

Monitoring and evaluation

Monitoring and evaluation (M&E) has always been of considerable importance to the management of the health sector in developing countries. However, recent changes in the international policy framework in which development aid operates have made issues surrounding M&E more urgent. The development of national poverty reduction strategies that guide government actions in several sectors including health, as well as international agreements over the Millennium Development Goals (MDGs), have increased the focus on M&E.

In addition, the shift in funding mechanisms has also concentrated attention on the evaluation of performance. An increasing proportion of international support to health services in developing countries is being provided through budget support or basket fund arrangements and through Sector-Wide Approaches (SWAPs) (in HIV/AIDS specifically). Using these approaches, the emphasis of donor assistance is shifted away from discrete projects to support to the entire sector. Consequently, sector-wide, rather than project-based, monitoring and evaluation is required. Use of external monitors to provide independent audits of performance in the sector has increased as a result.

Current M&E-related issues in the health sector, and HIV/AIDS sub-sector, include:

- How to identify and define a practical and realistic set of indicators
- How to establish M&E teams that have an appropriate blend of international and local expertise that will win them the confidence of all partners
- How to build a supportive rather than confrontational relationship with partners
- How to ensure that the M&E process is not too onerous
- How to maintain independence by not undertaking other work funded through the implementing agency
- How to ensure methodological rigour by adhering to scientific principles.

Health Partners International's work in M&E

Health Partners International has a well-established record of undertaking M&E at sector and project level. We believe that M&E should be treated as supportive to the building of capacity: when M&E activities are presented in a confrontational way, it is easy to reduce participants' confidence and divert limited resources away from service delivery. There is a need for chosen indicators to be set at a

level that can be realistically achieved and not excessive in number: the tendency to try to measure everything should be resisted as this can result in an unwieldy set of indicators that management would struggle to assess properly. However, there must be enough indicators to be able to provide an adequate overview of development in the sector.

Below we highlight a small selection of our work on M&E in the health and HIV/AIDS sectors.

In **Malawi** a Health Partners consultant is leading an external monitoring team that includes international, regional and national experts in HIV and AIDS, to support the National AIDS Commission (NAC) in its implementation of an integrated annual work plan. The monitoring team monitors programme performance on a six-monthly basis, working to the indicators that were agreed in the annual integrated work plan, and also undertakes more detailed studies on particular aspects of the programme. The findings of the reviews are discussed with the NAC and its partners. Agreed recommendations are incorporated into subsequent implementation of the work programme.

In **Ghana** Health Partners has contributed to the annual external review of performance within the health sector, part of a Sector-Wide Approach (SWAp) that has been implemented in the country. We have provided experts to undertake in-depth studies in advance of the full review and to participate in the main review team. Performance has been measured against the agreed activities and outputs for the year. Team leaders have been provided by Health Partners to lead studies into the health sector's response to the country's pro-poor agenda and clinical care management in hospitals. Specialists in institutional development, financing and participatory approaches have been provided for the main annual review teams. Health Partners also provided the team leaders for the first annual external performance reviews of **Tanzania's** and **Mozambique's** health sector SWAPs.

In **Bangladesh** a Health Partners social development consultant took part in a five-person team commissioned to review the technical support provided to a government programme of extensive health sector reform. Our consultant reviewed the quality, appropriateness and impact of social development technical support, particularly in relation to the mainstreaming of gender issues, stakeholder participation and contracting of non-government organisations. The aim of the review was to generate discussion between government and its partners about what

models of technical assistance might be appropriate under the next health sector programme.

Health Partners consultants have assisted in a number of multi-country programme reviews. In one such review, a Health Partners social development consultant conducted an assessment of key government, donor agency, academic and civil society sector personnel involved in the World Health Organization's Roll Back Malaria activities in **Kenya, Zambia, Eritrea, Malawi, Burkina Faso, Bolivia and India** as part of an overall programme review.

Our consultants have also conducted country studies, in **Malawi and Ghana**, as part of a review of the processes through which potential projects apply for funds to the Global Fund to Fight AIDS, TB and Malaria. The results of this review were submitted for use at the Fund's Board Meeting and in an international review.

In **Papua New Guinea** a Health Partners health economist participated in the third and final part of a review of the health sector to examine the reasons for recent poor performance. Our consultant helped to facilitate discussions on future directions of health services and share international lessons from Sector-Wide Approaches during seminars held with senior health managers. The review identified a number of key constraints, including problems associated with decentralisation, human resources and other resources such as finances and equipment. Proposals for future reforms of the health sector were developed.