republic of Uganda, 2010d and 2010g

ANNEX 2: CHECKLIST AND SCORES M&E SYSTEM AT SECTOR

Topics	Question	Scores				
		1	2	3	4	5
Key area 1: Policy						
1	Is there a comprehensive M&E plan, indicating what to evaluate, why, how, for whom?	No (sections of) M&E plan exist(s).	Only sections of an M&E plan exist, only partly indicating what to evaluate, why, how, for whom.	Different documents describing (parts of) an M&E plan exist, as a result of which it is clear what to evaluate, why, how and for whom. or An M&E plan exists, but it is not comprehensive, only partly indicating what to evaluate, why, how, for whom (less than three of the four elements).	There is a comprehensive M&E plan, but it does not fully indicate what to evaluate, why, how, for whom (three of the four elements).	A comprehensive M&E plan exists, indicating what to evaluate, why, how, for whom.
2	Are the difference and the relationship between M and E clearly spelled out?	<ul style="list-style-type: none"> The difference and relationship between M and E are not spelled out. 'M&E' is used for both M and E related activities. 	<ul style="list-style-type: none"> The difference and relationship between M and E are not spelled out. The two terms are used separately for M and E related activities. <p>or</p> <ul style="list-style-type: none"> The difference and/or relationship between M and E are spelled out. 'M&E' is used for both M and E related activities. 	<ul style="list-style-type: none"> The difference between M and E is clearly spelled out, but the relationship between M and E is also described but not clearly. The two terms are used separately for M and E related activities. 	<ul style="list-style-type: none"> The difference between M and E is clearly spelled out, the relationship between M and E is also described but not clearly. The two terms are used separately for M and E related activities. 	<ul style="list-style-type: none"> The difference and the relationship between M and E are clearly spelled out. The two terms are used separately for M and E related activities.

		Scores				
Topics	Question	1	2	3	4	5
3	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?	<ul style="list-style-type: none"> The need for autonomy and impartiality is not explicitly mentioned. The M&E plan does not allow tough issues to be analysed. There is no independent budget. 	<ul style="list-style-type: none"> The need for autonomy and impartiality is mentioned, but not explicitly. The M&E plan does not allow for tough issues to be analysed. There is an independent budget. <p>or</p> <ul style="list-style-type: none"> The need for autonomy and impartiality is mentioned, but not explicitly. The M&E plan allows for tough issues to be analysed. There is no independent budget. 	<ul style="list-style-type: none"> The need for autonomy and impartiality is explicitly mentioned. The M&E plan does not allow for tough issues to be analysed. There is an independent budget. <p>or</p> <ul style="list-style-type: none"> The need for autonomy and impartiality is explicitly mentioned. The M&E plan allows for tough issues to be analysed. There is no independent budget. 	<ul style="list-style-type: none"> The need for autonomy and impartiality is explicitly mentioned. The M&E plan allows for tough issues to be analysed. There is an independent budget, but it is very limited (less than 1%). 	<ul style="list-style-type: none"> The need for autonomy and impartiality is explicitly mentioned. The M&E plan allows for tough issues to be analysed. There is an independent budget.
4	Is there an explicit and consistent approach to reporting, dissemination, integration?	There is no explicit and consistent approach to reporting, dissemination, integration.	References are made to reporting, dissemination and / or integration, but there is no explicit and consistent approach.	There is an approach to reporting, dissemination, integration, but it is not explicit and consistent.	There is an explicit approach to reporting, dissemination, integration, but it is not completely consistent.	There is an explicit and consistent approach to reporting, dissemination, integration.
5	Is there integration of M&E results in planning and budgeting?	There is no integration of M&E results in planning and budgeting.	There is an integration of M&E results in planning and budgeting, but it is limited and rather ad hoc.	There is an integration of M&E results in planning and budgeting, but rather ad hoc.	There is a more systematic integration of M&E results in planning and budgeting, but linkages between M&E, planning and budgeting are not yet institutionalised.	M&E results are systematically integrated in planning and budgeting, and institutionalised linkages exist among M&E, planning and budgeting.

Topics	Question	Scores				
		1	2	3	4	5
Key area 2: Indicators, data collection and methodology						
6	Is it clear what to monitor and evaluate? Is there a list of indicators? Are sector indicators harmonised with the PRSP indicators?	No list of indicators is available.	<ul style="list-style-type: none"> Different lists of indicators are circulated. Indicators are not harmonised with the PRSP indicators. 	<ul style="list-style-type: none"> A list of indicators is available, but changing regularly. Indicators are not harmonised with the PRSP indicators. 	<ul style="list-style-type: none"> A list of indicators is available, but changing regularly. Indicators are harmonised with the PRSP indicators. <p>or</p> <ul style="list-style-type: none"> A list of indicators is available and does not change yearly. Indicators are not harmonised with the PRSP indicators. 	<ul style="list-style-type: none"> A list of indicators is available and does not change yearly. Indicators are harmonised with the PRSP indicators.
7	Are indicators SMART (specific, measurable, achievable, relevant, time-bound)? Are baselines and targets attached?	<ul style="list-style-type: none"> Indicators are not SMART. Baselines and targets are not attached (or only baselines or targets are attached). 	<ul style="list-style-type: none"> (Most of the) indicators are not SMART. Baselines or targets are attached. <p>or</p> <ul style="list-style-type: none"> (Most of the) indicators are SMART. Baselines or targets are not attached (to all indicators). 	<ul style="list-style-type: none"> (Most of the) indicators are SMART. Baselines and targets are attached, but not to all indicators. 	<ul style="list-style-type: none"> Most of the indicators are SMART. Baselines and targets are attached. 	<ul style="list-style-type: none"> All indicators are SMART Baselines and targets are attached.
8	Are indicators disaggregated by sex, region, socio-economic status?	None of the indicators are disaggregated.	Some indicators are disaggregated by sex, region, socio-economic status, but not in annual progress reports.	Some indicators are disaggregated by sex, region, socio-economic status, also in annual progress reports.	Indicators are disaggregated by sex, region, socio-economic status, but not (all of them) in annual progress reports.	Indicators are disaggregated by sex, region, socio-economic status, also in annual progress reports.

Topics	Question	Scores				
		1	2	3	4	5
9	Are the criteria for the selection of indicators clear? Is it clear who is involved in the selection?	<ul style="list-style-type: none"> – Selection criteria are not clear. – It is not clear who was involved in the selection process. 	<ul style="list-style-type: none"> – The criteria for selection are not clear. – It is clear who is involved in the selection process. 	<ul style="list-style-type: none"> – The criteria for selection are clear. – It is not clear who is involved in the selection process. 	<ul style="list-style-type: none"> – The criteria for selection are clear. – It is clear who is involved in the selection process. – Not all relevant data collectors and users are involved in the selection process. 	<ul style="list-style-type: none"> – The criteria for selection are clear. – It is clear who is involved in the selection process. – Relevant data collectors and users are involved in the selection process.
10	Is the need to set priorities and limit the number of indicators to be monitored acknowledged?	<ul style="list-style-type: none"> – The need to set priorities and limit the number of indicators to be monitored is not acknowledged. – The number of indicators is not limited. 	<ul style="list-style-type: none"> – The need to set priorities and limit the number of indicators to be monitored is not acknowledged. – The number of indicators is not limited. 	<ul style="list-style-type: none"> – The need to set priorities and limit the number of indicators to be monitored is not acknowledged. – The number of indicators is limited. 	<ul style="list-style-type: none"> – The need to set priorities and limit the number of indicators to be monitored is partly acknowledged. – The number of indicators is limited. 	<ul style="list-style-type: none"> – The need to set priorities and limit the number of indicators to be monitored is acknowledged. – The number of indicators is limited.
11	Are different levels of indicators (input-output-outcome-impact) explicitly linked (program theory)? (vertical logic)	Different levels of indicators are not specified.	Different levels of indicators are specified, but these are not linked.	Different levels of indicators are specified and linked, but not explicitly.	Different levels of indicators are explicitly linked, but not for all indicators.	Different levels of (all) indicators are explicitly linked.
12	Is it clear how to monitor and evaluate? Are methodologies well identified and mutually integrated?	<ul style="list-style-type: none"> – Methodologies are not identified. – Methodologies are not mutually integrated. 	<ul style="list-style-type: none"> – Some methodologies are identified. – Methodologies are not mutually integrated. 	<ul style="list-style-type: none"> – Methodologies are well identified. – Methodologies are not mutually integrated. 	<ul style="list-style-type: none"> – Methodologies are well identified. – Methodologies are mutually integrated, but not satisfactorily. 	<ul style="list-style-type: none"> – Methodologies are well identified. – Methodologies are mutually integrated and integration is satisfactorily.

		Scores				
		1	2	3	4	5
	Question					
	Are sources of data collection clearly identified? Are indicators linked to sources of data collection? (horizontal logic)	<ul style="list-style-type: none"> – Sources of data are not identified. – Indicators are not linked to sources of data collection. 	<ul style="list-style-type: none"> – Sources of data are identified, but not clearly. – Indicators are not linked to sources of data collection. 	<ul style="list-style-type: none"> – Sources of data are clearly identified. – Indicators are not linked to sources of data collection. 	<ul style="list-style-type: none"> – Sources of data are clearly identified. – Some indicators are linked to sources of data collection. 	<ul style="list-style-type: none"> – Sources of data are clearly identified. – All indicators are linked to sources of data collection.
13	Topics Data collection					

Topics	Question	Scores				
		1	2	3	4	5
Key area 3a: Organisation: structure						
14	Is there an appropriate institutional structure for coordination, support, oversight, analyses of data and feedback at the sector level? With different stakeholders? What is its location?	There is no institutional structure for coordination, support, oversight, analyses of data and feedback at sector level.	There is an institutional structure for coordination, support, oversight, analyses of data and feedback at the sector level, but it is not yet appropriate.	There is an appropriate institutional structure for coordination, support, oversight, analyses of data and feedback at the sector level.	There is an appropriate institutional structure for coordination, support, oversight, analyses of data and feedback at the sector level.	There is an appropriate institutional structure for coordination, support, oversight, analyses of data and feedback at the sector level.
15	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?	<ul style="list-style-type: none"> JSRs are not taking place. or JSRs take place, but <ul style="list-style-type: none"> They do not cover accountability and learning needs for both substance and systemic issues. They are not linked with other M&E tools within the sector M&E system. They are not linked with other M&E tools within the sector M&E system. They do not promote the Paris Declaration reform agenda. or JSRs do not cover accountability and learning needs for both substance and systemic issues. JSRs are linked with other M&E tools within the sector M&E system and/or JSRs promote the Paris Declaration M&E reform agenda. 	<ul style="list-style-type: none"> JSRs cover both accountability and learning needs for both substance and systemic issues. JSRs are not linked with other M&E tools within the sector M&E system. JSRs do not promote the Paris Declaration reform agenda. or JSRs do not cover accountability and learning needs for both substance and systemic issues. JSRs are linked with other M&E tools within the sector M&E system and/or JSRs promote the Paris Declaration M&E reform agenda. 	<ul style="list-style-type: none"> JSRs cover accountability and learning needs for both substance and systemic issues, but focus primarily on substance. JSRs are not yet well linked with other M&E tools within the sector M&E system. JSRs promote the Paris Declaration M&E reform agenda. 	<ul style="list-style-type: none"> JSRs cover accountability and learning needs for both substance and systemic issues, but focus primarily on substance. JSRs are linked with other M&E tools within the sector M&E system. JSRs promote the Paris Declaration M&E reform agenda. 	<ul style="list-style-type: none"> JSRs cover accountability and learning needs for both substance and systemic issues. JSRs are linked with other M&E tools within the sector M&E system. JSRs promote the Paris Declaration M&E reform agenda.

		Scores				
Topics	Question	1	2	3	4	5
16	Are sector working groups active in monitoring? Is their composition stable? Are various stakeholders represented?	<p>There are no sector working groups.</p> <p>or</p> <p>There are sector working groups, but</p> <ul style="list-style-type: none"> They are not active in monitoring. Their composition is unstable. Various relevant stakeholders are not represented. 	<ul style="list-style-type: none"> Sector working groups are not very active in monitoring. Their composition is stable. Various stakeholders are represented. <p>or</p> <ul style="list-style-type: none"> Sector working groups are active in monitoring. Their composition is stable. Various relevant stakeholders are not represented. 	<ul style="list-style-type: none"> Sector working groups are active in monitoring. Their composition is not stable. Various stakeholders are represented. <p>or</p> <ul style="list-style-type: none"> Sector working groups are active in monitoring. Their composition is stable. Various relevant stakeholders are not represented. 	<ul style="list-style-type: none"> Sector working groups are active in monitoring. Their composition is not stable, but people who leave are quickly replaced. Various stakeholders are represented. 	<ul style="list-style-type: none"> Sector working groups are active in monitoring. Their composition is stable. Various stakeholders are represented.
17	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. development partners)? Is there a highly placed 'champion' within the sector ministry who advocates for the (strengthening of the) M&E system?	<ul style="list-style-type: none"> The demand for (strengthening of) the M&E system does not come from the sector ministry or a central ministry. There is no highly placed 'champion' within the sector ministry who advocates for the (strengthening of the) M&E system. 	<ul style="list-style-type: none"> The demand for (strengthening of) the M&E system comes from the sector ministry, but from a central ministry. There is no highly placed 'champion' within the sector ministry who advocates for the (strengthening of the) M&E system. 	<ul style="list-style-type: none"> The demand for (strengthening of) the M&E system comes from the sector ministry who advocates for the (strengthening of the) M&E system. There is no 'champion' within the sector ministry who advocates for the (strengthening of the) M&E system. 	<ul style="list-style-type: none"> The demand for (strengthening of) the M&E system comes from the sector ministry and the central ministry. There is a 'champion' within the sector ministry who advocates for the (strengthening of the) M&E system, but not highly placed. 	<ul style="list-style-type: none"> The demand for (strengthening of) the M&E system comes from the sector ministry and the central ministry. There is a highly placed 'champion' within the sector ministry who advocates for the (strengthening of the) M&E system.
18	Are incentives (at central and local level) used to stimulate data collection and data use?	No incentives are used (at central and local level) to stimulate data collection and data use.	Incentives are used, but not at all levels and not yet effectively to really stimulate data collection and data use.	Incentives are used (at central and local level), but not yet effectively to really stimulate data collection and data use.	Incentives are effectively used to stimulate data collection and data use, but not at all levels.	Incentives are effectively used (at central and local level) to stimulate data collection and data use.

Topics	Question	Scores				
		1	2	3	4	5
		Key area 3b: Organisation: linkages				
19	Is there a linkage between sector M&E and the statistical office? Is the role of the statistical office in sector M&E clear?	<ul style="list-style-type: none"> A linkage between the sector M&E unit and the statistical office does not exist. The role of the statistical office in sector M&E is not clear. 	<ul style="list-style-type: none"> The role of the statistical office in sector M&E is clear on paper. In practice a linkage between the sector M&E unit and the statistical office does not exist (only ad hoc contacts). 	<ul style="list-style-type: none"> There is a linkage between the sector M&E unit and the statistical office. The role of the statistical office in sector M&E is not entirely clear. 	<ul style="list-style-type: none"> A linkage between the sector M&E unit and the statistical office exists, but could be stronger. The role of the statistical office in sector M&E is clear. 	<ul style="list-style-type: none"> A linkage between the sector M&E unit and the statistical office exists. The role of the statistical office in sector M&E is clear.
20	Are there M&E units in different sub-sectors and semi-governmental institutions? Are these properly linked to the sector's central unit?	No linkages between M&E units of sub-sectors with the sector M&E unit	M&E units in different sub-sectors and semi-governmental institutions are hardly linked with the sector M&E unit.	M&E units in different sub-sectors and semi-governmental institutions are linked with the sector M&E unit, but not properly.	M&E units in different sub-sectors and semi-governmental institutions are linked with the sector M&E unit, but this link could be stronger.	M&E units in different sub-sectors and semi-governmental institutions are strongly linked with the sector M&E unit.
21	Is the sector M&E unit properly linked to the central M&E unit (PRS monitoring system)? Are there M&E units at decentralised levels and are these properly linked to the sector M&E unit?	No linkages between the central M&E unit and sector M&E unit	The sector M&E unit is hardly linked with the central M&E unit.	The sector M&E unit is linked with the central M&E unit, but not properly.	The sector M&E unit is linked with the central M&E unit, but this link could be stronger.	The sector M&E unit is properly linked with the central M&E unit.
22	Are there M&E units at decentralised levels and are these properly linked to the sector M&E unit? Is there any effort to coordinate with development partner M&E mechanism for projects and vertical funds in the sector?	No linkages between M&E units at decentralised levels and the sector M&E unit	M&E units at decentralised levels are hardly linked with the sector M&E unit.	M&E units at decentralised levels are linked with the sector M&E unit, but not properly.	M&E units at decentralised levels are linked with the sector M&E unit, but this link could be stronger.	M&E units at decentralised levels are properly linked with the sector M&E unit.
23	Are there any efforts for coordination between donor project M&E mechanisms and sector M&E unit? Is there any effort to coordinate with development partner M&E mechanism for projects and vertical funds in the sector?	No efforts for coordination between donor project M&E mechanisms and sector M&E unit.	There is limited coordination between sector M&E unit and donor M&E mechanisms for projects and vertical funds in the sector.	Coordination between sector M&E unit and donor M&E mechanisms for projects and vertical funds in the sector exists, but it does not function properly.	Coordination between sector M&E unit and donor M&E mechanism for projects and vertical funds in the sector exists and functions but it is not yet institutionalised.	An institutionalised and properly functioning coordination exists between the sector M&E unit and donor M&E mechanisms for sector projects and vertical funds.

Topics	Question	Scores				
		1	2	3	4	5
Key area 4: Capacity						
24	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)?	There is no M&E capacity at central sector, sub-sector or decentralised level.	There is some capacity (FTE, skills and financial resources) but not at all levels.	There is capacity (FTE, skills and financial resources) at central sector, sub-sector and decentralised level, but not sufficiently. or There is only sufficient capacity (FTE, skills and financial resources) at some levels.	There is capacity (FTE, skills and financial resources) at central sector, sub-sector and decentralised level, but it could still be strengthened.	There is sufficient capacity (FTE, skills and financial resources) at central sector, sub-sector and decentralised level.
25	Are current weaknesses in the system identified?	Current weaknesses in the system are not identified	Only some current weaknesses in the system are identified, but not on the basis of a diagnosis.	Current weaknesses in the system are identified, but not on the basis of a diagnosis.	Most of the weaknesses in the system are well identified (on the basis of a diagnosis).	All current weaknesses in the system are well identified (on the basis of a diagnosis).
26	Are there plans/activities for remediation? Do these include training, appropriate salaries, etc.?	There are no plans/activities for remediation.	There are some plans/ activities for remediation, but these are not coordinated. Plans/activities include e.g. training and appropriate salaries.	There are coordinated plans/ activities for remediation. These do not include e.g. training and appropriate salaries.	There are some plans/ activities for remediation, but these are not well coordinated. Plans/activities include e.g. training and appropriate salaries.	There are coordinated plans/activities for remediation. These include e.g. training and appropriate salaries.

Topics	Question	Scores				
		1	2	3	4	5
27	Is the role of Parliament properly recognised, and is there alignment with Parliamentary control and oversight procedures? Does Parliament participate in Joint Sector Reviews and/or sector working groups?	<ul style="list-style-type: none"> The role of Parliament is not recognised There is no alignment with Parliamentary control and oversight procedures. Parliament does not participate in JSRs or sector working groups. 	<ul style="list-style-type: none"> The role of Parliament is not recognised There is no alignment with Parliamentary control and oversight procedures. Parliament participates in JSRs or sector working groups. <p>or</p> <ul style="list-style-type: none"> The role of Parliament is recognised There is alignment with Parliamentary control and oversight procedures. Parliament does not participate in JSRs or sector working groups. 	<ul style="list-style-type: none"> The role of Parliament is recognised. There is no alignment with Parliamentary control and oversight procedures. Parliament participates in JSRs and sector working groups. <p>or</p> <ul style="list-style-type: none"> The role of Parliament is recognised. There is alignment with Parliamentary control and oversight procedures. Parliament participates in JSRs but not actively. 	<ul style="list-style-type: none"> The role of Parliament is recognised. There is some alignment with Parliamentary control and oversight procedures. Parliament actively participates in JSRs and sector working groups. 	<ul style="list-style-type: none"> The role of Parliament is recognised. There is alignment with Parliamentary control and oversight procedures. Parliament actively participates in JSRs and sector working groups.

		Scores				
Topics	Question	1	2	3	4	5
28	<p>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? Does civil society participate in Joint Sector Reviews and/or sector working groups?</p>	<ul style="list-style-type: none"> - The role of civil society is not recognised. - There are no procedures for the participation of civil society. - Participation is not institutionally arranged. - Civil society does not participate in JSRs or sector working groups. 	<ul style="list-style-type: none"> - The role of civil society is not recognised. - There are no clear procedures for the participation of civil society. - Participation is not institutionally arranged. - Civil society participates in JSRs and sector working groups. <p>or</p> <ul style="list-style-type: none"> - The role of civil society is recognised. - There are no clear procedures for the participation of civil society. - Participation is not institutionally arranged. - Civil society participates in JSRs and sector working groups, but not actively. 	<ul style="list-style-type: none"> - The role of civil society is recognised. - There are procedures for the participation of civil society, but these are not clear. - Participation is not institutionally arranged. - Civil society participates in JSRs and sector working groups. <p>or</p> <ul style="list-style-type: none"> - The role of civil society is recognised. - There are clear procedures for the participation of civil society. - Participation is institutionally arranged. - Civil society participates in JSRs and sector working groups, but not actively. 	<ul style="list-style-type: none"> - The role of civil society is recognised. - There are clear procedures for the participation of civil society. - Participation is not institutionally arranged. - Civil society participates actively in JSRs and sector working groups. 	<ul style="list-style-type: none"> - The role of civil society is recognised. - There are clear procedures for the participation of civil society. - Participation is institutionally arranged. - Civil society participates actively in JSRs and sector working groups.

Topics	Question	Scores				
		1	2	3	4	5
29	Is the role of development partners recognised? Are there clear procedures for participation of development partners? Do development partners participate in Joint Sector Reviews and/or sector working groups?	<ul style="list-style-type: none"> - The role of donors is not recognised. - There are no clear procedures for their participation. - Donors do not participate in JSRs and sector working groups. 	<ul style="list-style-type: none"> - The role of donors is not recognised. - There are no clear procedures for their participation. - Donors participate in JSRs and sector working groups. <p style="text-align: center;">or</p> <ul style="list-style-type: none"> - The role of donors is recognised. - There are no clear procedures for their participation. - Donors participate in JSRs and sector working groups, but not actively. 	<ul style="list-style-type: none"> - The role of donors is recognised. - There are clear procedures for their participation. - Donors participate in JSRs and sector working groups. <p style="text-align: center;">or</p> <ul style="list-style-type: none"> - The role of donors is recognised. - There are clear procedures for their participation. - Donors participate in JSRs and sector working groups, but not actively. 	<ul style="list-style-type: none"> - The role of donors is recognised. - There are procedures for their participation, but these are not clear. - Donors participate actively in JSRs and sector working groups. 	<ul style="list-style-type: none"> - The role of donors is recognised. - There are clear procedures for their participation. - Donors participate actively in JSRs and sector working groups.

Topics	Question	Scores				
		1	2	3	4	5
30	<p>Is there a presentation of relevant M&E results? Are results compared to targets?</p> <p>Is there an analysis of discrepancies? Is the M&E output differentiated towards different audiences?</p>	Key area 6: Use of information from M&E				
		<ul style="list-style-type: none"> – There is no presentation of relevant M&E results. – Results are not compared to targets. – There is no analysis of discrepancies. – The M&E output is not differentiated towards different audiences. 	<ul style="list-style-type: none"> – There is a presentation of relevant M&E results. – Results are not compared to targets. – There is no analysis of discrepancies. – The M&E output is not differentiated towards different audiences. 	<ul style="list-style-type: none"> – There is a presentation of relevant M&E results. – Results are compared to targets. – There is limited analysis of discrepancies. – The M&E output is not differentiated towards different audiences. 	<ul style="list-style-type: none"> – There is a presentation of relevant M&E results. – Results are compared to targets. – There is analysis of discrepancies, but analysis is still weak. – The M&E output is differentiated towards different audiences. 	<ul style="list-style-type: none"> – There is a presentation of relevant M&E results. – Results are compared to targets. – There is in-depth analysis of discrepancies. – The M&E output is differentiated towards different audiences.
					or	<ul style="list-style-type: none"> – There is a presentation of relevant M&E results. – Results are compared to targets. – There is in-depth analysis of discrepancies. – The M&E output is not differentiated towards different audiences.

		Scores				
		1	2	3	4	5
Topics	Question					
31	Are development partners using the outputs of the sector M&E system for their information needs? Is the demand for M&E data from development partners coordinated?	<ul style="list-style-type: none"> – Donors are not using the outputs of the sector M&E system for their information needs. – The demand for M&E data from donors is not coordinated. 	<ul style="list-style-type: none"> – Donors are using the outputs of the sector M&E system for their information needs, although in an ad hoc way. – The demand for M&E data from donors is not coordinated. 	<ul style="list-style-type: none"> – Donors are systematically using the outputs of the sector M&E system for their information needs. – The demand for M&E data from donors is not coordinated. 	<ul style="list-style-type: none"> – Donors are using the outputs of the sector M&E system for their information needs, but rather in an ad hoc way. – The demand for M&E data from donors is well coordinated. <p style="text-align: center;">or</p> <ul style="list-style-type: none"> – Donors are systematically using the outputs of the sector M&E system for their information needs. – The demand for M&E data from donors is coordinated, but coordination could be improved. 	<ul style="list-style-type: none"> – Donors are systematically using the outputs of the sector M&E system for their information needs. – The demand for M&E data from donors is well coordinated.

		Scores				
		1	2	3	4	5
Topics	Question	<p>– Results of M&E activities are not used for internal purposes.</p> <p>– It is not an instrument of policy-making and/or policy-influencing and advocacy at central level.</p>				
32	<p>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?</p>	<p>– Results of M&E activities are used for internal purposes, but rather in an ad hoc way</p> <p>– It is an instrument of policy-making, but hardly one of policy-influencing and advocacy at central level.</p>				
		or				
		<p>– Results of M&E activities are used for internal purposes, but rather ad hoc</p> <p>– It is an instrument of policy-making and policy-influencing and advocacy at central level.</p>				
		<p>– Results of M&E activities are systematically used for internal purposes, but use could be more intense.</p> <p>– It is an instrument of policy-making and/or policy-influencing and advocacy at central level.</p>				
		<p>– Results of M&E activities are systematically used for internal purposes.</p> <p>– It is an instrument of policy-making, but hardly one of policy-influencing and advocacy at central level.</p>				
		<p>– Results of M&E activities are systematically used for internal purposes, but use could be more intense.</p> <p>– It is an instrument of policy-making, policy-influencing and advocacy at central level.</p>				
		<p>– Results of M&E activities are systematically used for internal purposes.</p> <p>– It is an instrument of policy-making, policy-influencing and advocacy at central level.</p>				

		Scores				
Topics	Question	1	2	3	4	5
33	<p>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?</p>	<p>– Results of M&E activities are not used for internal purposes. – It is not an instrument of policy-making and/or policy-influencing and advocacy at local level.</p>	<p>– Results of M&E activities are used for internal purposes, but rather in an ad hoc way. – It is an instrument of policy-making, but hardly one of policy-influencing and advocacy at local level.</p>	<p>– Results of M&E activities are systematically used for internal purposes. – It is an instrument of policy-making, but hardly one of policy-influencing and advocacy at local level.</p> <p>or</p> <p>– Results of M&E activities are used for internal purposes, but rather in an ad hoc way. – It is an instrument of policy-making and policy-influencing and advocacy at local level.</p>	<p>– Results of M&E activities are systematically used for internal purposes, but use could be more intense. – It is an instrument of policy-making and/or policy-influencing and advocacy at local level.</p>	<p>– Results of M&E activities are used for internal purposes. – It is an instrument of policy-making and/or policy-influencing and advocacy at local level.</p>
34	<p>Are results of M&E used as an instrument to hold government accountable?</p>	<p>– Results of M&E are not used as an instrument to hold government accountable.</p>	<p>– Results of M&E are used as an instrument to hold government accountable, but only limitedly and only by a few actors outside government.</p>	<p>– Results of M&E are used as an instrument to hold government accountable, but only by a few actors outside government.</p>	<p>– Results of M&E are used as an instrument to hold government accountable by several actors outside government, but use could be more intense.</p>	<p>– Results of M&E are intensively used as an instrument to hold government accountable by several actors outside government.</p>

