FORMATIVE EVALUATION OF UNICEF’S MONITORING RESULTS FOR EQUITY SYSTEM (MoRES)

Nicaragua Country Report
Final Draft

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While the insights of everyone interviewed have been vital to shaping this report, the contents are entirely the responsibility of the evaluation team.
Acronyms

AEPT  Asociación Educación para Todos (education NGO)
CCA  Common Country Assessment
CO  Country Office
CPD  Country Programme Document
HIV/VIH  Human Immunodeficiency Virus
HPM  Humanitarian Performance Monitoring
HQ  (UNICEF) headquarters
HRBAP  Human Rights Based Approach to Programming
IOM  International Organization for Migration
MAF  Millennium Development Goals Acceleration Framework
Mined  Ministry of Education
Minsa  Ministry of Health
M&E  Monitoring and evaluation
MoRES  Monitoring Results for Equity System
PMTCT  Prevention of mother to child transmission (of HIV)
PN  National Police
RAAN  North Atlantic Autonomous Region
RAAS  South Atlantic Autonomous Region
RBM  Results based management
SILAIS  Local System of Integral Health Services (Sistema Local de Atención Integral en Salud)
SitAn  Situation Analysis
ToC  Theory of Change
UNDAF  United Nations Development Assistance Framework
UNICEF  United National Children’s Fund
WASH  Water, Sanitation and Hygiene
PART I: NICARAGUA’S COUNTRY EXPERIENCE

SUMMARY: MoRES in Nicaragua

The Nicaragua Country Office (NCO) has made a concerted effort to ensure that the introduction of MoRES to Nicaragua maximises the chances of its sustained integration into government and UNICEF systems. There has been an emphasis on flexibility and adaptation, so that, for example, MoRES was reframed as “restoring rights” to align with the mission of the current government, and terminology around monitoring has been adapted to fit with the requirements of different sectors. The roll-out of MoRES across sectors and geographical regions has been gradual and strategic – for example, level 3 monitoring is being rolled out initially in the prevention of mother to child transmission of HIV, where government targets are close to being reached and there is therefore an opportunity to demonstrate results. There is some evidence of bottleneck removal and anecdotal reports of improvements in coverage in selected targeted regions, although no substantive proof of concept given the stage of implementation. In education and child protection, work to-date has primarily focused on bottleneck and determinants analysis, with an emphasis on demonstrating complementarity to existing systems and policies, building capacity and gaining buy-in. The WASH sector in Nicaragua is not yet implementing MoRES.

This case study raises some important questions and issues relating to MoRES which have relevance for the wider evaluation study, including: the timescale over which MoRES should be introduced and mainstreamed; balancing the need to build capacity and gain buy-in with the desire to accelerate results more widely; the need to rebrand MoRES in order to align with national priorities; and resourcing for MoRES in countries with limited budgets.

Overall, the key finding from this case study is that the Nicaragua Country Office has had to be very considered and strategic in the way that it has introduced and implemented MoRES, in a country where demonstrating policy successes is often prioritised over reducing disparities. This has required a rebranding of MoRES and its components, and a staggered approach that emphasises complementarity to existing systems and focuses on gaining buy-in from government stakeholders. Continued roll out to further sectors and geographical areas is required in order to maximise the impacts on the most disadvantaged children – this will require continuation of the work of NCO in terms of capacity building and establishing ownership of the government.

Introduction

The Monitoring Results for Equity System (MoRES) was developed to support UNICEF’s refocus on equity (launched in 2010) with the specific intent to accelerate progress in reaching the world’s most deprived children. UNICEF is currently advancing towards mainstreaming MoRES at a global level and in support of this ambition has commissioned an independent evaluation to provide validation and learning on the conceptual, technical and practical viability of MoRES as an approach. The evaluation is deploying two related analytical approaches: a theory based approach and a case study based approach. The theory based approach provides a basis for framing and analysing the MoRES experience. The case study approach complements this by recording what has happened in relation to MoRES in selected countries and in this way helps test and validate the theory of change (ToC) associated with MoRES.

What is MoRES?

MoRES has been defined as “a conceptual framework for effective planning, programming, implementation, monitoring and managing for results to achieve desired outcomes for the most disadvantaged children.” The most recent briefing note references MoRES as “intended to enhance and sharpen country programmes of cooperation for accelerated results for the most disadvantaged children.”

(Footnotes 4 and 5)
The objective of the evaluation is to support continuing efforts across UNICEF to articulate, develop and mainstream the MoRES approach by learning from experience. The information from the case studies will feed into the main evaluation report. Two important characteristics of the case study component of the evaluation are: each case study has been selected because of the learning opportunity offered to the evaluation; the approach to each study is focused on recording experiences rather than measuring or assessing performance.

However, there is perceived value in analysing country experience based on the key elements of the Monitoring Results for Equity System, both to contribute to the overall development of the MoRES Theory of Change (which will support global roll-out) and as a way of structuring findings and conclusions that will be helpful to the Country Office. Thus, this report is presented in two parts:

- **Part I: Nicaragua’s Country Experience**, provides a brief introduction to the overall formative evaluation and explains the context for this country specific study and presents the MoRES experience from a Nicaragua County Office perspective by summarising the findings of a 4-day field visit to Nicaragua (and associated documentary review).
- **Part II: Analysis of the Nicaragua experience of MoRES**, uses seven core elements of the Monitoring Results for Equity System as the basis for more analytical reflection and presents findings against each element as well as an overall conclusion; this section also includes some reflections on the assumptions associated with MoRES and summarises MoRES from a cause-effect perspective.

### Nicaragua Country Context

The 2013 – 2017 Nicaragua Country Programme is based on the Common Country Assessment (CCA) and the priorities established in the National Human Development Plan, following an intensive consultative process with national counterparts and UN partners.

The aim of the cooperation programme is clearly stated in the country programme document: “to contribute to the restoration of the rights of children and adolescents by supporting implementation of the National Human Development Plan and achievement of the Millennium Development Goals and the post- Millennium agenda, and the reduction of disparities and inequalities”. Four key outcomes are identified for the country programme: (a) children between 0 and 6 years of age in indigenous communities, communities of African descent and rural areas have access to appropriate comprehensive services in health and nutrition, education and protection, based on the family and the community; (b) children and adolescents in rural communities of indigenous and African descent receive quality basic education that provides life skills and takes into account their sociocultural context; (c) public institutions on the critical path for prevention of violence against adolescents and response to victims, at the national and local levels, have the necessary capacities for providing comprehensive services; (d) seriously deprived adolescents, especially girls, have spaces, capacities and opportunities for participation.

One of the main lessons from the cooperation programme for 2008-2012 is the need for increased intersectoral support - “the model proposed by the Government of Nicaragua for the restoration of the rights of children and adolescents stresses intersectoral action by public institutions to support disaggregated implementation of the national policy on early childhood, it is essential to ensure close coordination in the implementation of actions at the municipal level in the fields of health, education..."
and protection\textsuperscript{\textcopyright}. The introduction of MoRES in Nicaragua, with its associated opportunities for intersectoral cooperation and the use of the municipal level as an entry point, maps well on to the lessons learned from the 2008-2012 country programme, and the planning and implementation of the 2013-2017 country programme.

**Overview of MoRES in Nicaragua**

The timeline of MoRES roll out in Nicaragua is presented in Figure 1 below. Implementation of MoRES began in early 2012 with capacity building efforts. The system has been introduced principally into three programmes during 2012: health (PMTCT), education, and child protection (commercial sexual exploitation and human trafficking). All other programmes have begun to introduce MoRES more recently, with the exception of WASH. Level 3 implementation is taking place in PMTCT but the current status of implementation is varied in other sectors as a result of factors such as the staggered introduction. Internal and external capacity building continued in 2012.

**Figure 1: MoRES Timeline of Events in Nicaragua**

MoRES is influencing the Common Country Assessment and hence the wider UN system in Nicaragua, although a new equity analysis is also emerging. Table 1 shows the programming milestones in Nicaragua and how MoRES is being integrated into UNICEF’s work.

**Table 1: Nicaragua programming milestones**

<table>
<thead>
<tr>
<th>2010</th>
<th>2011-12</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>• SitAn without equity analysis</td>
<td>• Equity analysis included in CCA</td>
<td>• UNDAF signed</td>
<td>• Possible evaluation of implementation of MoRES in Health (PMTCT)</td>
</tr>
<tr>
<td></td>
<td>• Rolling SitAn</td>
<td>• Rolling SitAn</td>
<td>• Expand introduction of MoRES in all programmes</td>
</tr>
</tbody>
</table>

\textsuperscript{\textcopyright} ibid, pages 5 - 6
Several elements characterise the MoRES experience in Nicaragua:

1. **Leadership and technical guidance**

One significant aspect of the introduction of MoRES has been the work of the Representative and Deputy Representative in providing leadership for the Nicaraguan Country Office (NCO) staff and partners. They have emphasised both the importance and relevance of MoRES, and ensured technical support is available. Members of sectoral staff teams have received training and technical assistance to adapt MoRES to each programme and to facilitate implementation of key components of MoRES. This has also included some sensitisation and “demystification” regarding the new initiative. Funds were initially provided from headquarters (HQ) to introduce MoRES and, since then, roll out has been covered by core funding.

2. **Flexible and adapted introduction and implementation**

Considerable attention to approach was paid during the design and implementation of the strategy to introduce MoRES to the government. Various contextual factors have influenced the shaping of a flexible and adaptable approach to MoRES in Nicaragua. Given the political context in general and following an initially hesitant response from the education ministry regarding “real time monitoring and evaluation for equity”, the NCO listened to its partners and took some time to adapt MoRES. For example, they adjusted the equity language to fit with that of its partners. The NCO also emphasized MoRES as a system for evidence based planning and programming, not just M&E. Given the government’s focus on demonstrating successes and the priority given to PMTCT, PMTCT was the programme selected to introduce MoRES and because many targets were already close to being reached, this programme functioned to generate early evidence of MoRES’ effectiveness.

3. **MoRES and partners**

The NCO quickly learned lessons from a very challenging initial introduction of MoRES and its equity based approach to its government counterpart in the Ministry of Education. The “equity approach” was adapted to the governments’ language and replaced by the term “restoring rights”, the mission of the current government. MoRES was incorporated into existing M&E systems on this basis. In support of this initial progress, the NCO identified concepts of interest to the government such as realtime monitoring in the education sector. A standard process for engaging government counterparts is now applied as shown in figure 2 below. On this basis, MoRES has been introduced to partners when opportunities for entry arise; for example during the drafting of a strategic plan in the education sector or a new plan for the Coalition against Human Trafficking.

**Figure 2: Introducing MoRES to government partners**

- **Meeting at highest policy level**: Ensure that minister’s buy-in is achieved
- **2 Technical meetings**: With directors and senior technical experts
- **National workshop**: Only after agreement and ownership is ensured at central government level
- **Implementation**: Through consultants hosted by the government counterpart
- **UNICEF staff support**: (Minsa exclusively, no consultants)
In terms of other partners, UNICEF has been cooperating with PAHO/WHO for many years and the concept of MoRES builds on the equity approach used in the health sector and applied by WHO prior to the introduction of MoRES in UNICEF. Therefore, the compatibility of MoRES with UNICEF’s work with WHO is very high. In Nicaragua, the “delivering as one” process facilitated the strengthening of the equity focus in joint planning, monitoring and evaluation. MoRES’ compatibility with the UNDAF cannot yet be assessed, as the government only signed the document in mid-2013 after two years of preparation and negotiation. Similarly, the Millennium Development Goals Acceleration Framework (MAF) is not yet implemented in Nicaragua.

4. Integration of MoRES into UNICEF programmes

The NCO considers MoRES to be a programmatic approach, so not just for M&E specialists or for the M&E stage of the programme cycle. As a result, all sectoral staff has improved their expertise in M&E and programming guides have been updated. The introduction of MoRES has also required collaboration across sectors and intensive work by all staff. The process of implementation into programmes begins with UNICEF staff working internally, for example, becoming familiar with the concepts, methodology and tools. This allows for an early opportunity to reflect on bottlenecks and barriers to essential services. The next stage is the selection of indicators, which is followed by negotiations with partners around their inclusion in the annual work plan and the incorporation of one or more of UNICEF’s prioritised municipalities in a pilot phase. Through this process the determinants framework and bottleneck analysis has now been included in all programmatic areas apart from WASH.

5. Real-time monitoring to track removal of bottlenecks

Monitoring the removal of bottlenecks at the sub-national level has been planned for three programmes (health, education and child protection). Given the 98% coverage of mobile phones among the population, the potential for social monitoring is huge. However, realtime monitoring in remote areas of northern and eastern Nicaragua is somewhat hampered by poor network coverage. For the health sector, radio communication in health posts could work as an alternative. In the education sector, challenges include the lack of capacity and focus at community level and the strong centralization of the ministry, while in the child protection sector the application of MoRES is too recent to practically address this issue.

6. Roll out of MoRES across all programmes

There are plans to gradually mainstream MoRES in all programmatic work and to expand the geographic reach – adding departments over time in a staggered fashion. This gradual approach helps government and other development partners to develop capacity, creates ownership and promotes sustainability, while also consolidating partnerships to remove bottlenecks.

Sector Specific Summaries

Aspects of implementation that have been similar across the three sectors are firstly the pattern of introduction of MoRES and, secondly, the extensive involvement of beneficiaries and partners. This was considered the appropriate response to both the political context and the fact that the NCO does more advocacy/technical accompaniment work than direct service delivery. In each sector, the term MoRES has been ‘translated’ into language fitting each sector, just as other aspects of MoRES
have been implemented in such a way as to complement or strengthen, rather than duplicate or replace, existing M&E systems.

Differences in implementation across the three sectors relate to various factors, including existing analysis of determinants, quality and centralization of the information system, type of M&E system, and application of evidence-based programming. Other factors include: entry points (thematic, actors, and timing) and collaboration with other UN agencies and cooperation agencies. Table 2 provides an overview of UNICEF’s experience in implementing MoRES in three sectors in Nicaragua.

Table 2: Analysis of MoRES implementation by sector

<table>
<thead>
<tr>
<th>Factors</th>
<th>Education</th>
<th>Health</th>
<th>Child Protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counterpart(s)</td>
<td>• Mined</td>
<td>• Minsa</td>
<td>• National Police (PN)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• National Coalition against Human Trafficking</td>
</tr>
<tr>
<td>Decision-making process</td>
<td>• Highly centralised with some local decision-making</td>
<td>• Decentralised</td>
<td>• Centralised but some potential for local decision-making and actions</td>
</tr>
<tr>
<td>Coordination with other donors</td>
<td>• Roundtable brings donors together</td>
<td>• Coordination for advocacy</td>
<td>• PAHO: longstanding and complementary equity and evidence focus</td>
</tr>
<tr>
<td></td>
<td>• Similar M&amp;E focuses, and have begun coordination</td>
<td></td>
<td>• International Organisation for Migration (IOM): Partner for trafficking, but limited presence in country and limited coordination experience</td>
</tr>
<tr>
<td>Information system and analysis</td>
<td>• Good quality but did not include determinants</td>
<td>• Good quality</td>
<td>• Weak quality and includes few determinants</td>
</tr>
<tr>
<td></td>
<td>• No data on inequities</td>
<td>• Coordination to improve quality</td>
<td>• Centralised</td>
</tr>
<tr>
<td></td>
<td>• Separate information systems for children and youth</td>
<td>• Flexible, local analysis,</td>
<td>• No unified information system</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Analysis of determinants and responses to bottlenecks already occurring at local level</td>
<td>• Information system not used for programming</td>
</tr>
<tr>
<td>Evidence generated to date</td>
<td>• Immediate (but non-systematic and non-programmatic) and coordinated responses to bottlenecks identified at local level</td>
<td>• Local evidence generated rapidly</td>
<td>• Intersectoral prevention activities not collected in information system</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• L3 informing L1 at local level</td>
<td></td>
</tr>
<tr>
<td>Incentives</td>
<td>• Post-graduate certificate for technical staff</td>
<td>• Evidence generated early on</td>
<td>• Consultancies to generate evidence on best practices</td>
</tr>
<tr>
<td></td>
<td>• Tablet computers</td>
<td>• Brings government closer to achieving goal of zero mother to child transmission</td>
<td>• Working against violence is government priority; Nicaragua has recognised advances regarding human trafficking in Central America</td>
</tr>
</tbody>
</table>

1. Education

Based on an initial acceptance on the part of the Ministry of Education (Mined), UNICEF repackaged MoRES to insert it within the Ministry’s M&E system supporting its new strategic plan. Prior to the introduction of MoRES, there was not a culture of evidence based programming in the
Ministry, and although the information system was robust in terms of education data, it did not report on the determinants and was highly centralised. Following the introduction of MoRES, there is evidence of a shift in approach – for example, in relation to local analysis and decision making and realtime response – and there have been some adjustments at local level.

During the initial introduction of MoRES as part of the new strategic plan, local technical staff in almost all municipalities were trained in the system and received a university post-graduate diploma. Tablet computers were purchased to facilitate real-time data collection, as well as storage and decision-making. Level 1 situation and bottleneck analyses were carried out and MoRES indicators were integrated into the M&E system. The Ministry took some more immediate steps to respond to bottlenecks, and coordinated with other actors, for example the Ministry of Health (Minsa). These findings and responses are recorded at the local level; however, the national system does not yet allow collection and analysis of these data at national level. Mined’s end-of-year evaluation will assess implementation at the local level and inform developments in the next planning cycle.

2. Health

A confluence of factors facilitated the introduction, understanding, and rapid uptake of MoRES in the health sector, and in particular in PMTCT. An updated situational analysis already existed, and the Ministry of Health (Minsa) had already done a determinant analysis with UNICEF and the University of Harvard in 2010. Minsa also has a flexible information system, where local programme staff is accustomed to using and analysing health statistics and making some programming decisions at the local level. In addition, PAHO has adopted a very similar approach to equity issues, and has a longer history of applying it with the Ministry of Health; therefore, UNICEF was expanding an approach that was already familiar to their government counterparts.

Learning from initial experience in the education sector, UNICEF sought to introduce MoRES in a sub-sector that already had very high achievement of targets as well as a demonstrated high-level commitment to the programme, with a view to producing an early successful example. Prevention of Mother to Child Transmission (PMTCT) of HIV was chosen by the NCO in coordination with Minsa, to provide evidence of the success of MoRES in eliminating the few bottlenecks that remained in a sector prioritised by the government. The aim was to develop partner buy-in, as well as laying the groundwork for sustained

Box 2: Implementation of MoRES in PMTCT in Bilwi

As an initial step, training was conducted on bottlenecks and indicators in the second half of 2012. The analysis of determinants was used to draft municipal plans in September 2013. Some plans are already being implemented, with others under development. A planning document and spreadsheet for recording performance against selected indicators have been developed and there has been an initial analysis of results.

As part of level 3, there are quarterly progress revisions at municipal level as a result of bottleneck analysis. There are examples of corrective actions to remove identified bottlenecks, for example leading to an increase from 50% to 100% of community networks operating effectively to detect pregnant women and facilitate testing. It is reported anecdotally that more pregnant women are now being tested for HIV and syphilis, and a traffic light system for bottlenecks is promoting healthy competition around changing bottlenecks from red to green. Related activities have focused on training, teamwork at local level and improving coordination.

There has been communication with local health staff around the importance of monitoring, which has led to improved monitoring (although there are still some capacity issues).

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3 University of Harvard, 2010: Barrier Analysis for Universal Access to PMTCT services in Nicaragua
implementation and providing examples of best practice and lessons learned.

Because of existing experience regarding data and analysis of determinants at both levels and application of data for programming, level 3 MoRES was introduced at the national and local levels. MoRES level 3 is currently being implemented at the selected local sites and there is evidence that some bottlenecks have been eliminated at the local level. For example, box 2 provides a summary of implementation in PMTCT in the health department of Bilwi (North Atlantic Autonomous Region [RAAN]). During Minsa’s year-end evaluation meetings, staff will meet to assess implementation at the local level, assess national-level bottlenecks, and move forward into the next annual planning cycle.

3. Child Protection

In the child protection sector, MoRES levels have been implemented in a flexible, non-sequential way. An updated situation analysis has not been carried out in the country, and there are limitations in the availability of data. Thus level 1 implementation has consisted of a bottlenecks and determinants analysis with the National Coalition and a study of best practices. UNICEF has supported the national planning process, and indicators related to determinants (supply and demand bottlenecks) have been integrated into national and local plans. This process took several months because of the participatory process with the Coalition and has been completed only recently; thus a complete planning cycle has not yet occurred.

Police at the local level have the authority to make decisions regarding local preventative measures – these include awareness raising, and to a certain extent capacity development for children. Local police in UNICEF’s prioritized municipalities have implemented innovative measures to respond to the findings of the determinants analysis, although they have not necessarily been addressed in the formal planning cycle and only some have been scaled up at the national level. Measures include operational procedures to protect victims/witnesses and facilitate prosecution (now scaled-up and generalized practice), as well as the addressing of risk factors related to human trafficking and the investigation of child disappearances in zones with vulnerable populations.

The protection sector differs from the health and education sectors and has associated sector specific challenges. In particular, implementation has been affected by the involvement of numerous institutions with weak coordination mechanisms. UNICEF has two very different partners: the National Police (involving four police divisions) and the National Coalition on Human Trafficking. A unified (cross-institution) information system does not exist in the sector, and the information system for human trafficking is part of the organized crime database, which is maintained separately and secretly by the intelligence division of the police. Data collection responds to operational concerns and information is traditionally used on a case-by-case basis, rather than being used to generate evidence to influence the programming cycle.

Different challenges arise in relation to commercial sexual exploitation and human trafficking. For human trafficking, partners have existing and longstanding institutional programmes and well-coordinated inter-institutional work on prevention and responses at the national and local levels. However, because human trafficking is ‘underground’ and linked to organised crime, it is impossible to carry out a situation analysis. It is similarly difficult with respect to commercial sexual exploitation - no specific programmes or coordination exist, prostitution in particular is not prosecuted and not clearly demarcated as a crime, and is not well reported.
Achievements, Challenges and Lessons Learned

Key Achievements

MoRES has contributed to changing the way the Nicaragua CO operates. Within its 2013-2017 country programme, the CO has prioritized work in the most marginalized communities while work at policy level, around legislative processes and service delivery have been scaled down. Key achievements include:

1. Recognition of contribution of UNICEF and MoRES

A key achievement is that UNICEF and MoRES have been recognised for the contribution they have made. UNICEF is seen as an important partner because of the technical cooperation it provides. In the health sector in particular, Local System of Integral Health Services (Sistema Local de Atención Integral en Salud) - SILAIS - staff are enthusiastically using MoRES tools to address local bottlenecks and the government has asked UNICEF to provide technical assistance for its new intersectoral early childhood policy.

2. Progress on equity in the sectors and in cross-sectoral work

The revision of the equity focus following the application of MoRES is most advanced in the health sector. Even though the equity focus formed part of UNICEF’s work with PAHO/WHO and the Ministry of Health for about 20 years before MoRES, change did not materialize in the most remote and difficult places of the country. Now UNICEF is focusing its actions on communities where its efforts will make a real difference to the most marginalized, including working in the health sector for the first time in some communities.

In UNICEF’s work on child protection, MoRES, and in particular the determinants framework, helped to better identify the most vulnerable groups, and the next step is to better understand the reason for marginalization. MoRES also promotes cross-sectoral work, which is particularly relevant for child protection. For example, the problem of violence in the Autonomous region of the northern Atlantic is closely related to HIV/AIDS and MoRES enables the child protection section to better address the links with the health sector.

3. Improvements in planning and monitoring

There are examples of MoRES enhancing analysis and monitoring. In child protection, the determinants analysis is new and is welcome as a means of establishing reasons for exclusion at national and local level. In the education sector, it is reported that implementation of MoRES has improved the quality of the SitAn, and interventions are planned and implemented more systematically around the concept of equity. So far, MoRES Level 3 has started feeding back to Level 1 only in the health sector where progress at community level is shared with other SILAIS, including analysis about the rationale for exclusion and marginalization of the most vulnerable. Cooperation with counterparts has also been improved as a result of joint planning in the area of child protection, while in the health sector a difference in the cooperation of partners is evident at the local level.

More generally, monitoring has improved as a result of UNICEF being geographically closer to the communities in need – for example, a sub-office has been opened in Puerto Cabezas (Bilwi), in the Autonomous Region of the Northern Atlantic and part of the Caribbean Coast, the most marginalized part of Nicaragua.
UNICEF staff has been trained on MoRES to build common knowledge and shared understanding of MoRES among sector specialists and the M&E specialists. In terms of monitoring within UNICEF, the programme staff, coordinated by the deputy representative tracks programme performance in VISION using indicators for PCR, IR and determinants. MoRES determinant and bottleneck indicators are tracked and there are baselines and targets for each indicator. Intermediate results (outcomes) are tracked semi-annually. Indicators, results and some narrative reporting on MoRES results are directly exported for the annual NCO report - this underscores how seriously MoRES is taken for results measurement.

4. Potential for enhancing evaluation

While it is too early to use evaluation as an approach to strengthen the analysis of exclusion and its determinants, there is interest in the CO and among its partners. At its earliest, evaluation could be undertaken in 2014 for the health sector programme where the application of MoRES is most advanced. Investigations to strengthen the analysis of exclusion are particularly of interest to the Ministry of Education, in order to better understand the reason for inequalities. In the CO’s work on child protection, significant effort has been invested in awareness raising within communities (for example through community theatre or fairs) - the first step in the results chain for prevention of child trafficking. The option of “knowledge, attitude and practice” (KAP) surveys to evaluate the results of awareness raising events in communities was discussed during the country visit.

Contextual Challenges

The main contextual challenges relate to the intercultural context of the Caribbean coast autonomous regions. Nicaragua’s two autonomous regions are home to most of its indigenous and Afrodescendant population. They are characterised as being among the most inequitable in the country; they have a low population density, and much of the Afrodescendant and particularly indigenous population live in rural communities, some of which are remote and/or only accessible by water. Some traditional beliefs and practices can make inequities more complex. Intercultural policies exist in both the health and education sectors and legal pluralism is recognised but the policies are very difficult to implement. In terms of government, the devolution of powers to regional governments is underfunded and therefore implementation is restricted; services provided by central government are insufficient; and personnel from the Pacific are often not culturally sensitive.

Process and Methodological Challenges

- **UNICEF capacity**: The implementation of MoRES requires intense and collective efforts from the whole NCO. Given the need for the involvement of sectoral specialists and officers, in addition to the M&E specialists, there is also a need for the systematic training of staff and the updating of the programming guides and procedures. Sectoral specialists report that they feel significantly strengthened in terms of capacity, but would welcome further training. The NCO identified an NGO in Argentina (Asociación Educación para Todos [AEPT]) as a Centre of Excellence for MoRES in the education sector and is intending to agree a strategic cooperation.

- **Government capacity**: Government counterparts see the need to continue capacity building in the areas of data analysis and interpretation, as staff rotation is very high at all levels of government.

- **Indicator selection**: The determinants indicators selected by the sector specialists should be measurable every three to six months. In reality, the indicators are normally measured annually
at best and this presents a problem in terms of use within the mid-year reviews. In practice, outcome rather than determinant indicators tend to be used to monitor progress.

- **Use of VISION**: Currently, MoRES performance (determinant indicators) in VISION is not fully used for planning mainly due to the problem of the indicator selection (above) while indicators for IRs and PCRs are referred for monitoring and review of the programmatic results.

- **Resourcing**: In the Nicaragua CO, 3% to 5% of the programme budget is reserved for monitoring and evaluation. M&E is considered as a core NCO function; therefore the NCO is prepared to fund activities through its regular funds by making savings in service delivery. However, for impact evaluations to assess changes at MoRES Level 4, additional programme resources would be required.

**Lessons Learned**

In the 2013-2017 UNDAF, the focus has switched from service delivery to advocacy/technical assistance. Applying MoRES in this context has involved: adaptation and flexibility to identify entry points in partners’ planning cycle; building on an existing niche developed by UNICEF regarding areas of expertise; utilising a small amount of financial resources (for example to fund consultancies and tablet computers); coordinating with other donors with similar focus; and taking advantage of the government’s commitment to achieving policy successes.

The Country Representative’s and the Deputy Representative’s ownership and promotion of MoRES were, and are, vital to the roll out of MoRES. This has included facilitating capacity building of all technical staff, rather than solely the M&E specialists. Team work, both within the CO and with partners at the local level, has been key.

Conceptually the implementation of MoRES is challenging in countries where demonstrating policy successes is more important than identifying and demonstrating reduced disparities in child rights or human rights in general. The NCO has learned that by using the government’s vision of “restoring rights” MoRES can be promoted as a practical tool for identifying bottlenecks and directly feed into evidence-informed policy making. Similarly, in order to avoid being seen by the government as a duplication or an imposition from UNICEF, MoRES has had to be presented as strengthening government systems and policies. Once buy-in was achieved and trust built with the decision makers at the highest level of government and state institutions, roll out was feasible. Overall, the need to ensure sustainability through linking to the government’s agenda and existing systems is at the heart of NCO’s approach.
Part II: ANALYSIS OF THE NICARAGUA EXPERIENCE OF MoRES

As currently understood through its application and analysis of documents, MoRES is “a conceptual framework for effective planning, programming, implementation, monitoring and managing for results to achieve desired outcomes for the most disadvantaged children.”\(^4\) The most recent briefing note references MoRES as “intended to enhance and sharpen country programmes of cooperation for accelerated results for the most disadvantaged children.”\(^5\)

The following section of the report reflects upon Nicaragua’s experience of MoRES through the prism of seven key elements of the Monitoring Results for Equity System\(^6\): (1) Situation Analysis; (2) Determinants Framework; (3) Barrier and Bottleneck Analysis; (4) Monitoring of Intermediate Outcomes; (5) Monitoring at the Appropriate Level of Decentralisation; (6) Regular Adjustment to Programming; (7) MoRES as a system. A summary of the basis for analysis of each element is included in the table. This system based analysis is followed by an assessment of the assumption associated with MoRES within this country context and a summary statement on the MoRES cause and effect chain as it presents in Nicaragua.

This is not an assessment of the performance of the NCO in relation to MoRES but rather an exercise to help surface issues which may require more focused consideration prior to the further roll-out of MoRES.

\(^4\) Working Document for Internal UNICEF Colleagues: Monitoring of Results for Equity Systems (MoRES), May 25 2012
\(^5\) Briefing Note, Enhanced Programming and Results through Monitoring Results for Equity Systems (MoRES), February 2013
\(^6\) A model of the MoRES approach containing ten elements has been agreed with the Evaluation Office and is recorded in a Working Paper on MoRES submitted by the Evaluation Team in January 2014. Two of these elements (the focus on equity and the focus on key deprivations are organisation wide issues and are not explored within each case study; the tenth element (national ownership and scale up) is treated within the assumptions section of the analysis below. The approach is explained more fully within the Formative Evaluation of MoRES: Final Report.
### (a) MoRES SYSTEM ANALYSIS

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<tr>
<td><strong>1. SITUATION ANALYSIS</strong></td>
<td><strong>Findings from Nicaragua:</strong> The NCO conducted a SitAn without an equity focus in 2010; in 2011-12, equity analysis was included in the Common Country Assessment (CCA) and in 2013, a process of a rolling SitAn was introduced (at the same time as a new CPD 2013-17). The 2013-17 CPD is based on the CCA and priorities listed in the National Human Development Plan – this followed a consultative process between UNICEF, national counterparts and UN partners – the reduction of disparities and inequalities is emphasised. In terms of specific sectors, it was reported that in education, since the introduction of MoRES, the quality of the SitAn has been improved – a bottleneck analysis and situational analysis were performed during development of a new strategic plan. In health, an updated SitAn already existed, and in child protection, the SitAn has not been updated. However, in child protection, the application of the determinants framework has helped to identify more vulnerable groups and is informing steps to help improve understanding of the reasons for deprivation. In terms of introduction to the government - the initial attempts to introduce an “equity approach” were not particularly successful; therefore, UNICEF reframed MoRES as “restoring rights”, which is the mission of the current government. It is unclear to what extent this altered the implementation of MoRES, rather than just being a question of semantics. <strong>Conclusions:</strong> The SitAn has been updated in some sectors in Nicaragua; with reports of improvements. However, it is unclear to what extent MoRES has changed the process – i.e. whether the focus on equity and consultation with stakeholders actually pre-dated its introduction, given that this was part of the CCA. It is clear from the experience of introducing MoRES to government in Nicaragua that consideration needs to be given to ensuring that MoRES can be presented as something that aligns with government priorities.</td>
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<tr>
<td>The <strong>theory underpinning</strong> the situation analysis (as influenced by MoRES) is that it should (1) involve a refocus on equity and (2) a focus on key deprivations if the most disadvantaged children are to be identified. Further, (3) the situation analysis should identify the causes and consequences of deprivations. <strong>Conceptual issues/challenges</strong> relate to (1) questions over whether equity is consistently defined, (2) the robustness of the tools and evidence base which inform the analysis, (3) prioritisation in situations of multiple deprivation (4) the extent to which there is buy-in to the approach as a joint exercise and (5) the appropriate level of decentralisation for situation analysis.</td>
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### Itad for UNICEF

February 2014
### 2. Determinants Framework

The **theory underpinning** the determinants framework is that (1) both service delivery and enabling environment factors need to be tackled to reach the most disadvantaged children and that (2) the framework of ten determinants has generic application across all sectors and (3) represents the necessary conditions for outcomes to be achieved.

**Conceptual issues/challenges** relate to (1) the number of determinants, specifically whether the ten determinants cover all relevant factors sustaining deprivation and (2) the difficulties in identifying indicators which enable the measurement of determinants in a consistent way.

**Findings from Nicaragua:** The determinants framework has been used in all programmatic areas apart from WASH since July 2013:

- The health section had already conducted a determinants analysis in 2010 (pre-dating MoRES) – both determinants and bottleneck analysis was also already being carried at local level. Therefore, the system could be introduced at national and local levels.
- For child protection, determinants analysis was new and is reported to be helpful in terms of analysing causes of deprivation. Indicators related to the determinants have now been incorporated into local and national plans – considering supply and demand bottlenecks (additional domains are not mentioned).
- Similarly, in education, information systems did not include determinants prior to the introduction of MoRES.
- In PMTCT, two departments were used as pilots to demonstrate proof of concept to the government – training on bottlenecks and determinants was done in late 2012, resulting in incorporation into planning documents with annual objectives, and into a spreadsheet for measuring performance against indicators.

There is a challenge in relation to the selection of indicators – many can only be measured annually.

**Conclusions:** The determinants framework is being applied across sectors (apart from WASH); however, its reported added value over previous systems varies. In particular, it seems to have had added value in child protection, in terms of structuring thinking and identifying marginalised groups, whereas in the health sector similar processes were already occurring. There is some evidence of proof of concept in relation to the processes in PMTCT, where determinants have been incorporated into planning documents, but no evidence of effectiveness in terms of whether these cover all of the causes of deprivation and therefore lead to changes in deprivation for the most disadvantaged.
3. BARRIER AND BOTTLENECK ANALYSIS

The theory underpinning bottleneck and barrier analysis is that (1) the strength of any system is determined by the strength of a minimum factor, that (2) similar interventions share the same bottlenecks such that “tracer” interventions can be monitored to measure the performance (by proxy) of other interventions, (3) if bottlenecks for the most disadvantaged are not addressed, it is likely that the situation of the most marginalised will worsen relative to the wider population over time and (4) the analysis of bottlenecks and barriers will lead to the identification of evidence based strategies and innovations to overcome them.

Conceptual issues/challenges relate to (1) the quality of data sources, (2) uncertainty as to whether bottlenecks are generalizable, (3) whether bottlenecks may mask deeper bottlenecks and (4) difficulties in identifying solutions.

Findings from Nicaragua: Bottleneck and barrier analysis is being applied in multiple sectors. Level 1 implementation in health, child protection and education has incorporated a BNA; however, only health is conducting level 3 monitoring to inform the level 1 process. In health (PMTCT) it is reported that the bottleneck and determinants analysis resulted in amendments to planning processes – it is also reported that some bottlenecks have been removed at local level. In terms of level 3, there is quarterly progress revision at the municipal level based on analysis of bottlenecks – one key result is the inclusion of additional data fields in reporting systems, in order to address issues in PMTCT as a result of low second test coverage. This has led to an increase from 50% to 100% of community networks operating effectively to detect pregnant women and facilitate testing. It is reported anecdotally that more pregnant women are now being tested for HIV and syphilis.

In child protection the bottlenecks and determinants analysis was conducted in conjunction with the National Coalition, and there is an ongoing study of best practices. The concept of tracer interventions does not seem to have been a focus in Nicaragua.

Conclusions: Bottlenecks and barriers analysis is being implemented successfully; however, the extent to which it is currently informing solutions seems to vary as a result of differing progress in implementation. Only health has level 3 monitoring feeding back into level 1 (and health were already doing local bottleneck analysis prior to introduction of MoRES), and there are only very discrete examples of bottleneck removal (PMTCT). Therefore, while there is evidence of successful implementation of the process, there is not yet substantive proof of concept.
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<td><strong>The theory underpinning</strong> the monitoring of intermediate outcomes is that (1) they <strong>represent the missing link between outputs and outcomes</strong>, (2) data gathering at this level can <strong>inform timely corrective action</strong> with regard to programme implementation as well as (3) help document what works.</td>
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<td><strong>Conceptual issues/challenges</strong> relate to (1) <strong>identification of appropriate indicators</strong>, (2) <strong>how often data should be gathered</strong>, (3) challenges associated with the use of specific tools for more real-time monitoring.</td>
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<td><strong>Findings from Nicaragua:</strong> in health, outcome level indicators are being monitored at the local level in level 3 monitoring; however, this seems to be the only sector where level 3 monitoring is being fully implemented. PMTCT was chosen as a focal area because the government were close to achieving their targets, and therefore it could illustrate proof of concept and gain buy-in. Indicators have been selected that are aligned to the government’s strategic plan, and these have been added to existing data collection mechanisms — there is anecdotal evidence that this has resulted in improvements to coverage of HIV testing. In child protection, indicators related to the determinants have been integrated into national and local plans — this was a participatory approach with the government based on the fact that public data is currently very limited. It is unclear the extent to which these represent intermediate outcomes. In VISION, intermediate results are tracked semi-annually — however, there are reported to be issues around indicator selection because the selected outcomes seem to be measurable annually at best. MoRES in VISION is not fully utilised for planning. Subnational monitoring is planned across sectors, but is not yet being implemented — it is reported that the high coverage of mobile phones suggests that these could be used as part of monitoring, although it is also noted that there are issues of coverage in some remote areas.</td>
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<td><strong>Conclusions:</strong> Level 3 monitoring of intermediate outcomes is at a nascent stage in Nicaragua, although there are plans to expand subnational monitoring. There is some limited proof of concept, for example in PMTCT, in that the adaptation of existing data collection mechanisms seems to have facilitated regular data collection and progress revisions.</td>
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The **theory underpinning** the monitoring at appropriate level of decentralisation is that (1) deprivation patterns are contextually specific, (2) local level planning must be based on local level needs, (3) local data can be a useful basis for advocacy for local level decision making and empowerment. However, (4) some bottlenecks are best addressed at central level. (5) Partnership in general and the use of government systems in particular is a key consideration.

**Conceptual issues/challenges** relate to: (1) the level of decentralisation which is most appropriate since for example context may vary at levels lower than district, (2) the weakness of data collection systems at local level, (3) capacity for data analysis and (4) potential de-link between data access and decision making.

**Findings from Nicaragua:** Monitoring at subnational level is planned for three programmes (health, education and child protection). Currently, level 3 monitoring (at municipal level) is only being done in health, and in select regions. In education, it is reported that UNICEF repackaged MoRES to be part of the Ministry’s M&E system for its strategic plan and there has been some evidence of buy-in to more local level planning processes. During initial introduction, local technical staff in almost all municipalities were trained and tablets were purchased to facilitate realtime data collection; however, the frequency at which this is occurring is not clear (or if it is happening at all). In child protection, monitoring is constrained by the lack of a unified information system – different systems are used by different actors within the system. Decision making occurs at very different levels between the sectors – health is highly decentralised, and education and child protection are very centralised. Overall, the focus has been on integration into existing systems – therefore, PMTCT was implemented first, to demonstrate the effectiveness of MoRES. Subnational monitoring is planned for other sectors but has not yet been rolled out. Challenges to realtime monitoring include the lack of mobile network coverage in remote areas and a lack of capacity (specifically in education) at community level.

**Conclusions:** The levels of centralisation are highly variable between sectors and the extent of monitoring to-date (i.e. the extent to which the sectors are doing level 3 monitoring) varies; however, this seems to be a result of the strategy of NCO of focusing on strengthening existing systems, which means that introducing change takes time.
6. REGULAR ADJUSTMENTS TO PROGRAMMING

The theory underpinning regular adjustment to programming is that (1) bottlenecks are dynamic and so timely adjustments to strategic responses are needed, (2) adjustment means that programmes can be more aligned to current needs and progress and so support (3) results based management supported by robust evidence.

Conceptual issues/challenges relate to (1) the need for commitment from multiple actors on the basis of (2) consensus on corrective actions, (3) the need for resources to fund corrective actions, and (4) uncertainty over periodicity of programme adjustment.

Findings from Nicaragua: In PMTCT in selected regions, there are quarterly opportunities for revisions to programmes at the municipal level based on bottleneck analysis. There are discrete examples of corrective actions having been taken; for example, the improved functioning of community networks to identify women and facilitate testing. In education it is reported that there were immediate steps by the government to respond to bottlenecks following the situation analysis – these are recorded at the local level; however, systems do not facilitate analysis at national level. In child protection, similarly, it is reported that local actors in priority municipalities have implemented measures to respond to immediate needs; however, this has not necessarily been as part of the formal planning cycle.

Conclusions: There is little evidence of proof of concept of the feedback loop to-date – corrective actions have generally been in response to the initial bottleneck analysis/SitAn and are occurring outside the annual planning cycle of government.
## 7. MoRES as a System

The **theory underpinning** MoRES is that (1) the four level system allows multiple entry points, (2) each level informs the next and is informed by the preceding level, (3) the system is flexible in terms of where to start.

**Conceptual issues/challenges** relate to (1) clarity over what each level involves, (2) whether MoRES can be effective if less than all levels are applied and (3) how MoRES maps onto the programme cycle, including evaluation.

### Findings from Nicaragua:
MoRES has been implemented in slightly different ways in three sectors in Nicaragua, based on the position of each sector with regards to elements of MoRES, at the time MoRES as a system was introduced. For example, only the health sector is implementing level 3 monitoring – this is a result of the fact that health were already doing local level bottleneck analysis prior to the introduction of MoRES and a number of other factors that facilitated the introduction of MoRES. The remaining sectors have done bottleneck analysis from a level 1 perspective only – some adjustments to existing programmes have been implemented based on the bottlenecks identified, but there has not yet been implementation across the levels and the incorporation of real time adjustment based on real time monitoring. Taking advantage of entry points has been a characteristic of NCO’s approach to the introduction of MoRES.

MoRES has been framed as “restoring rights” in order to align with the government’s priorities – and similarly, it has been framed as a way to strengthen government M&E systems, i.e. a practical tool for identifying bottlenecks and feeding into evidence informed policy making. The focus on flexibility has been based on an ambition to encourage ownership and sustainability.

### Conclusions:
Although in some respects, the implementation of MoRES may be perceived to be at an earlier stage than in some countries (for example with regard to the extent to which level 3 monitoring is being conducted), this seems to be as a result of the fact that there is a real focus on integration into existing systems (e.g. alignment with government plans, demonstrating proof of concept etc.) and the avoidance of the creation of new systems. This is necessarily a longer process. There is some evidence from NCO that flexibility in terms of responding to government priorities and entry points as they appear has been successful; however, evaluation at a later stage will be needed to assess the extent to which NCO’s approach to introducing MoRES has resulted in sustainable embedding into national systems.
8. ASSUMPTIONS ANALYSIS

| The MoRES working paper suggests that the following assumptions warrant consideration at the case study level: (1) consistency of equity definition; (2) cost-effectiveness of an equity-focused approach; (3) data accuracy with regard to deprivations; (4) focus on key deprivations is a targeting approach that is acceptable to partners; (5) determinants framework is robust; (6) staff and partners have capability to apply the framework; (7) data accuracy with regard to bottlenecks; (8) analysis will identify true bottlenecks; (9) resource availability; (10) tracer interventions can be identified as useful proxies and indicators for these are time sensitive; (11) capacity exists at decentralised level for intermediate outcome monitoring; (12) evidence based decisions can be taken at the appropriate level of decentralisation; (13) resources and political will are sufficient to scale up the approach; (14) proof of concept emerges over time: evidence shows that the approach does progressively reduce bottlenecks. |
| Findings in Nicaragua: |
| • MoRES in Nicaragua has been reframed as “restoring rights”; however, this has been necessary in order to gain government buy-in. Slightly different terms, for example “complementary monitoring” or “realtime monitoring” have to be used with each of the government counterparts. There is no clear analysis of whether this has created any departure from the UNICEF definition of equity and associated priorities. |
| • It is reported that, in Nicaragua, demonstrating policy successes is more important than identifying and demonstrating disparities in child rights or human rights in general. There is no evidence of whether a policy focused approach in Nicaragua is going to be more cost effective as an equity focused approach than any other. There is some evidence, however, that a focus on particular deprivations can be incorporated as a targeting policy. |
| • The determinants framework is being successfully applied in health, child protection and education, but not yet in WASH and there is some evidence of capability to apply the framework. |
| • However, there is limited evidence of decentralised capacity for monitoring (e.g. PMTCT) - there are plans to expand sub-national monitoring in all sectors but this has not yet occurred. There is a suggestion that capacity in education at the community level may be limited. |
| • There is anecdotal evidence of bottleneck removal; however, little other supporting evidence (for example, of data accuracy with regards to bottlenecks); the concept of tracer interventions does not appear to have been incorporated into the NCO approach and not being used therefore as a focus for monitoring. |
| • Funding for implementation of MoRES is currently done by savings in service delivery – however, further resources would be required for level 4 monitoring |
| • Capacity of government counterparts varies by sector. |
| • There is evidence of buy-in to the approach, in terms of Ministries engaging with the approach and responding to bottlenecks; however, this is currently outside the formal planning cycles and has not yet been embedded or scaled up. |

Conclusions: Overall, the experience in Nicaragua does not provide substantive evidence for or against these assumptions, primarily because of the way that MoRES has been implemented – i.e. a gradual approach, focusing on gaining buy-in and promoting sustainability. It is therefore too early to make conclusive judgments, although the experience of introduction of MoRES does provide insight into the importance of aligning with government priorities rather than trying to get buy-in to UNICEF priorities (i.e. restoring rights vs. equity).
**SUMMARY: MoRES CAUSE AND EFFECT CHAIN IN NICARAGUA**

This final section of the report aims to summarise the Nicaragua country experience in relation to the Cause and Effect Chain modelled in the diagram below (taken from the working paper supporting the overall evaluation) and to unpack each box in relation to the Nicaragua experience:

The overall causality/pathway of change for MoRES at the country level can be summarized as follows:

MoRES is an attempt to look at UNICEF programmatic and policy work from an equity and deprivation perspective. It is a complex system, dynamic and emergent across multiple sectors and contexts. It comprises multiple components including four levels and a feedback loop that are intended to be applicable across programme sectors and policy work. The levels of MoRES are intended to be closely linked – each level provides information for monitoring at the next level and at the same time assesses/validates actions of the preceding level to allow for timely adjustments and refinements in programme strategies. A key element is the iterative process of real time monitoring and continuous feedback loop which allows for real time intervention adjustment. In addition, principles and tools/methods need to be applied including the bottleneck analysis framework, for MoRES to function. To ensure maximum impact, sustainability and ownership, MoRES should be integrated into national systems. Thus results are dependent on an adequately resourced and capacitated MoRES approach at appropriate levels of UNICEF and the National Government.

In the case of Nicaragua and with regard to the cause and effect chain, the following inputs, activities, outputs and emergent outcomes of the MoRES application have been recorded:

1. **UNICEF NCO uses tools and methods to support identification, monitoring and targeting of most disadvantaged children**

The equity focus in UNICEF NCO pre-dated MoRES; however, its introduction could be considered to have revitalised this, for example in the strengthening of the Situational Analyses. To-date, MoRES has been rolled out in education, child protection and health. Health is the only sector in which level 3 monitoring is being conducted – in the other two sectors, the emphasis has been on level 1. The focus has been on adapting MoRES tools and methods to integrate with government systems.
2. MoRES is adequately resourced and capacitated and supported at all levels of UNICEF and Government

The Representative and Deputy Representative have been instrumental in the roll out of MoRES in NCO – providing leadership and facilitating training and technical assistance for sectoral staff. Staff is therefore strengthened in terms of capacity although there is also a need for further training. Resources do not seem to currently be a substantive issue in terms of Nicaragua’s roll out of MoRES – funds were initially provided by headquarters to introduce MoRES and since then, implementation has been resourced from regular funds through savings in service delivery.

Initial attempts to roll out MoRES, i.e. an “equity approach”, to the government met with some resistance; however, since then, there has been reframing to align with government priorities and an emphasis on demonstrating effectiveness in order to gain support from the government. Among government counterparts, there is more evidence of issues in capacity – for example in terms of data analysis. Given that subnational monitoring has not yet been rolled out across the sectors, it is currently unclear to what extent capacity at a decentralised level will be a limiting factor in the future implementation of MoRES. However, expansion and mainstreaming has been planned and staggered in order to build capacity, develop capacity, create ownership and promote sustainability.

3. Stakeholders do not oppose equity focusing

The introduction of MoRES in Nicaragua has been carefully planned and managed to account for the fact that in Nicaragua, demonstrating policy successes is more of a priority than demonstrating reductions in disparities or improvements in human rights. Initial attempts to introduce an equity approach met with some resistance; therefore, MoRES has now been reframed as “restoring rights” to align with government priorities, and the focus has been on ensuring that the tools and methods fit in with existing systems. This has been necessary in order to ensure support – similarly, the language used (e.g. around monitoring) is adapted to fit with the priorities or approach of the relevant government department. In terms of other partners, equity is very much a priority for PAHO, who UNICEF works closely with. In fact, the equity focus was introduced to the Ministry of Health by PAHO and UNICEF about 20 years ago but had not been implemented in the most remote and indeed inequitable areas of the country.

4. MoRES tools are well conceived and context specific

Flexibility and adaptability, as well as compatibility with existing systems, have been key to the introduction of MoRES in Nicaragua. The determinants framework and bottleneck analysis have been applied across three sectors successfully (although not in WASH); however, currently only health are implementing level 3 monitoring and therefore there is limited evidence of the applicability of monitoring tools in this context. Of note is that MoRES has been rebranded as “restoring rights” and similarly, the monitoring component is framed differently according to which department UNICEF are working with.
5. MoRES enables effective equity focused targeting of the national programme

The country programme has an equity focus; however the introduction of MoRES has led to an increased focus and more successful engagement with the government, in particular through alignment with the government priority of “restoring rights”.

6. MoRES mainstreamed in UNICEF assistance

The 2013 – 2017 Country Programme is based on the CCA and the priorities established in the National Human Development Plan. The aim of the cooperation programme is clearly stated in the country programme document: “to contribute to the restoration of the rights of children and adolescents by supporting implementation of the National Human Development Plan and achievement of the Millennium Development Goals and the post-Millennium agenda, and the reduction of disparities and inequalities. In the UNICEF Nicaragua country programme the determinants framework and bottleneck analysis have been included in all programmatic areas apart from WASH since the mid-year review in July 2013, following the piloting of MoRES in three programmatic areas (commenced 2012). Currently only health are implementing level 3 monitoring, whereas child protection and education are focusing on level 1, and WASH has not yet implemented MoRES. Therefore, it would be pre-emptive to conclude that MoRES is fully mainstreamed into UNICEF assistance in Nicaragua. However, there are clear plans in place to integrate MoRES gradually into all programmatic work and to expand the geographic reach – the aim of the staggered approach is to help government and partners to develop capacity, and to try and promote sustainability and ownership.

7. Government programmes effectively target disadvantaged children through MoRES

A number of contextual circumstances have challenged the introduction of MoRES in Nicaragua, including government capacity as a result of high staff rotation at all levels, and initial resistance to an equity approach. Implementation of MoRES in Nicaragua is not yet at a stage where there is evidence around the effective targeting of disadvantaged children – the current efforts are focused around gradually introducing and integrating the approach and gaining buy-in from government through demonstration of effectiveness. There are discrete examples of implementation of corrective actions in response to bottlenecks; however, these are outside the formal government planning cycles. Within PMTCT, there is anecdotal evidence of bottleneck removal and increase in the number of pregnant women accessing HIV tests; however, no there are no robust data to prove that disadvantaged children are being effectively targeted.

8. Government adopts improved equity targeting through MoRES

There is some evidence of government adoption of aspects of the approach; for example, the integration of indicators related to the determinants into government M&E systems. There is also evidence of buy-in from the government, in the form of immediate steps to respond to bottlenecks following
the level 1 situation analysis and bottleneck exercise. In health at local level, MoRES tools are being used to address bottlenecks. The approach taken by NCO to the introduction of MoRES has been specifically designed to build capacity and fit with existing systems.

9. Better services for disadvantaged children

To-date, there is no significant proof of concept for the premise that the application of MoRES as system will result in increased equity for the most disadvantaged children, although there is anecdotal evidence of improvements in coverage in PMTCT in selected geographical locations. This is because NCO is in the process of introducing MoRES gradually across sectors and geographical areas, and therefore time will be required before the implementation of MoRES and any acceleration of results for disadvantaged children can be measured.

In summary, the Nicaragua Country Office (NCO) has made a concerted effort to ensure that the introduction of MoRES to Nicaragua maximises the chances of its sustained integration into government and UNICEF systems. There has been an emphasis on flexibility and adaptation; for example MoRES was reframed as “restoring rights” to align with the mission of the current government. The roll-out of MoRES across sectors and geographical regions has been gradual and strategic – for example, level 3 monitoring is being rolled out initially in the prevention of mother to child transmission of HIV, where government targets are close to being reached and there is therefore an opportunity to demonstrate results. There is some evidence of bottleneck removal and anecdotal reports of improvements in coverage in selected targeted regions, although no substantive proof of concept given the early stage of implementation. In education and child protection, work to-date has primarily focused on level 1 bottleneck and determinants analysis, with an emphasis on demonstrating complementarity to existing systems and policies, building capacity and gaining buy-in. The WASH sector in Nicaragua is not yet implementing MoRES. This case study raises some important questions and issues relating to MoRES which have relevance for the wider evaluation study, including: the timescale over which MoRES should be introduced and mainstreamed; balancing the need to build capacity and gain buy-in with the desire to accelerate results more widely; the need to rebrand MoRES in order to align with national priorities; and resourcing for MoRES in countries with limited budgets.

Overall, the key finding from this case study is that the Nicaragua Country Office has had to be very considered and strategic in the way that it has introduced and implemented MoRES, in a country where demonstrating policy successes is often prioritised over reducing disparities. This has required a rebranding of MoRES and its components, and a staggered approach that emphasises complementarity to existing systems and focuses on gaining buy-in from government stakeholders. Continued roll out to further sectors and geographical areas is required in order to maximise the impacts on the most disadvantaged children – this will require continuation of the work of NCO in terms of capacity building and establishing government ownership.
FORMATIVE EVALUATION OF UNICEF’S MONITORING RESULTS FOR EQUITY SYSTEM (MoRES)

Bangladesh Country Report

Final Draft
FORMATIVE EVALUATION OF UNICEF’S MONITORING RESULTS FOR EQUITY SYSTEM (MoRES)

Bangladesh Country Report
Final Draft
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<td><strong>Part II: ANALYSIS OF THE BANGLADESH EXPERIENCE OF MoRES</strong></td>
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Acknowledgements

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While the insights of everyone interviewed have been vital to shaping this report, the contents are entirely the responsibility of the evaluation team.
## Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tr>
<td>ANC</td>
<td>Antenatal care</td>
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<tr>
<td>AR</td>
<td>Annual Review</td>
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<td>AWP</td>
<td>Annual Work Plan</td>
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<tr>
<td>BBS</td>
<td>Bangladesh Bureau of Statistics</td>
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<tr>
<td>BCO</td>
<td>Bangladesh Country Office</td>
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<td>BIDS</td>
<td>Bangladesh Institute of Development Studies</td>
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<td>CO</td>
<td>Country Office</td>
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<td>COIA</td>
<td>Commission on Information and Accountability</td>
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<td>CPD</td>
<td>Country Programme Document</td>
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<tr>
<td>DGFP</td>
<td>Department for Family Planning</td>
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<td>DGHS</td>
<td>Department for Health Services</td>
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<td>DHS</td>
<td>Demographic and Health Survey</td>
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<tr>
<td>EPI</td>
<td>Expanded Programme of Immunisation</td>
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<tr>
<td>FGD</td>
<td>Focus group discussions</td>
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<td>GOB</td>
<td>Government of Bangladesh</td>
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<td>HMIS</td>
<td>Health Management Information System</td>
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<td>HQ</td>
<td>(UNICEF) Headquarters</td>
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<td>IC</td>
<td>Investment Case</td>
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<td>IFA</td>
<td>Iron-folic acid</td>
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<tr>
<td>IMED</td>
<td>Implementation Monitoring and Evaluation Division (Ministry of Planning)</td>
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<td>IR</td>
<td>Intermediate Result</td>
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<td>JPGSPH</td>
<td>James P Grant School of Public Health</td>
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<td>LLP</td>
<td>Local level planning</td>
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<td>MAF</td>
<td>MDG Acceleration Framework</td>
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<td>MICS</td>
<td>Multiple Indicator Cluster Survey</td>
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<td>MIS</td>
<td>Management Information System</td>
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<td>MNCH</td>
<td>Maternal, newborn and child health</td>
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<td>MNHI</td>
<td>Maternal and newborn health and immunisation</td>
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<td>MOHFW</td>
<td>Ministry of Health and Family Welfare</td>
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<td>MoRES</td>
<td>Monitoring Results for Equity System</td>
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<td>MTR</td>
<td>Mid-term review</td>
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<td>NIMPU</td>
<td>Nutrition Information Monitoring and Planning Unit</td>
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<td>ODA</td>
<td>Official development assistance</td>
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<td>PCA</td>
<td>Programme Cooperation Agreement</td>
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<td>PCR</td>
<td>Programme Component Result</td>
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<td>PPP</td>
<td>Programme, Policy and Procedure</td>
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<td>RAM</td>
<td>Results Assessment Module</td>
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<tr>
<td>Acronym</td>
<td>Full Form</td>
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<td>RMNH</td>
<td>Reproductive, maternal and newborn health</td>
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<td>RMT</td>
<td>Regional Management Team</td>
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<td>RO</td>
<td>Regional Office</td>
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<td>ROSA</td>
<td>Regional Office for South Asia</td>
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<td>SRA</td>
<td>Strategic Result Area</td>
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<td>SWAP</td>
<td>Sector wide approach</td>
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<tr>
<td>ToC</td>
<td>Theory of Change</td>
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<td>ToR</td>
<td>Terms of Reference</td>
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<td>ToT</td>
<td>Training of Trainers</td>
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<tr>
<td>UNDAF</td>
<td>United Nation’s Development Assistance Framework</td>
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<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
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<tr>
<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
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PART I: BANGLADESH’s COUNTRY EXPERIENCE

SUMMARY: MoRES in Bangladesh

The Bangladesh Country Office (BCO) has engaged actively with MoRES from the start and there has been very strong senior level support and investment in making MoRES ‘happen’ in the country. BCO’s approach to the implementation of MoRES has been very much founded on promoting effective coverage of high impact interventions in the most deprived geographic locations in the country. As part of level 1 monitoring and to address inequity in the country, the country office has identified jointly with the UN system 20 low performing districts for focused interventions; and these districts are the geographic settings for level 3 monitoring. The country office apply a combination of the Tanahashi model and determinant framework analysis to assess tracer interventions across the different coverage levels of the service and analyse key bottlenecks towards effective coverage of the intervention. Key achievements included multi-sectorial level 3 monitoring of five tracer interventions in two geographical areas (unions) and subsequent scale up to more unions, plus a number of quite high profile advocacy, partnership and stakeholder engagement at national and sub-national levels. These activities have been leveraged in different ways through what could be termed a process of ‘positive contamination’ to work towards achieving progress in national level improvements in effective coverage of programmes. One of the key ongoing results of the BCO experience with MoRES has been the way that thematic sectors have assimilated MoRES in to their work in different ways.

This case study raises some important lessons and issues relating to MoRES which have relevance for the wider evaluation study, including: the extent to which interventions that are appropriate tracers are those that are most amenable to monitoring and proof of concept; whether the concepts of effective coverage and the Tanahashi model applied in Bangladesh can be applied to other interventions and elsewhere; how to systematically increase ownership by government and stakeholders that goes beyond participation in MoRES processes and similarly, how to manage expectations that UNICEF resources will fund corrective actions.

Overall, the key finding from this case study is that there is a need to continue to mainstream the approach into existing monitoring systems of government and stakeholders, in order to be able to upscale application of level 3 monitoring at the appropriate frequency and to inform required level of policy and system reforms. There has been significant investment by UNICEF in data collection for a baseline bottleneck analysis and to learn lessons for going to scale; however, given the resources and time required, this has not yet been repeated. BCO acknowledges the challenges and have initiated plans for real time data collection. They have also recognised the need for government ownership and therefore, one of the key characteristics of their approach has been to use MoRES data to advocate for better data, programming, and evidence-based planning processes in key social sectors and at decentralized levels.
Introduction

The Monitoring Results for Equity System (MoRES) was developed to support UNICEF’s refocus on equity (launched in 2010) with the specific intent to accelerate progress in reaching the world's most deprived children. UNICEF is currently advancing towards mainstreaming MoRES at a global level and in support of this ambition has commissioned an independent evaluation to provide validation and learning on the conceptual, technical and practical viability of MoRES as an approach. The evaluation is deploying two related analytical approaches: a theory based approach and a case study based approach. The theory based approach provides a basis for framing and analysing the MoRES experience. The case study approach complements this by recording what has happened in relation to MoRES in selected countries and in this way helps test and validate the theory of change (ToC) associated with MoRES.

The objective of the evaluation is to support continuing efforts across UNICEF to articulate, develop and mainstream the MoRES approach by learning from experience. The information from the case studies will feed into the main evaluation report. Two important characteristics of the case study component of the evaluation are: each case study has been selected because of the learning opportunity offered to the evaluation; the approach to each study is focused on recording experiences rather than measuring or assessing performance.

However, there is perceived value in analysing country experience based on the key elements of the Monitoring Results for Equity System, both to contribute to the overall development of the MoRES Theory of Change (which will support global roll-out) and as a way of structuring findings and conclusions that will be helpful to the Country Office. Thus, this report is presented in two parts:

- **Part I: Bangladesh’s Country Experience**, provides a brief introduction to the overall formative evaluation and explains the context for this country specific study and presents the MoRES experience from a Bangladesh County Office (BCO) perspective by summarising the findings of a 4-day field visit to Bangladesh (and associated documentary review).
- **Part II: Analysis of the Bangladesh experience of MoRES**, uses seven core elements of the Monitoring Results for Equity System as the basis for more analytical reflection and presents findings against each element as well as an overall conclusion; this section also includes some reflections on the assumptions associated with MoRES and summarises MoRES from a cause-effect perspective.

What is MoRES?

MoRES has been defined as “a conceptual framework for effective planning, programming, implementation, monitoring and managing for results to achieve desired outcomes for the most disadvantaged children.” The most recent briefing note references MoRES as “intended to enhance and sharpen country programmes of cooperation for accelerated results for the most disadvantaged children.”

(Footnotes 12 and 13)
Bangladesh Country Context

UNICEF’s current priorities within Bangladesh are set out in the *Country Programme Document 2012-2016*. The UNICEF programme is aiming to achieve results for the poorest children, their families and communities by demonstrating the impact of a “complementary, synergistic and inter-sectoral development model” to achieve the Millennium Development Goals (MDGs). It is noted that UNICEF and other UN agencies will focus evidence-based advocacy on efforts to achieve the MDGs and reduce disparities between populations especially in 20 most deprived districts in the country. There is also a focus on capacity building - aiming to strengthen central and subnational systems, create demand for services and provide humanitarian-related support – emphasising behaviour and social change, and improving links between the ground level situation and the upstream policy and legal environment. The main programme components listed in the budget are: i.) Social services for children and women; ii.) Social policy, planning, monitoring and evaluation; iii.) Advocacy, communication and partnerships for children; iv.) Local capacity-building and community empowerment; v.) Cross-sectoral costs. Overall, the country programme budget is over $445 million, amounting to approximately $90 million per year (as reported by the Bangladesh Country Office [BCO]).

Overview of MoRES in Bangladesh

Bangladesh is one of the 27 ‘workstream one’ countries and is a member of the first group of 12 countries which were classed in the 2012 ‘Accelerating Progress’ report as ‘implementing level three monitoring with a broad programmatic scope and have many of the conditions in place required to go to scale’. Bangladesh is one of four Regional Office for South Asia (ROSA) countries in workstream one (along with Nepal, Bhutan and Pakistan), which agreed at a Regional Office-Headquarter Joint Work Planning Meeting (March 2011), to engage in regional compacts to support improved results related to equity re-focused programming at country level. The objectives of these regional compacts were to strengthen and maximize the synergies and complementarity of roles between headquarters and regional office; and to engage regional institutions and partners to support strengthened management for results at country level. Figure 1 below lists key MoRES events during the period from 2011-13 from a BCO perspective.

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1 Document E/ICEF/2011/P/L.14 was presented to the Executive Board for discussion and comments at the 2011 annual session; it was then revised and the final version approved at the 2011 second regular session of the Executive Board on 15 September 2011.
2 Accelerating Results for Deprived Children through Level Three Monitoring, work-stream One Country Report, 2012, UNICEF
The BCO has engaged with MoRES on a number of different levels – of particular note, has been cross-sectoral situation analysis (level 1) to identify key deprivations of the rights of the children and definition of tracer interventions to measure effective coverage of high impact interventions across five sectors of health, nutrition, WASH, education and child protection. The work done in Bangladesh also included level 3 monitoring involving decentralized data collection and bottleneck analysis at the union level; complemented by concurrent use of initial evidence in programming and dialogue with sectors at national and sub-national levels. The approach taken by the UNICEF Bangladesh team to implementing MoRES has been founded on the wish to provide the best value support to the GoB at all levels, in terms of improving the way it delivers its development programmes and ensuring that it is more evidence led and accountable for these programmes. Specifically the focus has been on trying to support the GoB to increase the equity focus of these programmes across the planning, monitoring and reporting of results arenas with a clear emphasis on ensuring better programmatic coverage and more precise (and transparent) ways of addressing coverage gaps.

A substantive component of BCO’s engagement with MoRES to-date has been in the pilot testing and on-going implementation of robust level 3 monitoring, in the form of union level data collection. This union level engagement has involved the collection of data on five tracer interventions – one from each of the sectors of nutrition, child protection, health, education and Water, Sanitation and Hygiene (WASH) (see Figure 2). This union level engagement is illustrative of one of the distinctive characteristics of MoRES implementation in Bangladesh – the close link to the foundational concepts of the ‘Tanahashi model’. Specifically, there has been a strong emphasis on the concepts...
of ‘effective coverage’ and ‘tracer interventions’ – i.e. the model\(^3\) that an intervention with established effect size (or proven efficacy) replicable at scale can demonstrate, the progressive improvement in the coverage of a particular intervention, and show the functioning of the service delivery system or practice promotion strategy it was chosen to represent. The Tanahashi model traditionally demonstrates five levels or steps that coverage for individuals, groups, or populations in need must pass through to obtain effective coverage of services or interventions, and highlights how the proportion of people able to access care may diminish at each stage. Therefore, data collection at union level to-date has been focused on identifying where the coverage drop is highest to prioritise ‘corrective actions’ to address bottlenecks at this stage. The bottlenecks and barriers analysis is then focused on these areas – it is still very much framed by the determinants framework, but data on the levels of coverage allows corrective actions to be targeted to gaps where the greatest gains can be achieved. The steps have been articulated by the BCO as “The L3M pathway” and are captured in figure 3 below.

![Figure 3: “L3M pathway” - Steps in identifying and measuring bottlenecks to scale up effective coverage of key interventions](image)

The focus on generating Tanahashi style coverage data for sector level tracers at the sub national geographical level lies at the core of this pathway and demonstrates how the BCO merged Tanahashi concepts and tools with the MoRES approaches. For each tracer intervention, key indicators have been defined for the levels of coverage, against which data were collected through a combination of household surveys, facility assessments, focus group discussions, and water quality testing. During 2012, union level data collection was conducted in two pilot unions - this was scaled-up to a further 22 unions in 2013 and there are plans for an increase to incorporate 48 unions during 2013-14. These data were used to identify priority bottlenecks and define corrective actions. In pilot districts, UNICEF staff reported that there has already been action taken by partners to remove bottlenecks - for example more frontline health workers were appointed following a consultation with the health sector – and there is some evidence of increasing collaboration between sectors and partners; however, there has not yet been repeated monitoring to track progress in

\[^3\] A concept based on: a) effect size as basis for efficacy; b) effective coverage of implementation at scale; c) tracer intervention as performance marker of the service delivery system/strategy and; d) targeting the most deprived districts as explicit geo-equity focus on most disadvantaged populations.
reducing bottlenecks. Capacity building at community level has been a key feature in the union level activity, through the recruitment of local volunteers to conduct data collection. Comments from zonal offices and volunteers suggest that this has been a positive aspect of the process.

A central element of the BCO strategy in terms of MoRES implementation is captured by the phrase ‘positive contamination’. This phrase - which was used by a number of BCO staff - puts an emphasis on taking key ‘components’ of MoRES and finding ways to strategically engage and influence stakeholders at the national and the subnational levels to take on these components. Figure 4 attempts to graphically reflect the strategy of BCO in implementing MoRES - the ‘positive contamination’ space captures a range of different influencing and engagement activities and pathways. Opportunities for ‘positive contamination’ have been created through the strategic implementation of ‘MoRES-type’ activities at various levels and the leveraging of these experiences in influencing programme at various stages of the programming cycle with key stakeholders. One of the most prominent examples of this – and certainly one that represents the biggest early investment – has been the implementation of union level data collection. The initial objectives of these pilots were to test and validate key elements of the MoRES approach (namely, bottleneck analysis, determinants analysis and level 3 monitoring) and to demonstrate the additional value of these approaches to district level programming. Critically these pilots generated extensive coverage data on five tracer interventions covering multiple sectors. This has meant that each sector has been able to utilise the data generated to further their work in different ways (see below for sector specific activities). However, more broadly, the data collected have functioned to engage government and partners in bottleneck analysis and successfully advocate for the need for better monitoring data to close the equity gap, thereby increasing support for activities to generate those data. BCO’s view is that MoRES, in the longer term, could bring greater clarity to how evidence from routine monitoring are utilized to address corrective actions; and to document how national systems are strengthened to be more accountable in closing equity gaps. The emphasis in selection of tracers has been on selecting interventions which are supported by strong evidence that achieving effective coverage at scale will lead to impacts on development outcomes – namely, interventions that can be used to demonstrate results. BCO is now planning for the upcoming midterm review (MTR) which will occur in 2014, and has highlighted that MoRES will “contribute significantly”⁴. The intention is that, as part of the MTR process, the sub-national and sector specific data on bottlenecks can be aggregated to national level and inform changes to the national development programme – the SitAn will be updated and intermediate results adjusted if there is evidence suggesting this is necessary.⁵

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⁵ Given that its introduction to Bangladesh came in the context of the first year of a new GoB-UNICEF Country Programme (2012-2016), it seems that the MoRES approach has not significantly shaped the contents of the current Country Programme. It was noted in interviews with some sectors that the intermediate results (IR) were reviewed with a MoRES ‘lens’ prior to being finalised – resulting in some amendments.
Partnerships are a key aspect of BCO’s work, and BCO have formed a number of interesting collaborations - some of these are directly linked to MoRES, whereas others are existing relationships that have been developed, and in some cases expanded, in light of the way that BCO is implementing MoRES. Table 1 provides a summary of the partnerships, and further details are provided below.

Table 1: Existing and developing partnerships

<table>
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<th>Partner</th>
<th>Example activities</th>
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| James P Grant School of Public Health (JPGSPH) | • Tanahashi Rounds  
  - Capacity building through engagement with training programmes (e.g., engagement of MPH students in applying Tanahashi methodology in the field; on-going discussions on development of short courses on M&E for health professionals) |
| Bangladesh Institute of Development Studies (BIDS) | • Generation of knowledge on barriers in existing programmes  
  • Research and evidence generation, e.g. use of 2011 Census data to produce “Child Equity Atlas” |
| Bangladesh Bureau of Statistics (BBS) | • Situation monitoring of children (in the form of the MICS) |
| National Institute of Local Government | • Capacity Building of Local Government Institutes and officials on level 3 monitoring and application in decentralised planning; for example, Training of Trainers (ToT) |
| Multi-partner initiatives (IMED, BBS, BIDS) | • Ongoing discussions about a level 3 monitoring partnership in support of Monitoring for Results of the Bangladesh Sixth Five Year Development Plan |
| Sector Specific Partnerships | • Local Level Planning ongoing in Health, Nutrition, Education, Child Protection and Water Sanitation and Hygiene (WASH)  
  • National and sub-national level capacity development, development and deployment of MoRES Informed tools into the Management Information System (MIS) and definition and roll out of standards |

The collaboration with JPGSPH is well established. One of the core activities have been discussion meetings, known as ‘Tanahashi Rounds’, conducted with key stakeholders – these have focused on MoRES issues with the aim that they act as a “multi-stakeholder learning platform” for knowledge and experience sharing and application of the Tanahashi methodology with determinants analysis. Seven Tanahashi rounds have been conducted and are perceived as having been fairly effective in terms of engagement of government and partners – with evidence of increased awareness of, and
engagement with, the methodology and some anecdotal evidence of subsequent use of the determinants framework. However, there is also a recognition that it would be beneficial to attract a broader range of stakeholders and that an evaluation is required to assess what impact the Tanahashi rounds have had.

The partnerships between UNICEF, BIDS and BBS are seen by stakeholders as positive in that they are examples of government-owned initiatives – BBS and BIDS are responsible for data collection and analysis, with UNICEF providing technical and financial support. Following the development of the Child Equity Atlas, the intention is that the evidence can be used to inform the development of nationally led policy briefs.

UNICEF is working with the National Institute of Local Government on cascade training to increase capacity at local level (for example in situation analysis and level 3 monitoring); thereby reducing the requirement for UNICEF inputs in terms of data collection and analysis. A Training of Trainers programme is on-going and the objective is that the results of these local-level initiatives can be used to challenge national level planning during the 2014 MTR and other reviews (i.e. UNDAF, sector) and advocate for more decentralised decision making.

Discussions are currently on-going about the development of a multi-partner initiative, involving a collaboration between BCO, the Implementation Monitoring and Evaluation Division (IMED) of the Ministry of Planning, BBS and BIDS. IMED have overall responsibility for monitoring development results of government activities, but capacity is limited. Therefore, the agreement could function to both increase the capacity of IMED and other line ministries in evaluation (for example, short courses and teaching from JPGSPH) and to implement data collection and analysis for level 3 monitoring (through BBS and BIDS), including the use of technology such as smartphones to track and report effective coverage of key social sector interventions.

**Sector Specific Summaries**

One of the key characteristics of the BCO experience with MoRES has been the way different thematic sectors have assimilated MoRES in to their work in different ways – BCO feel that this demonstrates the “handle of the cup” value of MoRES. The examples below illustrate how different sectors have used data and knowledge from different MoRES activities to amend UNICEF, government and partner development programmes.

1. **Education**

The education sector provides a good example of how BCO has engaged government in the process of union level data collection and reporting, given the selected tracer intervention of pre-primary education (PPE). In particular, the following achievements were highlighted:

The education section in BCO actively engaged with GoB in a process of defining standards for quality of coverage of pre-primary education (PPE). This was necessary given that the GoB has engaged with the issue of PPE fairly recently. This dialogue with the government has represented a

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6 The Child Equity Atlas: Pockets of Social Deprivation analysed data from the 2011 Census, reporting on patterns of social inequalities, areas of progress and persisting pockets of social deprivation. It also compared data of the Population Census 2001 and 2011, reporting on progress made in the key social deprivations faced by children, adolescents and women, at district and sub-district levels.

7 For example, “effective coverage” of PPE is measured by the “number of eligible pre-school children living in households located within 2 km of a trained PPE teacher engaged in service with 75% attendance that complete one year, attaining competencies”.
valuable opportunity to engage with standard setting, has ensured that indicator definitions are aligned with existing government guidelines and has promoted government buy-in.

Results from the data collection in the education sector provided an opportunity to advocate for better data and monitoring systems, through identifying specific limitations in the 2011 census data and other monitoring results – for example, data on number of PPE teachers deployed were used by GoB as evidence for coverage, when, in fact, MoRES data revealed that many of them had been transferred into other age groups and therefore were not, in fact, delivering PPE.

The union level results in the education sector also provided a strategic advocacy tool to highlight the need for locally specific interventions through demonstration that coverage gaps are not generic. Some zonal offices and partners specifically identified PPE and the education sector as a case where community level service providers had increasingly ‘bought in’ to the importance of exercises such as bottleneck analysis in informing decision making and identifying locally specific responses.

2. Health

The objective of the health section was to use the union level MoRES approach strategically to introduce evidence based planning and monitoring at national, district and sub-district level. Through engagement with Department of Health Services (DGHS)/Extended Programme of Immunisation (EPI) department’s programme, the UN joint Maternal and Newborn Health Initiative (UNFPA, WHO and UNICEF), and the Maternal, Newborn and Child Health (MNCH) programme, the following results have been achieved:

- Through revision of a Local Level Planning (LLP) tool and the introduction of the MoRES/Tanahashi concept, the LLP process has become more analytical, evidence based in planning and target setting, and more realistic in terms of budgeting.
- The health section has been advocating MoRES at a central level as a solution to closing the ‘20% gap’ in immunisation coverage. A micro-level planning process was already in place in the UNICEF-focus underperforming districts; however, BCO introduced MoRES to strengthen that process with a good response from GoB. An Immunisation Policy has been drafted with explicit formulation of effective vaccination coverage as measurement instead of traditional vaccination coverage formulation.
- LLP processes have been scaled up from the immunisation programme to the MNCH and Nutrition programme. LLP based on MoRES approach is conducted at the Upazilla (sub-district) level of three low performing UNDAF districts. Planning and budget allocation has been revised focusing on activities to remove bottlenecks.
- In the UN (UNICEF, UNFPA, WHO) Joint MNHI programme, LLP was also already ongoing in four districts; however, this had previously utilised the WHO Root Cause Analysis tool. Seven further districts have now been added to the initiative, and, as part of that process, the UNICEF health section has been trying to introduce the MoRES approach. This has met with a mixed response from partners – however, there is now agreement on the use of a combined tool (incorporating principles of MoRES plus additional aspects of the WHO tool) in the 11 districts moving forward.

8 32 out of the 64 districts have coverage under the national average; of these, UNICEF are specifically targeting their efforts at 11 districts and two city cooperations.
The MoRES process at union level has helped the BCO Health section to revise GoB HMIS indicators and expand and revise COIA indicators based on the effective coverage concept.

A Monitoring and Evaluation tool for Health facilities' performance was developed based on MoRES (Tanahashi) concept and applied in nine districts.

The health sector in Bangladesh represents a large and complicated field in which to implement MoRES – there are complex government systems (for example, parallel departments for Health Services (DGHS) and Family Planning (DGFP), and many other development partners with their own tools and initiatives. UNICEF in Bangladesh is respected for its technical input, but its direct funding to the overall sector is small compared to other partners and the health budget of the GoB itself. Given this, one of the notable aspects of BCO health section’s work has been its level of ambition in the application of MoRES and its continued efforts to institutionalise it. By working at Upazilla and district level instead of at union level, they are able to implement MoRES (in the form of local level planning) at a larger scale – and are working on capacity building at multiple levels of government. There is already evidence of more targeted planning processes, based on identification of bottlenecks as a basis for budgeting. During the MTR (in 2014), the intention is that the evidence generated on local level bottlenecks and the reporting on planning processes can be used to advocate for more decentralised decision making and to further prove to central government that there is capacity (and value) at district level for planning and budgeting based on local needs and knowledge of bottlenecks - as the basis for budgeting in the health sector Annual Operational Plans (AOP). The health section have gained buy-in from government through strategic engagement with existing programmes such as EPI, which is a flagship programme for GoB and one in which the benefits of applying bottleneck analysis (in reaching the ‘fifth child’9) is being demonstrated.

3. Child Protection

The child protection section in BCO is engaging with MoRES in two main streams of work – through the union level analyses and through parallel initiatives in the area of child marriage.

At a local level, there is evidence of increased coordination between the sectors of child protection and health as a result of the bottleneck analysis of birth registration conducted during the union level pilots, which in itself is an important achievement. At a larger scale, pilot data were used successfully as an advocacy tool with GoB, leading to the incorporation of birth registration within 45 days into a national level monitoring and civil registration strategy. The choice of birth registration as a tracer intervention is an example of the pragmatic approach of BCO in selecting interventions that can demonstrate results - birth registration fits more naturally into the Tanahashi framework and the indicators and the measurement of coverage are well-defined; therefore, the union level surveys were able to successfully generate data that could be used to advocate for further scale-up and engagement of partners and government.

However, it was noted by the section that birth registration is not the most representative tracer for the child protection sector – there are multiple complex systems and issues within the sector, and birth registration is a very discrete intervention, which does not adequately reflect this. Therefore, alongside the cross-sectoral work, the child protection sector has been actively engaging with

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9 The ‘fifth child’ was referenced in interviews conducted with BCO; more widely, UNICEF has used the ‘fifth child’ to refer to the millions of children globally who are not immunised, and are often among the poorest and most vulnerable (http://www.unicef.org/immunization/)
MoRES in the area of child marriage. The evidence base around ‘what works’ is only emerging (in contrast to other sectors like health, where the evidence base around most interventions is clear) – therefore, MoRES can arguably be best used in a slightly different way, to contribute to that knowledge base. To that end, the BCO child protection section has started strongly from a level 1 perspective, conducting a Situational Analysis. In conjunction with their partners in the Adolescent Cluster, a stakeholders’ workshop (including government, NGOs and UNFPA) was held to identify priority bottlenecks, framed by consideration of the determinants framework. This was then used to inform development of a strategy with associated interventions – against which level 2 and level 3 monitoring could be done. The application of MoRES in child protection in BCO exemplifies the dual nature of evidence generated by MoRES that was highlighted by other staff at BCO – in the short term, monitoring is directly feeding back into improving the way that programmes are conceptualized and delivered, and in the longer term, the results are being used to systematically build the broader evidence base about what works in child protection.

4. Nutrition

The focus of the Nutrition sector has been to leverage the MoRES processes implemented in the country to not only help generate better planning and monitoring – but to help partners better set standards, targets and norms. This has included a strong focus on accelerating scale-up and mainstreaming of Nutrition focused interventions and measurement tools in Bangladesh.

The data from the union pilots have highlighted clear bottlenecks resulting in incredibly low (zero!) levels of both adequate and effective coverage of iron-folic acid (IFA) supplementation in the unions. The bottlenecks were different in the two unions; therefore, UNICEF used these data as a way to work with stakeholders at the national level to highlight the fact that a more nuanced and detailed understanding of the issues involved in IFA supplementation is needed. These data allowed detailed analysis of bottlenecks to effective coverage of IFA supplementation to be conducted jointly with communities and corrective actions to be implemented. According to the UNICEF reports the proportion of pregnant women consuming an adequate dose of IFA tablets during pregnancy has since increased from 13% to 21% among 3,927 mothers.10 At the national level the data have also been used to set up discussions with Government and the Micronutrient Initiative to hold national technical workshop on improving effective coverage of IFA (November 2013).

In addition to the work on the IFA supplementation indicator, UNICEF has engaged at the policy and technical support level with the Government to work towards agreement on a ‘full set’ of overall nutrition indicators that reflect ‘Effective Coverage’. This work has also been associated with establishment of a UNICEF supported Nutrition Information, Monitoring and Planning Unit (NIMPU) – a practical step for mainstreaming MoRES approaches in to national systems.

5. WASH

As with Nutrition, the UNICEF team working on WASH used the 2012 union pilot as a key way to both better identify corrective actions at the union level as well as inform an engagement strategy with local and national stakeholders around improved definition of coverage. The union pilots helped highlight how the factors contributing to effective coverage varied enormously between areas. This information was used to help better define individual corrective actions for those unions (particularly

10 Source: MYCNSIA project monitoring reports 2013
with respect to water quality issues for example) as well as provide a clear advocacy platform for engaging government on these issues.

In relation to the latter this union data were used to bolster UNICEF’s position as “knowledge partner” with the government and provide programmatic support to the government on water quality monitoring and analysis (through the provision of supplies and capacity building of personnel and systems) as well as reinforcing the importance of Water Safety Plans at a household level.

Achievements, Challenges and Lessons Learned

The BCO has achieved a lot in a short space of time with regard to MoRES and lessons are already being learned about the nature of change that can be achieved using elements of MoRES and how this change might play out. While it will take some time for the possibilities and best practices to crystallize, some of the initial gains, lessons, challenges and resource implications are already becoming clearer.

Key Achievements

The BCO has been an early adopter of MoRES and has engaged actively from the outset with a strong drive from the top. This has resulted in a number of key achievements. All sectors – as part of the GoB-UNICEF Country Programme - have engaged with pioneering the formulation of sector specific measures of coverage. The comprehensive pilot in two Unions completed has provided ‘proof of concept’ within and across sectors and been used as a tool to leverage change through advocacy and programme engagement. Beyond proof of concept, the choice of interventions was informed by focus on scale and replication to close equity gaps in effective coverage of services, for children in most deprived scenarios. The on-going geographic scale-up of MoRES L3M activities to 22 unions is showing scale and will generate more data and hopefully patterns of bottlenecks. Good examples of “positive contamination” within and outside UNICEF include: the programming shift within UNICEF country office and with partners; engagement of government in standard setting; advocacy for addressing identified coverage gaps; building of capacity in bottleneck analysis; local level planning using bottlenecks and determinants; evidence generated to inform national level strategies; Tanahashi rounds and focus on effective coverage of social sector services with tracer interventions. Partnerships are expanding across sectors and local governments. There is already some evidence of “results” - certainly at the outcome level for key sectors.

Contextual Challenges

Bangladesh has multiple donors/development partners operating in country, making for a very complex environment and UNICEF is a relatively small ‘player’ in Bangladesh in ODA terms. Centralisation means that MoRES “fits” differently at different levels of government – with implications for systematic scale-up. The structure of government requires astute response to power, autonomy, relationships and associated sensitivities (governance and management challenges). Complex/fragmented planning cycles mean that timing is critical. Funding flows and implementation are also complex and fragmented. Large, centrally planned SWAPs in health, nutrition, population and education are poorly responsive to sub-national disparities in supply/demand bottlenecks, although BCO’s view is that they should still be influenced by evidence. BCO is already positioning itself to seize opportunities to use the “handle of the cup” to provide central planners with reality checks.
Process and Methodological Challenges

Staff highlighted that the process of union level data collection had been very time and resource intensive – in particular, the zonal offices reported that they had committed substantial time to the process; and therefore, there were concerns about the replicability and sustainability of the process, unless government and partners could be further engaged systematically. It was noted that the use of local volunteers during the union scale-up had mitigated some of the requirement for UNICEF engagement in data collection, but that this created new challenges in terms of the need for additional data quality control. In the education section particularly, the process of defining standards and indicators in conjunction with GoB was particularly challenging in terms of the time taken – therefore, at the point of the evaluation team’s visit, the results of the bottleneck analysis were in the process of being validated, although some of the corrective actions (particularly standard setting) were already being implemented. It was also highlighted by zonal offices that there is an issue in managing expectations from government and partners that UNICEF resources will be available to deal with bottlenecks once they are identified – this was corroborated by the meeting with volunteer data collectors, who noted that there was an expectation from the community that, once identified, problems would be solved. Overall, a broader issue seems to be that there is not yet consistent ownership of the process (including responsibility for corrective actions), and to some extent it is seen by some partners as a “UNICEF show”. Much of the policy-making in Bangladesh occurs at a centralised level. Therefore, it was noted that if bottleneck analysis is done at a local level, there is sometimes limited ability for local level officials to use the data to inform planning – the inference from this is that the engagement of decision makers at a central level is key. BCO feel that UNICEF have a comparative advantage in connecting local level evidence to policy, programme and budget decisions at national stage – using the MoRES ‘handle of the cup’.

Lessons Learned

Bangladesh is a powerful example to highlight how UNICEF can utilise its position to influence other players (“positive contamination”) and provides a very good illustration of how commitment and innovation at CO level can make things happen. The focus on generating proof of concept through pilot unions has been very valuable (although not without significant initial costs) and there are some examples of very interesting rollout ‘stories’ which are capturing the way different sectors have leveraged MoRES to further their specific programme objectives. In some cases these examples are already showing results at the outcome level. The on-going credibility of L3M hinges on a number of factors, including cross-sector selection of additional tracer interventions, generation of evidence about how to maximise effective coverage of services and practices, appropriate selection of indicators of coverage and means of verification, and prioritization of bottlenecks to formulate and implement corrective actions.

There is a clear demonstration of “learning by doing” – and the focus has been on implementing MoRES as an evolving approach. UNICEF Bangladesh are continually seeking to strategically develop and improve their engagement with the MoRES approach. This is manifested in the
development of a plan for MoRES implementation in Bangladesh\textsuperscript{11}, as well as further initiatives that were discussed during the evaluation team’s visit. In particular:

- **Thematic scale up**: Bangladesh are currently monitoring five tracer interventions as part of the union level collaboration, but plan to increase this to ten or more “to reflect the diverse and complementary nature of programme areas being supported by UNICEF.” BCO’s view is that the addition of further tracer interventions and accumulation of knowledge on the patterns of bottlenecks within sectors, will lead to gains from early investments in data collection; hence, BCO is working to integrating ‘effective coverage’ indices in to sector management information systems and in a new partnership with BIDS, BBS and IMED.

- **Geographic scale up**: Following on from the first phase of scale-up, there are plans to increase the scope of union level data collection to 48 unions in 20 UNDAF districts.

- **Use of ‘Lady Registrars’**: BBS has Lady Registrars in place (in 1500 primary sampling units) who currently collect household level statistics to support the Sample Vital Registration System of the country. Through its partnership with BBS, BCO aims to utilise this platform and empower the Lady Registrars to collect data on effective coverage of basic social services and practices.

- **ICT initiatives**: Since the process of collection of information at the union level is resource intensive in nature, as noted by sector and zonal level staff, BCO is exploring alternative methods of data collection in order to mitigate some of the associated effort, as well as potentially empower communities. The intention, as reported by staff at BCO, is to put in place ICT initiatives that can reduce the level of effort associated with real time monitoring, and make it possible to conduct data collection on a more frequent basis (possibly two or three times per year) than is currently possible.

Part II: ANALYSIS OF THE BANGLADESH EXPERIENCE OF MoRES

As currently understood through its application and analysis of documents, MoRES is “a conceptual framework for effective planning, programming, implementation, monitoring and managing for results to achieve desired outcomes for the most disadvantaged children.” The most recent briefing note references MoRES as “intended to enhance and sharpen country programmes of cooperation for accelerated results for the most disadvantaged children.”

The following section of the report reflects upon Bangladesh’s experience of MoRES through the prism of seven key elements of the Monitoring Results for Equity System: (1) Situation Analysis; (2) Determinants Framework; (3) Barrier and Bottleneck Analysis; (4) Monitoring of Intermediate Outcomes; (5) Monitoring at the Appropriate Level of Decentralisation; (6) Regular Adjustment to Programming; (7) MoRES as a system. A summary of the basis for analysis of each element is included in the table. This system based analysis is followed by an assessment of the assumption associated with MoRES within this country context and a summary statement on the MoRES cause and effect chain as it presents in Bangladesh.

This is not an assessment of the performance of the BCO in relation to MoRES but rather an exercise to help surface issues which may require more focused consideration prior to the further roll-out of MoRES.

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12 Working Document for Internal UNICEF Colleagues: Monitoring of Results for Equity Systems (MoRES), May 25 2012
13 Briefing Note, Enhanced Programming and Results through Monitoring Results for Equity Systems (MoRES), February 2013
14 A model of the MoRES approach containing ten elements has been agreed with the Evaluation Office and is recorded in a Working Paper on MoRES submitted by the Evaluation Team in January 2014. Two of these elements (the focus on equity and the focus on key deprivations are organisation wide issues and are not explored within each case study; the tenth element (national ownership and scale up) is treated within the assumptions section of the analysis below. The approach is explained more fully within the Formative Evaluation of MoRES: Final Report.
## 1. SITUATION ANALYSIS

<table>
<thead>
<tr>
<th>Basis of Analysis</th>
<th>Findings and Conclusions</th>
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<tr>
<td><strong>The theory underpinning the</strong> situation analysis (as influenced by MoRES) is that it should (1) involve a refocus on equity and (2) a focus on key deprivations if the most disadvantaged children are to be identified. Further, (3) the situation analysis should identify the causes and consequences of deprivations. <strong>Conceptual issues/challenges</strong> relate to (1) questions over whether equity is consistently defined, (2) the robustness of the tools and evidence base which inform the analysis, (3) prioritisation in situations of multiple deprivations (4) the extent to which there is buy-in to the approach as a joint exercise and (5) the appropriate level of decentralisation for situation analysis.</td>
<td><strong>Findings in Bangladesh:</strong> The SitAn and CPD were substantively drafted prior to the introduction of MoRES; however, there was already a focus on equity and patterns of deprivations had been mapped. To draw attention to pockets of deprivations, the Child Equity Atlas was produced jointly by Bangladesh institutions with UNICEF assistance. BCO is currently working towards the MTR – i.e. using MoRES data to inform updates to the SitAn and CPD. Unions for level 3 data collection were selected based on deprivation patterns, but beyond that the extent of the specific equity focus seems to vary across sectors and interventions – for example, the focus is clear in the case of immunisation, because the coverage is 80% and therefore an equity focus is required to reach the deprived groups who form the 20%. In most sections, the focus is very much on increasing effective coverage and advocating for decentralised planning processes in order to achieve this. There is progress towards equity as a product of universal coverage, but the more explicit focus in terms of BCO’s engagement with GoB is around quality of data and decentralized decision making. <strong>Conclusions:</strong> Equity is at the heart of BCO’s approach in that the mapping of deprivations was used to select regions to pilot the data collection for MoRES. However, beyond that, the emphasis seems to be more around advocating for decentralised planning processes – focusing on improving levels of effective coverage – by using the MoRES evidence and facts to advocate/challenge national planning and budgeting based on local knowledge of bottlenecks. Given the limited scope of the current data collection, there is a question about the extent to which further expansion or integration in to the government systems, and capacity building, is required in order to routinely collect sufficient data to inform locally specific situational analyses – and promote evidence-based planning in key sectors and budget decisions.</td>
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The **theory underpinning** the determinants framework is that (1) both service delivery and enabling environment factors need to be tackled to reach the most disadvantaged children and that (2) the framework of ten determinants has generic application across all sectors and (3) represents the necessary conditions for outcomes to be achieved.

**Conceptual issues/challenges** relate to (1) the number of determinants, specifically whether the ten determinants cover all relevant factors sustaining deprivation and (2) the difficulties in identifying indicators which enable the measurement of determinants in a consistent way.

**Findings in Bangladesh:** In most sectors and most interventions, the determinants framework is applied during level 3 monitoring, in conjunction with a Tanahashi style approach. The Tanahashi model is logically applied to identify where the problems in attaining effective coverage lie (through monitoring of indicators against the five levels – from availability of the service to effective coverage), and then the determinants framework is used to frame stakeholders’ thinking around the bottlenecks and corrective actions to correct them. For example, in the health sector, local level planning workshops are convened – these involve the analysis of the data on coverage, identification of bottlenecks (according to the domains of the determinants framework) and identification of corrective actions. These are then translated to local level plans. The intention is that corrective actions are monitored every 6 months; however, there have not yet been additional rounds of monitoring. The process of developing indicators is done through a consensual procedure involving multiple stakeholders, but convened by UNICEF. The tracer interventions selected by BCO were pragmatic choices in order to be able to diagnose system weaknesses, demonstrate and measure results; therefore, they were interventions for which the indicators for the levels of effective coverage could be determined relatively easily – for example, it was reported that data collection for birth registration is relatively straightforward compared to some child protection issues (e.g. child marriage). This functioned to allow BCO to demonstrate proof of concept, but has implications for the strength of the tracer – both the health and the child protection sections of BCO noted that the interventions chosen (immunisation and birth registration) were not the most typical tracers in complex sectors. All programmes are currently working to identify additional interventions for inclusion in to the MoRES pathway. There is limited evidence of further monitoring of corrective actions (e.g. against the determinants) – so far the initial emphasis has been on identifying the bottlenecks.

**Conclusions:** The determinants framework is being applied to identify bottlenecks across the sectors in BCO, with no particular glitches identified in its application. However, this is applied in conjunction with the Tanahashi model and the levels of effective coverage are not universally applicable (for example, in relation to social norms) - BCO's overall approach (i.e. based on union level data collection on effective coverage) may be more suited to monitoring factors related to service delivery and practices for which the theory of change are relatively evidence based. There has currently not been robust proof of concept in terms of monitoring against the determinants framework, because a) to-date the interventions have been selected pragmatically for their ability to be monitored (as well as evidence plus their effect size), and b) the focus has been on monitoring against the levels of effective coverage to identify the bottlenecks and measure effect of corrective actions.
### 3. BARRIER AND BOTTLENECK ANALYSIS

| **The theory underpinning** bottleneck and barrier analysis is that (1) the strength of any system is determined by the strength of a minimum factor, that (2) similar interventions share the same bottlenecks such that “tracer” interventions can be monitored to measure the performance (by proxy) of other interventions, (3) if bottlenecks for the most disadvantaged are not addressed, it is likely that the situation of the most marginalised will worsen relative to the wider population over time and (4) the analysis of bottlenecks and barriers will lead to the identification of evidence based strategies and innovations to overcome them. |
| **Conceptual issues/challenges** relate to (1) the quality of data sources, (2) uncertainty as to whether bottlenecks are generalizable, (3) whether bottlenecks may mask deeper bottlenecks and (4) difficulties in identifying solutions. |
| **Findings in Bangladesh:** The barriers and bottleneck analysis in Bangladesh is explicitly focused on the Tanahashi model of effective coverage. Barriers and bottleneck analysis in BCO is currently a consensual process with stakeholders (for example in local level planning activities), in which bottlenecks are identified based on the determinants framework, in light of the results of monitoring against the levels of effective coverage of five tracer interventions. The steps taken are: 1.) collection of data against the indicators for the levels of effective coverage for each tracer; 2.) analysis of the levels of effective coverage, to identify where the most substantial decrease in coverage is occurring (i.e. the limiting factor); 3.) identification of bottlenecks, considering the domains of the determinants framework; 4.) identification of corrective actions. As mentioned above, there are questions over the choice of tracer interventions in BCO – the health and child protection sections report that while immunisation and birth registration are easy to collect data on, and therefore can be used to demonstrate results, they may be only partially representative of the performance of the rather more complex systems and issues in these sectors.  
Union level pilots were done in two unions, this number has increased and will be further increased in 2014. Data collection and analysis in the first two unions was done by UNICEF staff and key government officials; however there is now use of volunteers (who receive per diems only) for data collection. It is reported that this could affect the quality of data, and overall is a resource intensive process.  
**Conclusions:** BCO has committed to a substantive data collection effort; however, this was initially resource intensive and time consuming, and raises questions about the sustainability and regularity with which the data collection and resulting bottleneck analysis can be performed – given that bottlenecks are dynamic, this has implications for the prioritisation of resources. The choice of tracer interventions was pragmatic in that they were selected to be able to demonstrate results; however, this affects the extent to which they are representative of the system and therefore their appropriateness as a tracer. |
The theory underpinning the monitoring of intermediate outcomes is that (1) they represent the missing link between outputs and outcomes, (2) data gathering at this level can inform timely corrective action with regard to programme implementation as well as (3) help document what works.

Conceptual issues/challenges relate to (1) identification of appropriate indicators, (2) how often data should be gathered, (3) challenges associated with the use of specific tools for more real-time monitoring.

Findings in Bangladesh: In Bangladesh, the intermediate outcomes in terms of progress towards impact are framed as the levels of effective coverage; however, a process for real-time monitoring is planned but not yet in place. To-date, what is effectively a baseline to identify the bottlenecks has been conducted – i.e. in each sector, for each tracer, indicators for the levels of effective coverage have been defined, there has been analysis to identify where the most substantial decrease in effective coverage is occurring (i.e. the limiting factor) and then identification of bottlenecks and associated corrective actions are identified. The intention moving forward is that monitoring of corrective actions should be conducted every 6-12 months and indicators of coverage should be monitored less regularly (i.e. annually). However, beyond the initial phases of data collection (two pilots and then the first round of expansion) a regular process for this is not yet in place. BCO are exploring opportunities for different modes of monitoring; for example, the use of information communication technologies, or data collection by lady registrars, in order to try and mitigate the high level of resources that are currently required for monitoring, while building national capacity and systems.

In the case of child marriage, it was specifically reported that monitoring of intermediate outcomes is being used to build an evidence base around what works. The evidence base for prevention of child marriage is not strong globally; therefore, monitoring is being done against a strategy developed by UNICEF and partners, in order to inform the choice of interventions in future.

Conclusions: The experience of BCO raises questions about how often it is appropriate and feasible to conduct monitoring, and what methods should be used. To-date, monitoring has functioned to allow a baseline identification of bottlenecks but there is not yet a process in place for regular monitoring of intermediate outcomes that would allow timely changes and corrective actions – i.e. there is to date limited evidence to support a proof of concept from the Bangladesh experience that regular monitoring will lead to timely implementation of corrective actions.
### 5. Monitoring at Appropriate Level of Decentralisation

<table>
<thead>
<tr>
<th>The theory underpinning the monitoring at appropriate level of decentralisation is that (1) deprivation patterns are contextually specific, (2) local level planning must be based on local level needs, (3) local data can be a useful basis for advocacy for local level decision making and empowerment. However, (4) some bottlenecks are best addressed at central level. (5) Partnership in general and the use of government systems in particular is a key consideration.</th>
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<tr>
<td><strong>Conceptual issues/challenges</strong> relate to: (1) the level of decentralisation which is most appropriate since for example context may vary at levels lower than district, (2) the weakness of data collection systems at local level, (3) capacity for data analysis and (4) potential de-link between data access and decision making.</td>
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### Findings from Bangladesh:

In Bangladesh, the substantive monitoring is being conducted at union level; however, this is currently in a limited (but increasing) number of unions. These data are being used to advocate to the government about the need for better data; for example by exposing limitations in other data sources, and to advocate for more decentralised decision making processes through illustration of the fact that bottlenecks and barriers are locally specific. However, in health, BCO is focusing at upazilla/district level, because the programme is broader reaching and therefore there is no need to be limited to a small number of unions. In addition, upazila/districts are the tiers of government mandated to plan and deliver health services at local levels, based on national policy and delivery strategies.

Union level data collection in its current manifestation is a new process that does not build on existing systems – data collection and analysis, especially in the first phase, was performed by UNICEF staff. This is at least partially a function of data that are available from existing systems – the view of the BCO (ratified by the results of initial efforts in data collection), is that the quality of government data is poor. In order to advocate for improvements, evidence is required that demonstrate weaknesses. Part of the function of the union level data collection is to generate this evidence - for example, in the education sector specifically, the union level data was used to highlight imprecisions in 2011 census data. The second phase of union level data collection utilised local volunteers; however, this was still funded and managed by UNICEF, rather than utilising existing systems - often weakened by lack of independence, poor timeliness and low quality of data. There are discussions occurring about how to develop this process in future though (for example through the use of lady registrars for data collection), given the time and resources that are currently allocated to the process and the drive to build national accountability.

**Conclusions:** There is a question (and indeed a difference of opinion within BCO) about the appropriate level for monitoring – on the one hand, data are being used to advocate for more decentralised processes (in a context where decision making is very centralized) and therefore sufficient disaggregation is needed to illustrate why this is important, but on the other hand, engaging at union level limits the coverage of data collection, given the resource intensive nature of the process.
The theory underpinning regular adjustment to programming is that (1) bottlenecks are dynamic and so timely adjustments to strategic responses are needed, (2) adjustment means that programmes can be more aligned to current needs and progress and so support (3) results based management supported by robust evidence.

Conceptual issues/challenges relate to (1) the need for commitment from multiple actors on the basis of (2) consensus on corrective actions, (3) the need for resources to fund corrective actions, and (4) uncertainty over periodicity of programme adjustment.

Findings in Bangladesh: There is evidence of corrective actions being implemented across the sectors in Bangladesh. For example, in health, in the pilot districts more frontline health workers were appointed following a consultation. In nutrition, the results of the bottleneck analysis led to improved packaging of IFA tablets, development and use of monitoring tools for service providers to forecast adequate supplies, communication and reminder tools for mothers. However, in education, discussion with stakeholders has commenced but this process is slow – the development of indicators and associated data collection processes were time consuming and therefore definition of some of the corrective actions is ongoing. As highlighted above, the frequency with which it is possible to conduct data collection has implications for how up-to-date the evidence on bottlenecks is, and therefore the extent to which it is possible to frequently revise the priority corrective actions to ensure that the most significant issues are those that are being dealt with. There has not yet been a process of repeated monitoring of either corrective actions or bottlenecks.

One issue raised was around who has responsibility for implementing the corrective actions – it was highlighted that there is an expectation from government and the community that UNICEF funds will be available to support this, and that this is not always the case.

BCO, beside programming engagement with sectors, are working towards the MTR when evidence collected at local level will inform revisions to the SiTAn and changes to the programme as necessary – i.e. the data that have been collected as part of the union level surveys will feed back into the equity refocus of the programmes.

Conclusions: Resources are a key issue – both in terms of those available to support data collection processes (which inform appropriate corrective actions) and those for implementation of corrective actions. There is still an expectation that these will be supplied by UNICEF – although there is buy-in in terms of involvement in processes (such as local level planning processes), there does not yet seem to be substantive demonstration of commitment from the government’s revenue budget – in terms of marginal budgetary provisions beyond the regular sector funds; most of which are either assigned or informed by AOPs which MoRES is poised to influence. Currently, there has been identification of bottlenecks as part of the union level data collection (i.e. as a baseline), but there is no evidence yet of regular monitoring to capture the dynamic nature of the bottlenecks. There is proof of concept for data feeding into local level planning processes; however, as yet there is more limited evidence of feedback into national level programmes.
## MoRES AS A SYSTEM

<table>
<thead>
<tr>
<th>The <strong>theory underpinning</strong> MoRES is that (1) the four level system allows multiple entry points, (2) each level informs the next and is informed by the preceding level, (3) the system is flexible in terms of where to start.</th>
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<tr>
<td><strong>Conceptual issues/challenges</strong> relate to (1) clarity over what each level involves, (2) whether MoRES can be effective if less than all levels are applied and (3) how MoRES maps onto the programme cycle, including evaluation.</td>
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### Findings from Bangladesh:

Level 2 has been implemented in the form of revised guidance and tools but the main entry point in BCO has been level 3 monitoring. The [Child Equity Atlas](#) is a contribution to Level 1. In terms of level 3, to-date the primary focus has been on generating union level data on barriers and bottlenecks – as described above, this has been significantly influenced by the Tanahashi model and has entailed a significant data collection effort to create a baseline – as well as basis for broader partnerships. Although planned, there has not yet been a process of repeated monitoring of bottlenecks and feedback; therefore, the full cycle of level 3 monitoring is still being implemented. BCO is in the middle of a CPD which was designed before the introduction of MoRES; however, UNICEF is working towards the MTR in 2014, where the data collected as part of MoRES implementation will be used to advocate to government for better quality of data and decentralised planning processes. The data will also be used to inform the update of the SitAn and therefore BCO is attempting to integrate MoRES into the programme cycle. That said, one of the key ongoing results of the BCO experience has been the way different thematic sectors have assimilated MoRES in to their work in different ways.

**Conclusions:** The focus of BCO’s implementation of MoRES to-date has been on level 3 monitoring; although they are looking ahead to how these data can be used to inform the MTR in a level 1 exercise. Implementation is not yet sufficiently advanced to reach clear conclusions on MoRES as a system. While taking advantage of MTR, it is important to seize every available opportunity – particularly the annual work planning of Government, UNICEF and partners - to utilize evidence from MoRES to refocus partner resources on the deprivations faced by children.
### (b) ASSUMPTIONS

**The MoRES working paper suggests that the following assumptions warrant consideration at the case study level:**

1. **consistency of equity definition**
2. **cost-effectiveness of an equity-focused approach**
3. **data accuracy with regard to deprivations**
4. **focus on key deprivations is a targeting approach** that is acceptable to partners
5. **determinants framework is robust**
6. **staff and partners have capability to apply the framework**
7. **data accuracy with regard to bottlenecks**
8. **analysis will identify true bottlenecks**
9. **resource availability**
10. **tracer interventions can be identified as useful proxies** and indicators for these are time sensitive
11. **capacity exists at decentralised level for intermediate outcome monitoring**
12. **evidence based decisions can be taken at the appropriate level of decentralisation**
13. **resources and political will are sufficient to scale up the approach**
14. **proof of concept emerges over time**

**Findings in Bangladesh:**

- Analysis of deprivations in Bangladesh pre-dated the introduction of MoRES in Bangladesh - the focus on equity in the implementation of MoRES has been geographical through the targeting of the most deprived areas for district and lower level engagement. Monitoring of equity in Bangladesh is currently centred on the levels of effective coverage – it is unclear that this definition is consistently used across UNICEF.
- It is too early to say whether the transfer of effort to a MoRES approach is a more cost-effective route to equity than earlier strategies.
- The determinants framework is being applied across sectors – there were no particular issues in its implementation in BCO; however, it has been applied in a specific way – i.e. to frame thinking around bottlenecks following the identification of the most substantive gaps in effective coverage (according to the Tanahashi model).
- The union level data collection has been initially resource intensive, with implications for how regularly the process could be repeated, or alternatives developed without compromising rigor and credibility. It did not build on existing systems – UNICEF zonal staff committed significant time and resources.
- Questions were raised about data quality in later union surveys – the use of volunteers mitigated some of the resources required by UNICEF in data collection but meant that more quality control was required.
- Resource availability is an issue - the perception from some officials and communities is that UNICEF resources will be available to fund corrective actions.
- Tracer interventions in BCO were selected pragmatically in order to demonstrate results, rather than necessarily as optimally representative of the system.
- Bangladesh is a centralised system; therefore, there is sometimes limited ability for decentralised decision making – e.g. plans and budgets still have to be approved centrally.
- There is evidence of political will for implementation of MoRES at decentralised level; however, at central level this is less clear – this appears to be promoted where proof of concept can be demonstrated (e.g. in data quality) or where it builds on government priorities (e.g. immunisation).
- There is initial but insufficient evidence to-date that supports proof of concept – however, there are anecdotal reports of bottleneck removal, and demonstrating proof of concept is key to BCO’s approach.

**Conclusions:** In terms of BCO, there is some evidence that challenges the assumptions; however, these are at least partly a result of the need to demonstrate results to GoB, given the complex environment in Bangladesh. The most significant challenge is the process of level 3 monitoring - i.e. how it can be made sustainable.
(c) SUMMARY: MoRES CAUSE AND EFFECT CHAIN IN BANGLADESH

This final section of the report aims to summarise the Bangladesh country experience in relation to the Cause and Effect Chain modelled in the diagram below (taken from the working paper supporting the overall evaluation) and to unpack each box in relation to the Bangladesh experience:

The overall causality/pathway of change for MoRES at the country level can be summarized as follows:

MoRES is an attempt to look at UNICEF programmatic and policy work from an equity and deprivation perspective. It is a complex system, dynamic and emergent across multiple sectors and contexts. It comprises multiple components including four levels and a feedback loop that are intended to be applicable across programme sectors and policy work. The levels of MoRES are intended to be closely linked – each level provides information for monitoring at the next level and at the same time assesses/validates actions of the preceding level to allow for timely adjustments and refinements in programme strategies. A key element is the iterative process of real time monitoring and continuous feedback loop which allows for real time intervention adjustment. In addition, principles and tools/methods need to be applied including the bottleneck analysis framework, for MoRES to function. To ensure maximum impact, sustainability and ownership, MoRES should be integrated into national systems. Thus results are dependent on an adequately resourced and capacitated MoRES approach at appropriate levels of UNICEF and the National Government.

In the case of Bangladesh and with regard to the cause and effect chain, the following inputs, activities, outputs and emergent outcomes of the MoRES application have been recorded:

1. **UNICEF BCO uses tools and methods to support identification, monitoring and targeting of most disadvantaged children**

   Mapping of deprived populations was done prior to the introduction of MoRES; therefore, there was already consideration of equity in UNICEF’s engagement in Bangladesh. To-date, BCO’s primary engagement with MoRES has been through the implementation of union level data collection – unions for the pilot data collection activities and subsequent expansion have been selected based on the analysis of deprivations, drawn from the 20 socially deprived districts prioritized in the UNDAF Social Services pillar. Data collection activities to-date have used key elements of MoRES, but a distinctive feature of BCO’s approach has been...
the use of the Tanahashi framework. Monitoring activities to-date have identified bottlenecks through first collecting data on the gaps in effective coverage of selected tracer interventions and secondly through identification of bottlenecks to coverage framed by consideration of the determinants framework. Corrective actions have been identified in some sectors; however, there is not yet a process in place for regular level 3 monitoring.

2. **MoRES is adequately resourced and capacitated and supported at all levels of UNICEF and Government**

There is strong commitment to the principles of MoRES in BCO – with specific engagement and leadership from the Representative. In addition to the cross-sectoral work being done on union level data collection (supported by the sectors) and partnerships, there is evidence that sectors are also taking the initiative and implementing MoRES in other aspects of their work. However, one of the primary constraints is resourcing and capacity for data collection. The process of data collection does not appear sustainable in its current form and there are questions about what scale it should be conducted at. To-date, data collection has generated a baseline but there is not a process in place for regular monitoring of bottlenecks and corrective actions (i.e. a cycle of level 3 monitoring). However, BCO are exploring other possibilities (for example, use of ICTs in collaborations with national organisations). In terms of government, there is evidence of involvement in MoRES processes; for example local level planning workshops, bottleneck analysis etc; however, these processes are all necessarily currently facilitated and supported by UNICEF - there is presently limited evidence of full commitment in terms of funds, for example of corrective actions.

3. **Stakeholders do not oppose equity focusing**

In terms of other stakeholders, there appears to be support for many of the principles of MoRES, and advocacy to government has been key to BCO’s approach. One of the factors that has facilitated the introduction of MoRES has been integration into GoB priority programmes, such as immunization. However, MoRES is not the only approach being utilised on the ground, and the process of introduction and integration with other development partners is ongoing.

4. **MoRES tools are well conceived and context specific**

BCO’s approach is focused on a Tanahashi model – i.e. considering levels of effective coverage and removal of barriers/bottlenecks to attain 100% coverage. Different sectors are implementing it in slightly different ways, demonstrating the adaptability of the approach. The main challenges raised were in relation to issues around application of Tanahashi principles, rather than of MoRES principles. As per the Tanahashi model, the concept of tracer interventions has been applied – however, the choice of some of the tracer interventions was based on the need to demonstrate early results rather than the choice of the most representative of the system. This is considered by BCO to be a pragmatic approach, because in an environment with multiple players and systems, where UNICEF are a relatively small player in financial terms, proof of concept is required in order for government to engage with MoRES.

5. **MoRES enables effective equity focused targeting of the national programme**

There are limited and sector specific examples of equity focused targeting at the national level (for example in immunization and Iron Folic Acid supplementation). However, one key characteristic of the BCO approach is the use of data to advocate for decentralised and evidence based programming with national governments, for example as part of the upcoming MTR.
6. MoRES mainstreamed in UNICEF assistance

UNICEF’s current priorities within Bangladesh are set out in the Country Programme Document 2012-2016\footnote{Document E/ICEF/2011/P/L.14 was presented to the Executive Board for discussion and comments at the 2011 annual session; it was then revised and the final version approved at the 2011 second regular session of the Executive Board on 15 September 2011.}. The UNICEF programme is aiming to achieve results for the poorest children, their families and communities through demonstration of the impact of a “complementary, synergistic and inter-sectoral development model” to achieve the Millennium Development Goals (MDGs). It is noted that UNICEF and other UN agencies will focus evidence-based advocacy on efforts to achieve the MDGs and reduce disparities between populations. MoRES had a limited effect on the drafting of the CPD, beyond minor revisions of the intermediate results. However, BCO are focusing their attention on the MTR, where they will use MoRES type data to advocate for decentralised and evidence based programming and to inform revisions to the CPD. There is evidence of integration of MoRES across BCO, in that it has been implemented across a variety of interventions and across sectors – for example, there is the cross sectoral work on union level pilots as well as sector specific work (e.g. around child marriage). However, the level 3 monitoring and data collection is an additional process that sits outside the routine activities of UNICEF and planning is ongoing around how to embed that and make it sustainable in the longer term, within government systems.

7. Government programmes effectively target disadvantaged children through MoRES

The focus on the fifth child in the case of full coverage of immunization is a good example of closing the equity gap. Implementation of MoRES in Bangladesh is not yet at a stage where there is evidence around the effective targeting of disadvantaged children – part of the current efforts are focused around advocacy for better data and decentralised and evidence-based planning processes. There is some discrete examples of implementation of corrective actions; however, to-date there is no outcome evidence on whether disadvantaged children have been effectively reached.

8. Government adopts improved equity targeting through MoRES

To-date, union level data collection has been conducted in two pilot unions, expanded to a further 22 and there are plans to expand it further. However, this process has been conducted by UNICEF with limited engagement of government - and is yet to be fully integrated into the government system. There is some evidence of improved equity targeting to-date; for example – the immunisation programme have utilised MoRES to try and increase coverage, there is evidence of good engagement with local level planning processes in the health sector and the nutrition section are successfully engaging with national level government using the results of the union level data collection. However, many of these processes are still facilitated by UNICEF (e.g. local level planning workshops) - therefore, it would be pre-emptive to conclude that there has been full adoption by government. In terms of monitoring, UNICEF are using the results from union level data collection to advocate for better quality data, and there is evidence of some success in this respect – for example, incorporation of new indicators into government monitoring plans.
9. Better services for disadvantaged children

The premise that the application of MoRES as a system will result in increased equity for the most disadvantaged children cannot be proven to-date. BCO are in the process of implementing MoRES but are at a fairly early stage and therefore it is premature to make conclusions, or even collect data, on this aspect.

In summary, the Bangladesh Country Office (BCO) has engaged actively with MoRES from the start and there has been very strong senior level support and investment in making MoRES ‘happen’ in the country. BCO’s approach to the implementation of MoRES has been founded on the Tanahashi model – i.e. a focus on the concept of tracer interventions and increasing effective coverage. Key achievements have included the implementation of a number of intensive MoRES ‘activities’ including the undertaking of successful multi-sectorial level 3 pilot activities in two geographical areas (unions) and subsequent scale up to more unions, plus a number of high profile advocacy and engagement activities at the national level.

This case study raises some important questions and issues relating to MoRES which have relevance for the wider evaluation study, including: the extent to which there is tension between interventions that are appropriate tracers and those that are most amenable to monitoring and proof of concept; whether the concepts of effective coverage and the Tanahashi style model applied in Bangladesh can be applied to other interventions and elsewhere; how to increase ownership by government and stakeholders that goes beyond participation in MoRES processes and linked to this, how to manage expectations that UNICEF resources will fund corrective actions.

Overall, the key finding from this case study is that there is a need for further system and capacity building which expands government ownership, focus on leveraging resources of all stakeholders in order to be able to conduct level 3 monitoring at the appropriate scale and frequency. There has been significant investment by UNICEF in data collection for a baseline bottleneck analysis; however, given the resources and time required, continual monitoring engagements require development of national partnerships and tools for real time monitoring of bottlenecks and corrective actions in Bangladesh (this is planned). BCO have recognised the need for government ownership and therefore, one of the key characteristics of their approach has been to use MoRES data to advocate for better data, and evidence-based decentralised planning processes across all sectors of its current country programme.
FORMATIVE EVALUATION OF UNICEF’S MONITORING RESULTS FOR EQUITY SYSTEM (MoRES)

Indonesia Country Report
Final Draft

MARCH 2014
FORMATIVE EVALUATION OF UNICEF’S MONITORING RESULTS FOR EQUITY SYSTEM (MoRES)

Indonesia Country Report
Final Draft
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Acknowledgements

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While the insights of everyone interviewed have been vital to shaping this report, the contents are entirely the responsibility of the evaluation team.
### Acronyms

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>AMPL</td>
<td>National Water Supply and Environmental Sanitation Working Group (Pokja AMPL)</td>
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<td>AR</td>
<td>Annual Review</td>
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<tr>
<td>ASIA</td>
<td>Evidence based planning tool</td>
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<td>BA</td>
<td>Bottleneck analysis</td>
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<td>BAPPENAS</td>
<td>Indonesia’s Central Planning Agency</td>
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<td>BBA</td>
<td>Bottleneck and barrier analysis</td>
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<td>BfR</td>
<td>Budgeting for Results</td>
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<tr>
<td>BNA</td>
<td>Bottleneck analysis</td>
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<td>CBEIS</td>
<td>Community Based Education Information System</td>
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<td>CO</td>
<td>Country Office</td>
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<td>COIA</td>
<td>Commission on Information and Accountability</td>
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<td>CP</td>
<td>Child Protection</td>
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<td>CPD</td>
<td>Country Programme Document</td>
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<td>CSD</td>
<td>Child Survival and Development</td>
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<td>DHO</td>
<td>District Health Official</td>
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<td>DHS</td>
<td>Demographic and Health Survey</td>
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<td>DTPS</td>
<td>District Team Problem Solving</td>
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<tr>
<td>EAPR</td>
<td>East Asia and Pacific Region</td>
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<tr>
<td>EBF</td>
<td>Early breastfeeding</td>
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<tr>
<td>EBP</td>
<td>Evidence based planning</td>
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<td>EPI</td>
<td>Expanded Programme of Immunisation</td>
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<td>GIF</td>
<td>Global Indicator Framework</td>
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<tr>
<td>GoI</td>
<td>Government of Indonesia</td>
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<td>HH</td>
<td>Household</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<tr>
<td>HQ</td>
<td>(UNICEF) Headquarters</td>
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<td>IC</td>
<td>Investment Case</td>
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<tr>
<td>IC-EBP</td>
<td>Investment Case for Evidence Based Planning</td>
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<td>ICO</td>
<td>Indonesia Country Office</td>
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<tr>
<td>IFA</td>
<td>Iron-folic acid</td>
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<tr>
<td>IR</td>
<td>Intermediate Result</td>
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<tr>
<td>IYCF</td>
<td>Infant and young child feeding</td>
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<tr>
<td>LLIN</td>
<td>Long-lasting insecticide-treated net</td>
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<tr>
<td>Acronym</td>
<td>Description</td>
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<tr>
<td>M&amp;E</td>
<td>Monitoring and evaluation</td>
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<tr>
<td>MAF</td>
<td>MDG Acceleration Framework</td>
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<td>MDG</td>
<td>Millennium Development Goal</td>
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<td>MICS</td>
<td>Multiple Indicator Cluster Survey</td>
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<td>MNCH</td>
<td>Maternal, newborn and child health</td>
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<td>MoH</td>
<td>Ministry of Health</td>
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<td>MoP</td>
<td>Ministry of Planning</td>
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<td>MoRES</td>
<td>Monitoring Results for Equity System</td>
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<td>MoV</td>
<td>Means of Verification</td>
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<td>MTR</td>
<td>Mid-term review</td>
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<td>MYP</td>
<td>Mid-year plan</td>
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<td>ODF</td>
<td>Open defecation free</td>
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<td>OT</td>
<td>Operational target</td>
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<tr>
<td>PCR</td>
<td>Programme Component Result</td>
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<td>PPP</td>
<td>Programme, Policy and Procedure</td>
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<td>RAM</td>
<td>Results Assessment Module</td>
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<td>RBM</td>
<td>Results Based Management</td>
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<td>RCA</td>
<td>Rapid Convenient Assessment</td>
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<td>Riskedas</td>
<td>Basic Health Survey</td>
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<td>RMT</td>
<td>Regional Management Team</td>
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<td>RO</td>
<td>Regional Office</td>
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<tr>
<td>SAP</td>
<td>Systems, Applications, and Products in Data Processing</td>
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<td>SRA</td>
<td>Strategic Result Area</td>
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<td>SUSSENAS</td>
<td>National Socioeconomic Survey</td>
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<tr>
<td>ToC</td>
<td>Theory of Change</td>
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<td>ToR</td>
<td>Terms of Reference</td>
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<td>UF</td>
<td>Under-five</td>
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<tr>
<td>UN</td>
<td>United Nations</td>
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<tr>
<td>UNDAF</td>
<td>United Nation’s Development Assistance Framework</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<tr>
<td>WHO</td>
<td>World Health Organisation</td>
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<tr>
<td>WS</td>
<td>Workstream</td>
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<tr>
<td>YCSD</td>
<td>Young Child Survival and Development</td>
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<tr>
<td>YKAPS</td>
<td>Young key affected populations</td>
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PART I: INDONESIA’S COUNTRY EXPERIENCE

SUMMARY: MoRES in Indonesia

The Indonesia Country Office (ICO) with the support and guidance from the Regional Office (RO) has been active in its adaptation of MoRES for Indonesia. When MoRES was introduced, the ICO was already committed to disparity reduction and elements of MoRES were already being employed in national social and poverty eradication programmes. Thus the task was to appropriately incorporate further elements of MoRES in a way which ensured complementary with the current approach to delivering the objectives set out in the Country Programme Document (CPD).

The ICO has implemented (elements of) MoRES at the district level to reflect and respect the decentralized nature of government. Districts were selected on the basis of UNICEF’s programme focus and areas of inter-sectoral convergence. The focus has been on level three bottleneck analysis and monitoring but with level one activity being the more accessible and appropriate entry point in some districts. Seven districts have been engaged in analysis across a range of tracer interventions and have generated a rich source of experience and lesson learning.

ICO’s ultimate goal is to embed MoRES within Indonesia’s existing monitoring systems as the most sustainable approach to equity.

Issues around cost and scale up of MoRES remain critical considerations and will require strategic thinking and prioritization to ensure maximum return on investment. The main challenges in the application of the system include (i) the low local capacity for intermediate outcome monitoring and the availability of resources, (ii) complex/fragmented planning cycles and funding flows, (iii) a need for better coordination with other UN agencies in an overcrowded market, and (iv) the need for incorporation in existing government monitoring mechanisms.

Early results, albeit limited in terms of geographical coverage, indicate that there is potential to successfully enhance equity through the implementation of MoRES. For example, in Aceh Timur, results from level 3 monitoring are reported to have led to a 40% increase in coverage of effective counselling for mothers resulting in a significant increase in zinc uptake.

Overall, although, it is too early to say whether an equity focused approach produces results, the added value of MoRES in Indonesia so far has been that it has refreshed and underscored commitments to equity and has surfaced important questions on how these can be met within the context of a decentralised government and across a range of stakeholders.
Introduction

The Monitoring Results for Equity System (MoRES) was developed to support UNICEF’s refocus on equity (launched in 2010) with the specific intent to accelerate progress in reaching the world’s most deprived children. UNICEF is currently advancing towards mainstreaming MoRES at a global level and in support of this ambition has commissioned an independent evaluation to provide validation and learning on the conceptual, technical and practical viability of MoRES as an approach. The evaluation is deploying two related analytical approaches: a theory based approach and a case study based approach. The former provides the overarching framework for analysis based on documentation and stakeholder input on the causal pathways through which MoRES is intended to effect change. The case study approach complements this by recording what has happened in relation to MoRES in selected countries and in this way helps test and validate the theory of change (ToC) associated with MoRES. The objective of the evaluation is to support continuing efforts across UNICEF to articulate, develop and mainstream the MoRES approach by learning from experience. The information from the case studies will feed into the main evaluation report.

Two important characteristics of the case study component of the evaluation are that each case study has been selected because of the learning opportunity offered to the evaluation and the approach to each study is focused on recording experiences rather than measuring or assessing performance. However, there is perceived value in analysing country experience based on the key elements of the Monitoring Results for Equity System, both to contribute to the overall development of the MoRES Theory of Change (which will support global roll-out) and as a way of structuring findings and conclusions that will be helpful to the Country Office. Thus, this report is presented in two parts:

- **Part I: Indonesia’s Country Experience**, provides a brief introduction to the overall formative evaluation and explains the context for this country specific study and presents the MoRES experience from an Indonesia County Office perspective by summarising the findings of a 4-day field visit to Indonesia (and associated documentary review).

- **Part II: Analysis of the Indonesia experience of MoRES**, uses seven core elements of the Monitoring Results for Equity System as the basis for more analytical reflection and presents findings against each element as well as an overall conclusion; this section also includes some reflections on the assumptions associated with MoRES and summarises MoRES from a cause-effect perspective.

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**Box 1: What is MoRES?**

MoRES has been defined as “a conceptual framework for effective planning, programming, implementation, monitoring and managing for results to achieve desired outcomes for the most disadvantaged children.” The most recent briefing note references MoRES as “intended to enhance and sharpen country programmes of cooperation for accelerated results for the most disadvantaged children.”

(Working Document for Internal UNICEF Colleagues: Monitoring of Results for Equity Systems (MoRES), May 25 2012; Briefing Note, Enhanced Programming and Results through Monitoring Results for Equity Systems (MoRES), February 2013.)
UNICEF’s Indonesia Country Programme in Context

UNICEF’s current priorities within Indonesia are set out in the Country Programme Document 2011-15 (CPD) and are based on a Situation Analysis conducted in 2011, in which a child deprivation index was applied to locate most disadvantaged children. The CPD highlights a number of strategic UNICEF commitments in Indonesia: the alignment of the UNICEF programme to national priorities; a strategic upstream shift towards more evidence based advocacy at national and subnational levels; and synchronisation with the United Nation’s Development Assistance Framework (UNDAF). UNICEF’s main programme components listed for the 2011-15 period are: i: policy advocacy and partnership for children; ii: child survival and development; iii: education and adolescent development; iv: child protection; v: cross-sectoral coordination. At the time the CPD was released, resources allocated amounted to approximately US$ 155m.

From a programme planning perspective, UNICEF in Indonesia benefits from the elaborate data available, provided through well-established national and sub-national data gathering systems. These national systems which include systems such as the Basic Health Research Survey (Riskedas), SUSENAS (Annual Household Socio-Economic Survey), Multiple Indicator Cluster Survey (MICS), and Demographic and Health Surveys (DHS) provide a substantial body of data on key measures of child well-being and on disparities in intervention coverage allowing evidence based conclusions to be drawn on priorities and progress. The availability of disaggregated lowest level survey (district) data allows deeper insight into inequities. A 2012 UNICEF brief draws attention to these disparities, identifying children left behind and recognising that these children can be “located” on a regional basis (for example, West Sulawesi is the worst off province in terms of Infant Mortality Rate), on a rural-urban comparative basis and in relation to wealth disparities.

According to UNICEF’s CPD, one way that UNICEF Indonesia plans to address these disparities, while building on the already advanced national data collection and collation processes, is to offer “targeted technical assistance to local and national institutions to develop capacity for evidence-based planning and resource allocation, implementation and monitoring and evaluation – as well as support programmes that address child disparity and poverty and provide quality social services to vulnerable and disadvantaged populations”. Thus the equity objectives of MoRES can be seen to have a comfortable fit with existing objectives of the Indonesia Country Office (ICO) programme.

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1 Document E/ICEF/2010/P/L.27) originally presented to the Executive Board during September 2010 and later revised and approved at the February 2011 first regular session of the Executive Board.
2 The index covers a range of dimensions including school attendance, use of improved sanitation facility, immunisation and birth registration and draws on a range of data sources including SUSENAS, DHS, Riskedas.
3 Specifically, the Government’s priorities as stated in the National Plan of Action for Children and Women and the Government’s RPJM 2010-14.
4 This decision was taken in 2009.
6 The MICS was a one-off survey in two provinces only
7 See for example: National Report Indonesia: Child Poverty and Disparities in Indonesia: Challenges for Inclusive Growth, SMERU and UNICEF, December 2012, which provides national and provincial disparity data against a range of detailed dimensions and deprivations.
8 UNICEF Indonesia Issue Briefs, October 2012; MDGs, Equity and Children: the way forward for Indonesia.
Overview of MoRES in Indonesia

Regional context: Indonesia is a one of three “work-stream one” countries in the East Asia and Pacific Region (EAPRO). These countries collaborate on MoRES in order to facilitate and support learning in the region. For example, the region reached a range of agreements on MoRES including: that MoRES must be simple, practicable and flexible to avoid becoming too resource intensive; that partnerships and incorporation into national systems is critical for national acceptance; that the issue of contribution and attribution needs to be articulated within MoRES since UNICEF can only contribute to national progress; that MoRES should be incorporated into national programming and not be seen as a stand-alone process; that communication on MoRES should be harmonised to ensure consistency of messaging; that MoRES should be solution rather than monitoring focused so that data are acted upon; that the role of evaluation in MoRES needs to be articulated; that the linking between MoRES and IRs/PCRs needs to be thought through; and that work may have to be dropped to make time/space for MoRES work.

The Regional Office (RO) played a role in devising an approach to MoRES which incorporated a number of shared strategies, including leveraging programming processes and technical areas of work for MoRES; strengthening internal capacity; strengthening counterpart and partner capacity; leveraging programme/policy partners and partnership frameworks; documenting, analysing and sharing experience and practice; supporting innovation.

Most UNICEF programme guidance (including SitAn, MTR and Annual Review guidelines) has been revised to explicitly include MoRES. In response to this the EAPRO region as a whole has made a commitment that by 2013 all situation analyses would include a comprehensive analysis of the situation of the most disadvantaged children, including the key barriers and bottlenecks; all mid-term reviews in 2013 and beyond would include a comprehensive review of the status of disadvantaged children and progress achieved and would revise the country programme as required to explicitly address the key barriers and bottlenecks affecting the most disadvantaged children; all new country programmes would explicitly outline the status of disadvantaged children and the approach of the country programme to address relevant barriers and bottlenecks; as part of the annual review process, COs would review the relevant determinants of child deprivation and related indicators for selected IRs to guide the adjustment of programme strategies in 2013 and as part of the annual reporting (and RAM) process. Table 1 below presents ICO’s plans with regard to the overall programme cycle onto which these commitments would ultimately map.

<table>
<thead>
<tr>
<th>Table 1 Indonesia programming milestones</th>
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<tbody>
<tr>
<td><strong>Country</strong></td>
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<tr>
<td>Indonesia</td>
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Overall, therefore, support from the Regional Office to Indonesia (and other workstream one countries in the region) has been comprehensive and important, effectively establishing a community of practice which includes the provision of advice (for example guidance on ARs and MTRs), sharing of experience.

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9 27 countries agreed to pilot MoRES and in March 2012 received financial and technical resources to support the initiation of level 3 monitoring – these countries are referred to as the workstream one countries; the EAPR countries are Indonesia, Lao PD and Philippines.
(for example on developing indicators of determinants), and review of key elements of MoRES (for example of IRs and the extent to which they align to the MoRES analytical framework).

Against this backdrop, by November 2012 the Indonesia Country office had understood that a MoRES approach would build on a significant number of initiatives already underway and so was able to present the following contribution to mainstreaming table (table 2) at a regional meeting 10:

Table 2: Indonesia’s contribution to “Mainstreaming a Regional Approach to MoRES” Dec 2012

<table>
<thead>
<tr>
<th>Progress Area</th>
<th>Report</th>
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<tr>
<td>Areas of Innovation</td>
<td>• Government’s Management Information System. • Community Based Information System. • Partnerships on testing innovative data collection approaches. • Partnerships on use of the Big Data for real time monitoring.</td>
</tr>
<tr>
<td>Capacity Development Components</td>
<td>• MoRES mainstreaming strategy. • Internal capacity building plan focused on bottleneck analysis and results based equity programming – both essential for the MTR. • Training including: RBM refresher; guidance on BBA; refresher on ICO integrated M&amp;E framework; PPP training.</td>
</tr>
<tr>
<td>Tracking and Reporting Methods</td>
<td>• Annual report and RAM in SAP. • Good practice and lessons learned. • Policy briefs. • Results from level 3 monitoring in 7 districts. • CO and RO websites</td>
</tr>
<tr>
<td>Support Needs and Plans</td>
<td>• Continued guidance and support from HQ on mainstreaming MoRES. • PPP training. • Focused technical support and backup from regional advisers. • Institutional contact in support of piloting Governance Indicator Framework. • Documentation and sharing of good practice in the region. • Identification of donors for inter-country funding of innovative equity results monitoring.</td>
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MoRES roll-out in Indonesia: The regional support outlined above significantly influenced the way MoRES was rolled out in Indonesia. Figure 1 below lists key MoRES events during the period from

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10 See Mainstreaming MoRES in East Asia and the Pacific – A Regional Approach, Dec 2012 for details of other country efforts in the region.
2011-13 from an ICO perspective and shows how MoRES evolved from the work on SRAs and IRs, through the introduction of the “cup” and “levels 1-4” – all as a preamble to the introduction of “MoRES” as name for the overall approach. Throughout this evolution, the Indonesia Country Office has been active in its commitment to rolling out MoRES:

**Figure 1: Timeline of Events in ICO, relating to MoRES**

- **2011**
  - RMT decided to pilot 3 SRAs (disease elimination, UF major killers, stunting reduction)
  - Review of MCH interventions on child deprivation index
  - EAPRO workshop on SRA concept introduction and levels
  - Debate on levels and district vs province
  - Dissemination of IC report to Bappenas/MOH; meeting on IC Roll out.
  - Discussions on Equity Monitoring
  - IC Roll Out RoadMap;
  - UNICEF Vision Training/Implementation;
  - internal discussions on PCR, IRs, OT, links of SRA and Level 1-4 monitoring or the Cup

- **2012**
  - Aligning of IRs to SRAs
  - MoRES guidance with 10 Determinants Framework
  - Discussion to proceed at subnational level- office selection of districts, choice of Level 3 indicators
  - Country updates on MoRES
  - CSD review and planning in preparation of MYP 2013-14 that incorporates MoRES and final selection of districts, tracer interventions and SRAs), aim to have initial bottleneck analysis per district per tracer intervention by end of Sept 2012
  - Agreements on common L3 indicators per determinant by tracer intervention with MOV
  - Draft BA by district in excel and graphs, UNICEF and govt partner engagements

- **2013**
  - Discussions on how to validate the BA and data
  - CSD workshop; plans/budgets required, incorporation of some priority solutions if not in the current MYP
  - Report on lessons learned
  - Fund allocation to FOs
  - Country program Mid Term Review
  - Implementation of plans
  - Pilot Country for MoRES formative evaluation

In terms of leadership, MoRES has been well supported by senior management within ICO with an early commitment to lead MoRES implementation. This included extensive field office engagement; support to the ICO team that took the lead on MoRES in Young Child Survival and Development (YCSD)/health - and the provision of key technical support for MoRES indicators development, data collection, analysis and M&E processes. A MoRES Taskforce\textsuperscript{12} was set up to take stock of progress.

Indonesia’s strategy and approach to implement MoRES also evolved within the framework of the programme cycle presented above. Since the next SitAn for Indonesia was not scheduled until 2014, the roll-out of MoRES in Indonesia focused on decentralised level 1 and level 3 analysis. Bottleneck analysis was conducted within seven districts, selected on the basis of inter-sectoral convergence (i.e. multiple deprivations) and with a focus on embedding the implementation of MoRES within Indonesia’s existing systems. By July 2012, one district, Aceh Timur, had conducted bottleneck analysis (with the engagement of selected counterparts, particularly the District Health Office (DHO)), and had completed work on prioritisation of actions, indicator selection and data collection mechanisms. The Aceh Timur district pilot focused on thee tracer interventions\textsuperscript{13}: open defecation free areas (ODF) for WASH, early

\textsuperscript{11} Information sourced from a range of in-country reports.

\textsuperscript{12} Consisting of the CSD Chief and Unit Heads, the Deputy Representative, Planning Specialist and the M&E Specialist.

\textsuperscript{13} The notion of a tracer intervention is based on the concept that if good, or improved, coverage of a particular intervention (a tracer) can be demonstrated, then this is a sign of the adequate, or improved, functioning of the system which it was chosen to represent.
breastfeeding (EBF) for Nutrition and zinc update for Diarrhoea treatment. From the outset there was active engagement in level 1 analysis by district officials with the UNICEF team, with a high level of enthusiasm from local counterparts for the initiative. For health related interventions in particular local health staff were very quick to engage with the idea of bottleneck analysis as part of the planning process as they had all received training on these concepts as part of their core training centrally (i.e. not through UNICEF) but had actually never had the opportunity to really ‘engage with the approach’. Although it is early days, it seems that the support of UNICEF to the DHO in their planning process has been quite successful. With both the WASH and nutrition tracer pilots some good progress has been made although with both there has not yet been a full roll out to be able to demonstrate effective level 3 type monitoring. However in relation to the Zinc tracer there does seem to be some significant signs of success in reaction to level 3 monitoring, with a clear feedback between monitoring results and improved programming taking place. This is described in more detail in the district level analysis below.

Level 3 monitoring has now been rolled out in the other selected districts - for Child Survival and Development (CSD) - with the main objective being to institutionalise the process in government local planning mechanisms. This multiple district roll-out of MoRES was given impetus by a workshop for CSD staff in Jakarta, after which district MoRES teams were formed to assist the UNICEF Field Office and DHO partners undertake bottleneck analysis at sub-national level. During the level 3 roll-out, the focus was on sharpening the analysis of coverage of tracer interventions in all seven districts. What was clear was that achieving higher coverage requires deeper understanding of the dimensions of causality and how they are linked, so the ICO teams at district level were advised to use the ten determinants tool and that the development of indicators and of means of verification for each determinant would be a requirement. What followed was a wide variation in the implementation of the level 3 process – as revealed during a workshop organised to assist teams in identifying priority bottlenecks and action plans, and which created an opportunity to highlight a number of the issues with MoRES that district staff had encountered, including difficulties in facilitating consistent understanding of MoRES, and in working on issues where data are not available.

These experiences have enabled the ICO to recognize as part of their progress reporting that “understanding the complexities of the country context is critical to success or failure in rolling out MoRES” and that district UNICEF MoRES teams are now recognising the challenges associated with MoRES. These challenges have been grouped into several categories:¹⁴

1. **Technical Skills**: not all UNICEF and government staff members have the same level of understanding of results based management, country programming and systems based approaches. In addition, staff faces significant difficulties in working out how to prioritise actions resulting from the problems identified in the bottleneck analysis.

2. **Institutional Factors**: although Indonesia has well developed data systems, these do not necessarily provide data on all the bottlenecks systematically that might be identified through a MoRES style approach; thus there is a perceived implicit short term dependence for level 3 monitoring on data available. Securing adjustments to data gathering systems will take time to achieve and in the meantime might mean that the burden of data provision will fall to UNICEF, with significant if not prohibitive resource implications. There also seemed to be a degree of uncertainty about identifying the most appropriate government partner to ensure widespread use of MoRES. This can be addressed if there is comprehensive stakeholder analysis in the Situation Analysis

identifying primary and secondary partners accountable for planning and M&E in relevant government departments.

3. **Behavioural/cultural factors:** UNICEF staff have encountered some reluctance amongst key national government stakeholders to embrace “another new” approach. District UNICEF officers reported that it was difficult to “sell” MoRES to governments particularly in the middle of a country programme. In the same vein there seemed to be “little appetite for something new”; thus, the MoRES approach would be most likely to succeed if integrated into existing systems.

The ICO suggests that this experience gained through the MoRES application can be applied to guide other programme components such as education and child protection and that continued assistance from the RO and HQ to support this will be helpful.

By way of summary, table 3 presents the ICO experience and achievements in relation to the four levels of MoRES at the time of the evaluation.

**Table 3: ICO progress against MoRES levels (September 2013)**

| Level 1 | Nationally, the SitAn had been conducted pre MoRES and deprivations and deprived groups identified (using a district level Child Deprivation Index developed in 2010); this was equity focused since data was provided by disaggregations based on wealth quintiles, rural/urban comparisons and district level breakdown. As a result of the ICO’s programme cycle position, level 1 MoRES to date has been conducted at the decentralised level within districts where there is a convergence of multiple deprivations. At the national level ICO plans to incorporate the MoRES approach into the 2014 SitAn. |
| Level 2 | ICO has integrated M&E systems and issued revised tools and guidance for level 2 monitoring. At the district level, level 2 monitoring of programme implementation is being operationalised through VISION and periodic review of the agreed upon work-plan between UNICEF and districts is being conducted on a quarterly basis with periodic monitoring visits focusing on the achievement against key indicators related to the agreed Intermediate Result (IR). |
| Level 3 | Seven districts where UNICEF has multi-sectoral involvement were identified for initial roll-out; CPD has initiated the roll-out for level 3 and plans for next steps are in place to extend the processes to education and CP. |
| Level 4 | Some initial work to strengthen Indonesia’s SUSENAS has been undertaken although it is too early to see results. |

**Partner perspectives:** A key challenge for the ICO has been to work out how best to engage with the National Government on MoRES. This was no easy task since MoRES ‘entered’ an already very crowded and highly complex and dynamic environment in terms of tools and approaches. There is already a number of programming and monitoring systems and initiatives in the country, many of which are overlapping - and, in some cases, competing with each other. For example, the following planning, monitoring and reporting initiatives are currently in play across a range of organisations:

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15 The DTPS is the one of the longer standing planning and reporting systems for the health sector in Indonesia and is promoted by the MoH as the main mechanism for managing planning and resource allocation processes in the country. The UNDP sponsored MDG Acceleration Framework (MAF) has mainly been promoted by the Ministry of Planning (MoP) and, in recent months especially has gained considerable ground with a provincial level report being produced on Maternal Mortality Reduction in East Java. Since Indonesia is a recent signatory to the WHO sponsored Commission on Information and Accountability (COIA) initiative which is focused on MNCH issues, there has been a strong drive (through the MoH) for the generation of the 11 COIA indicators and exploration on how these can be improved. Finally the UNICEF promoted Investment Case (IC) approach referred to as an Evidence Based Planning (EBP) initiative has also
The Investment Case Approach/Evidence Based Planning (ICC/EBP) is used by the Ministry of Planning, and sponsored by UNICEF;16

The MDG Acceleration Framework (MAF) is also used by the Ministry of Planning, promoted by UNDP;

District Team Problem Solving (DTPS) is used by the Ministry of Health and sponsored by the World Health Organisation (WHO);

The Commission on Information and Accountability (COIA) System is also used by the Ministry of Health sponsored by WHO.

Consequently, the central government is engaging with a number of systems and there are issues around lack of coordination. This is compounded by the fact that there is also a lack of consensus amongst UN agencies around how to co-ordinate and promote different UN sponsored initiatives. Against this backdrop, different line ministries are promoting different approaches to their staff in different ways. Furthermore, as a result of the decentralised governance structure in Indonesia there is a wide disparity in the way these different systems are implemented and managed across different districts.

**Operationalising MoRES:** To their credit the ICO focus from the outset has been to explore how the key principles and approaches within MoRES could add value to existing systems and to find ways to promote and insert these approaches into them. This focus meant that, crucially, UNICEF Indonesia took a strategic decision to not externally promote the term ‘MoRES’ but rather to promote the key elements of MoRES, specifically: the focus on equity, the use of bottleneck/determinants analysis and the focus on real time monitoring at a local level. The obvious starting point to promote these MoRES elements was the work that had already been done in the IC-EBP and the idea to pilot MoRES in selected districts which had already undertaken IC-EBP was partly influenced by this decision (but also by the CDI analysis). Similarly engagement at the national level partly built on the work that had been carried out as part of the IC-EBP experience and allowed UNICEF to engage with key ministries (such as the MoH and BAPPENAS) to further promote key principles and approaches behind MoRES as a logical extension to the IC-EBP work. Here the detailed knowledge and understanding of the political economy and power relationships between different ministries was critical and the ICO has needed to be very strategic in how it engages with and within ministries to promote the elements of MoRES in the right way. This strategic approach to engagement is also utilised as UNICEF engages with other UN agencies. For example the fact that the MAF approach has a relatively high level of capital and momentum at the national level at the moment is recognised by UNICEF staff. Consequently the engagement approach has been to reach out to UNDP and explore how elements of the MoRES approach can be complementary with the MAF approach. This is in line with an interagency agreement between UNDP and UNICEF at HQ level to seek ways to integrate aspects of MoRES into the MAF approach.17

Operationally, therefore, the key activities undertaken by the ICO can be divided into two related workstreams. The first activity workstream was to undertake pilots of MoRES in 7 districts. These districts were chosen based on clear equity criteria (based on child deprivations indicators and rankings)) as well as being the location where CSD programmes (such as the IC-EBP) were being implemented. The objectives of these pilots were to test and validate key elements of the MoRES approach (namely, been sponsored by the MoP with some successful pilots being undertaken across four districts followed by a replication of the approach in Papua province. At present seven additional districts have initiated EBP in Papua and a further expansion in three additional districts is planned for 2014.

16 At the core of this approach is bottleneck analysis, also incorporated within MAF.
17 See UN Coherence Newsletter, Issue 5, February 2013; article on MDG Collaboration: Measuring Results.
bottleneck analysis, determinants analysis, choice of priority solutions to remove major bottleneck/s and level 3 monitoring) and to demonstrate the additional value of these approaches to district level programming. The rationale for this was that the achievement of this validation and demonstration objective would serve to both increase buy-in and uptake and replication of these approaches at the district and provincial levels and would provide evidence to be used to inform and reinforce the second activity workstream which focuses on making strategic interventions at the national level around MoRES.

The nature of the activities that could be classified under the second workstream are still being defined. However it is clear that these strategic interventions are being founded on the realisation that the ICO needs to promote the key elements of MoRES that it feels will help promote the equity agenda at the national level in a very strategic and nuanced way. Specifically this will require the identification of appropriate entry points and partners at different levels of the GoI (e.g. across different ministries) as well as appropriately pitched advocacy and coordination with different stakeholders including other UN Agencies. The objective of these activities is to influence and shape the current ‘space’ around planning monitoring and reporting in a way that will result in the GoI taking up those elements of the MoRES approach which will in turn help improve the equity focus and impact of its programming.

### District Level Experiences

The three district level examples below provide some detail of how MoRES has been experienced in practice at the decentralised level in Indonesia and how different lessons have been learned from each experience.

#### Brebes (Java)

The Brebes experience highlights the importance of local ownership, local resource control and decision making, getting the timing right with regard to planning cycles and the constraints associated with local capacity levels and skills.

Brebes was selected for MoRES roll-out because of its high child deprivation index score. As with the other districts, support was focused on the key tracer interventions of EPI, diarrhoea case management and ODF access to latrines. These had already been identified and adopted by the government as cost-effect public health measures that needed to be scaled up. To support this commitment, MoRES was introduced in Brebes as a new tool that would look at underlying causes of inequitable coverage with regard to these specific interventions. Local government was already familiar with bottleneck analysis and so the starting point for MoRES analysis in Brebes was the identification of indicators with means of verification for each determinant per tracer intervention. However, this process took time to complete since government buy-in was sought for each indicator and there were challenges in selection associated with data availability. In addition, time was required for the many stakeholders involved to digest the concepts and determine linkages with current mechanisms of data analysis and problem solving. By November 2012, some indicators and MoV had been finalised and this was followed by a baseline data collection. However, the government had raised questions during workshops around why indicators proposed for MoRES were not the same as government indicators and why another tool was needed when there were already tools for bottleneck analysis in play. There were also questions relating to how to make decisions about which are the priority bottlenecks and how to select the most meaningful solutions. Resolving these issues took time and has been delayed by major government staffing upheavals at district level meaning that awareness raising on MoRES had had to start again. There has also been a critical issue of timing to consider- since if there is to be sufficient government resource available to respond to the programme adaptation potentially required to respond to bottleneck analysis, then budget lines and budget cycles need to be taken into account.
MoRES in Brebes has so far been a level 1 initiative with the UNICEF team in Brebes making an enormous effort to secure funds for new programming requirements and roll-out MoRES level 3 work. The skills and capacity required to achieve the degree of consensus, understanding and commitment necessary to achieve these next steps should not be underestimated.

Aceh Timur

The piloting of MoRES in Aceh Timur provides a good example of how UNICEF staff has built on the fact that there had already been significant work and knowledge of bottleneck analysis and approaches in the district; how the MoRES approach was simplified and made more accessible to local stakeholders and how scale up and district level government ownership has taken place.

The focus in Aceh Timur district has also been on three tracer intervention areas: WASH (ODF), Nutrition (EBF) and Diarrhoea treatment (Zinc). Local health officials were quick to engage with bottleneck analysis as part of the planning process having already received training on the approach as part of their core training centrally. In line with this initial training, the number of determinants in the Determinants framework was reduced from ten to five\(^\text{18}\). For similar reasons the ‘brand’ MoRES was avoided, rather the generic approach of bottleneck analysis was used. So far, the intervention which has enjoyed most success in terms of MoRES rollout seems to be the treatment of diarrhoea using zinc. Baselines have been conducted and comprehensive determinants analysis has taken place. Level 3 monitoring (especially the implementation of a light survey conducted with households) highlighted the fact that the problem was that parents were not using zinc due to the belief that this would make children ill. The key bottleneck was a lack of capacity amongst midwives to conduct appropriate counselling with parents. The programmatic response developed in conjunction with district staff was to rollout an improved training approach for midwives focused on more targeted and supportive counselling. In parallel a simple pro-forma was developed for midwives to use to track their own experiences in the counselling process (allowing for real-time ‘tweaking’ of approach). The early results of this approach are reported as a 40% increase in coverage of effective counselling (from a very low baseline) and, as a result of this, a marked and significant increase in zinc uptake. Two basic assumptions are important for this result to be interpreted as significant. The first is that since there is already compelling (global) evidence that improved zinc uptake has a direct impact on morbidity and mortality levels amongst children, it is arguable that this MoRES driven approach is showing potential to improve equity results. The second assumption is that the district of this intervention selected on the basis of the Child Deprivation Index represents the location of most disadvantaged children and that the MoRES application and subsequent intervention of zinc treatment, therefore, will lead to improved equity results (disparity reduction).

Perhaps the most significant success with this pilot, however, has been fact that recently the DHO in Aceh Timur made the decision to independently scale up the use of bottleneck and determinates analysis from 15 health facilities to 26, without further financial support from UNICEF.

Jayawijaya

The implementation of MoRES in Jayawijaya provides a good example of how the ICO has built on significant work already carried out with respect to bottleneck analysis in the district and leveraged this to develop a more comprehensive MoRES approach. Specifically it serves to provide evidence of validation across approaches with respect to identifying similar bottlenecks and corrective actions. The pilot also provides a good example of how local level ‘real-time’ monitoring (under level 3) has started to produce results.

\(^{18}\) HR, Funding, Methods, Facilities, Enabling environment
Over the period 2011-2012 Jayawijaya was one of the focal points for the piloting and roll-out of the Investment Case (IC) approach which is also based on the Tanahashi model. Consequently multi-stakeholder district level bottleneck workshops had already taken place in the district and these had in turn informed district level and UNICEF plans. Information generated by the IC approach exercises was re-analysed using the Determinants Framework and this process has essentially validated existing plans. The key innovation from the Jayawijaya experience relates to level 3 monitoring. The initial local challenge was insufficient capacity at local government level to pilot level 3 monitoring. As a result, the Jayawijaya chapter of IBI (Midwife Association of Indonesia) was contracted through a Small Scale Funding agreement to undertake the monitoring. This decision was a potentially inspired one as the resulting level 3 exercise has produced some good emergent evidence of how real time local level planning has made a difference in enabling immediate corrective actions to be taken. Key to this approach is the fact that the main tool that was developed to collect data – called the Rapid Convenient Assessment' (RCA) – required midwives to not only identify indicator status but also required that data collectors ask 'why' key bottlenecks existed. This qualitative data seems to have been instrumental in helping the IBI midwives to both understand the issues but also to determine solutions in real time.

However, here remains a question over whether level 3 monitoring will be sustainable given that it has not been integrated into existing district systems and the data collection and analysis work been funded by a bilateral contract with UNICEF.

**Achievements, Challenges and Lessons Learned**

The ICO’s experiences with regard to MoRES translate into important achievements and learning about the challenges and potential of MoRES as an approach.

**Key Achievements**

UNICEF Indonesia leadership has been empowering and there has been space provided for trial and error. CSD has pioneered the local response to MoRES and has done so across a range of districts and tracer interventions – encouraging experimentation and learning. Also, the CSD team has built on significant existing efforts within the Investment Case Approach and associated bottleneck analysis influencing MoRES by bringing a consideration of costing into the MoRES “model” and decision making process. Overall, the ICO has adopted a pragmatic approach throughout, including for example implementation at district level given the decentralised nature of decision making in Indonesia, de-branding of MORES, adopting flexible process entry points (whichever level suits best) and seeking relevant application at different government levels, appropriate to context; so for example the National Statistics Office has been engaged with level 1 and level 4, including support for MICS in Papua and an upgrade to the National household survey upgrade (improved equity focus). The district roll-out has generated a rich source of experience and lessons learned and despite uncertainties and challenges, the ICO has shown itself willing to reflect and share learning with others.

**Challenges:**

A number of key contextual and operation challenges can be highlighted as part of the Indonesia experience. Firstly, Indonesia already has very elaborate and complex planning, budgeting and monitoring systems in place; this is essentially good news but it also means that any new approach needs to fit with rather than replace these existing systems. Also, UNICEF is a relatively small ‘player’ in Indonesia and is acting to influence the GoI alongside a number of other international partners and so must be considered in its approach. This requires recognising that it appears that UN agencies have something of a reputation within GoI for not coordinating very well; stakeholders report that there are
already key elements of ‘MoRES’ type approaches ‘out there’ (e.g. IC, BfR, MAF, COIA) and express confusion about why different ‘approaches’ are promoted by different UN agencies and adopted by different ministries.

Decentralisation in Indonesia means that there is a significant political and administrative autonomy at the local level limiting the potential for top-down system change\(^\text{19}\). Complex/fragmented planning cycles mean that timing is critical: identifying a bottleneck does not translate into action at any time in the cycle. Funding flows are also complex and fragmented – but also unpredictable, unreliable and not necessarily transparent – there are numerous drivers of decision making with regard to budget allocation.

Communication and definition of the MoRES approach from HQ has evolved (from top down ‘blue print’ to ‘implement MoRES in your context’); the local communication and the associated influencing component of MoRES has not always been explicit in the guidance and yet is critical to local ownership. There is still only limited guidance on MoRES as an approach and the tools required to deliver are patchy; inevitably interpretation and understanding is uneven.

**Lessons Learned:**

The Indonesia experience to date suggests some important lessons and many were shared during the case study visit.

MoRES presents COs with a technical challenge since the approach requires a degree of understanding with regard to results based management – and this is uneven across programme staff. MoRES also presents a communication and influencing challenge requiring advanced abilities to engage a range of stakeholders from across government and partner organisations and to ensure that those who engage with MoRES can also influence those who make decisions about resources. There are a number of processes implicit within MoRES which need to be better understood – for example the approach to indicator identification (and frequency of review) against the ten determinants, how to deal with the issue of time sensitivity when selecting indicators and the prioritisation process with regard to bottlenecks. A more systematic (but simple) recording system to document progress and process with regard to MoRES would facilitate learning within UNICEF and amongst national stakeholders.

No country is a “blank canvas” with regard to planning and monitoring of development efforts; it will always be important to *find the fit* in terms of entry points (with regard to sectors, geography, level of government and planning cycles). Those implementing MoRES in Indonesia need to be cognisant of, and align the MoRES approach with, existing processes, including those internal to UNICEF itself. Better information on approach and tools and the further incorporation of MoRES within existing systems and guidance would help embed MoRES as a UNICEF way of working, rather than an add on process. This might include internal connections, for example looking at the link between PCRs and IRs and the requirements of the AR and MTR processes with regard to MoRES. The implication of embedding MoRES analysis within the Results Assessment Module of VISION needs to be fully understood with regard to determinant selection, ratings and quality assurance. A number of assumptions should be surfaced since they reveal important dependencies upon which MoRES is based including data reliability and availability, and the willingness and ability of government to act immediately on evidence in terms of resource re-allocation. The means by which any practice can be scaled up in a decentralised context is

\(^{19}\) There is however incomplete fiscal decentralization as central level controls still majority of funds. As such there is still some room for top down change since developing & issuing planning/monitoring guidelines and standards are functions of central level
unclear but certainly challenging; clarity is also needed on the appropriate geographical unit for analysis – for example why district, rather than sub-district or village?

Overall, the key lesson from the ICO is that the MoRES approach must be flexible to fit in with the needs and context of each country.
Part II: ANALYSIS OF THE INDONESIA EXPERIENCE OF MoRES

As currently understood through its application and analysis of documents, MoRES is “a conceptual framework for effective planning, programming, implementation, monitoring and managing for results to achieve desired outcomes for the most disadvantaged children.” The most recent briefing note references MoRES as “intended to enhance and sharpen country programmes of cooperation for accelerated results for the most disadvantaged children.”

The following section of the report reflects upon Indonesia’s experience of MoRES through the prism of seven key elements of the Monitoring Results for Equity System: (1) Situation Analysis; (2) Determinants Framework; (3) Barrier and Bottleneck Analysis; (4) Monitoring of Intermediate Outcomes; (5) Monitoring at the Appropriate Level of Decentralisation; (6) Regular Adjustment to Programming; (7) MoRES as a system. A summary of the basis for analysis of each element is included in the table. This system based analysis is followed by an assessment of the assumptions associated with MoRES and a summary statement on the MoRES cause and effect chain as it presents in Indonesia.

This is not an assessment of the performance of the ICO in relation to MoRES but rather an exercise to help surface issues which may require more focused consideration prior to the further roll-out of MoRES.

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20 Working Document for Internal UNICEF Colleagues: Monitoring of Results for Equity Systems (MoRES), May 25 2012
21 Briefing Note, Enhanced Programming and Results through Monitoring Results for Equity Systems (MoRES), February 2013
22 A model of the MoRES approach containing ten elements has been agreed with the Evaluation Office and is recorded in a Working Paper on MoRES submitted by the Evaluation Team in January 2014. Two of these elements (the focus on equity and the focus on key deprivations are organisation wide issues and are not explored within each case study; the tenth element (national ownership and scale up) is treated within the assumptions section of the analysis below. The approach is explained more fully within the Formative Evaluation of MoRES: Final Report.
MoRES System Analysis

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<th>Element</th>
<th>Basis of Analysis</th>
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<td>SITUATION ANALYSIS</td>
<td>The <strong>theory underpinning</strong> the situation analysis (as influenced by MoRES) is that it should (1) involve a refocus on equity and (2) a focus on key <strong>deprivations</strong> if the most disadvantaged children are to be identified. <strong>Conceptual issues/challenges</strong> relate to (1) questions over whether equity is consistently defined, (2) the robustness of the tools and evidence base which inform the analysis, (3) prioritisation in situations of multiple deprivation (4) the extent to which there is buy-in to the approach as a joint exercise and (5) the appropriate level of decentralisation for situation analysis.</td>
<td><strong>Findings in Indonesia</strong>: Prior to the introduction of MoRES, Indonesia had used a Child deprivation Index (developed in 2010) to locate the most disadvantaged children in Indonesia and to determine the nature of their deprivations. The country is well advanced in terms of data availability and these data provided through national and sub-national data gathering systems. Of particular note is the availability of disaggregated lowest level survey (district) data which allow deep insight into the extent to which general summary data results mask locally specific inequities. Therefore, a substantial body of data is already available on key measures of child well-being and on disparities in intervention coverage allowing evidence based conclusions to be drawn on priorities and progress. A 2012 UNICEF brief draws attention to these disparities, identifying children left behind and recognising that these children can be “located” on a regional basis (for example, West Sulawesi is the worst off province in terms of Infant Mortality Rate), on a rural-urban comparative basis and in relation to wealth disparities. The key consideration in Indonesia is how to respond to this information given the decentralised nature of the country. This limits the scope of level 1 activity from a central position but enhances the opportunities for local level decision making. A key question for the ICO is to what extent level 1 analysis can affordably be supported at this level of decentralisation (district level). <strong>Conclusions</strong>: Indonesia was using a relatively robust tool and evidence base to reach conclusions on priorities before the introduction of MoRES, and so was already comparatively well off in both regards. The added value of MoRES has been to endorse commitments to equity and to surface important questions on how these can be met within the context of a decentralised government.</td>
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23 See for example: *National Report Indonesia: Child Poverty and Disparities in Indonesia: Challenges for Inclusive Growth, SMERU and UNICEF, December 2012*, which provides national and provincial disparity data against a range of detailed dimensions and deprivations.

24 UNICEF Indonesia Issue Briefs, October 2012; *MDGs, Equity and Children: the way forward for Indonesia*.
2. DETERMINANTS FRAMEWORK

The theory underpinning the determinants framework is that (1) both service delivery and enabling environment factors need to be tackled to reach the most disadvantaged children and that (2) the framework of ten determinants has generic application across all sectors and (3) represents the necessary conditions for outcomes to be achieved.

Conceptual issues/challenges relate to (1) the number of determinants, specifically whether the ten determinants cover all relevant factors sustaining deprivation and (2) the difficulties in identifying indicators which enable the measurement of determinants in a consistent way.

Findings in Indonesia: Operationally, the ICO has faced some challenges in introducing both the concept of determinants and the concept of bottlenecks simultaneously in Indonesia. There is evidence of the integration of determinants framework thinking at national level, for example, there is ongoing work in relation to SUSENAS the national survey system to better integrate determinants. However, there remains some confusion at district level around whether indicators need to be identified for both determinants and bottlenecks. There are a number of processes around indicators which need to be better understood at this level – specifically, the approach to indicator identification (and frequency of review) against the ten determinants and how to deal with the issue of time sensitivity when selecting indicators. Currently, some variation in the implementation of the MoRES process is acknowledged in internal reports. For example, in line with government training, the number of determinants in the Determinants framework was reduced from 10 to 5 in Aceh Timur (human resources, funding, methods, facilities and enabling environment). Interestingly, this reduction still retains reference to both the service delivery factors and the enabling environment. However, while this reduction may have facilitated greater local ownership it is unclear how it will have influenced the value of the analysis. In Brebes, there is some evidence that the determinants framework was applied initially by UNICEF staff (alone) as the basis for presenting a starting point for discussion on bottlenecks with district staff - the implications of this two-step approach also requires further consideration. Certainly the determinants framework plays a clearer role within ICO itself than it does at district level - November 2012 reports for example foresaw the mid-term review in 2013 as the entry point to refine IRs in the light of the determinant analysis. Building on this, the implication of embedding MoRES analysis within the Results Assessment Module of VISION needs to be better understood with regard to determinant selection, ratings and quality assurance.

Conclusions: The ICO experience offers some important pointers with regard to guidance needed to both demonstrate the value of and processes associated with thinking through both determinants and bottlenecks, particularly with regard to indicator development. There are both conceptual challenges (proof of concept) and practical challenges (building capacity and ownership) to be considered here.
3. BARRIER AND BOTTLENECK ANALYSIS

The **theory underpinning** bottleneck and barrier analysis is that (1) the strength of any system is determined by the strength of a minimum factor, that (2) similar interventions share the same bottlenecks such that “tracer” interventions can be monitored to measure the performance (by proxy) of other interventions, (3) if bottlenecks for the most disadvantaged are not addressed, it is likely that the situation of the most marginalised will worsen relative to the wider population over time and (4) the analysis of bottlenecks and barriers will lead to the identification of evidence based strategies and innovations to overcome them.

**Conceptual issues/challenges** relate to (1) the quality of data sources, (2) uncertainty as to whether bottlenecks are generalizable, (3) whether bottlenecks may mask deeper bottlenecks and (4) difficulties in identifying solutions.

**Findings in Indonesia**: Bottleneck analysis has been rolled out across seven districts\(^{25}\) in Indonesia, each selected on the basis of inter-sectoral convergence. Across the districts, the aim has been to embed the implementation of MoRES within Indonesia’s existing systems and so stakeholder engagement has been a priority. Key advantages in Indonesia were that a) there had already been a focus at district level on bottleneck analysis and tracer interventions through the IC-EBF approach and b) local health officials were quick to engage with bottleneck analysis as part of the planning process having already received training on the approach as part of their core training centrally. Sectorally, CSD took the lead and the roll-out of MoRES was given impetus by a workshop for CSD staff in Jakarta, after which district MoRES teams were formed to assist the UNICEF Field Office and DHO partners to undertake further bottleneck analysis at sub-national level within this particular sector. The CSD team has built on significant existing efforts within the Investment Case Approach and associated bottleneck analysis; yet also encouraged innovation – for example bringing a consideration of costing into the MoRES “model” and decision making process. By July 2012, although one district had completed work on prioritisation of actions, indicator selection and data collection mechanisms, it was also clear that district level processes would take time to complete. A number of factors are relevant in this regard: government buy-in was sought for each indicator and there were challenges in selection associated with data availability; officials raised questions during workshops around why indicators proposed for MoRES were not the same as government indicators and why another tool was needed when there were already tools for bottleneck analysis in play; there were also questions relating to how to make decisions about which are the priority bottlenecks and so select the most meaningful solutions. Overall, significant facilitation was required to assist the many stakeholders involved to digest the concepts and determine linkages with current mechanisms of data analysis and problem solving. The skills and capacity required to achieve the level of consensus, understanding and commitment required should not be underestimated – and this is made no easier by the high rates of staff turnover in government. Despite these challenges, the ICO had made the commitment to mainstream bottleneck and barrier analysis across all sectors as part of standard programming process.

**Conclusion**: The introduction of bottleneck analysis at district level has proven challenging despite some local familiarity with the process; in particular, it is not clear that the concept behind tracer interventions and minimum factor bottlenecks is fully understood. However, there are strong signals of buy in to the case for evidence based strategies, the value of quality data and the need for the identification of meaningful solutions.

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\(^{25}\) Aceh Timur, Brebes, Jayapura, Jayawijaya, Mamuju, MTB, Sikka.
### 4. MONITORING OF INTERMEDIATE OUTCOMES

**The theory underpinning** the monitoring of intermediate outcomes is that (1) they represent the missing link between outputs and outcomes, (2) data gathering at this level can inform timely corrective action with regard to programme implementation as well as (3) help document what works.

**Conceptual issues/challenges** relate to (1) identification of appropriate indicators, (2) how often data should be gathered, (3) challenges associated with the use of specific tools for more real-time monitoring.

**Findings in Indonesia:** There are district level examples in Indonesia of how intermediate outcomes have been identified and level 3 monitoring introduced building on baselines and comprehensive determinants analysis associated with key tracer interventions. For example, in Aceh Timur, a light survey conducted with households revealed the fact that parents were not using zinc supplements due to the belief that the zinc would make children ill. The key bottleneck identified was that there was a lack of capacity amongst midwives to conduct appropriate counselling with parents. The programmatic response developed by UNICEF in conjunction with district staff was to rollout an improved training approach for midwives which was focused on more targeted and supportive counselling and, a parallel development of a simple pro-forma for midwives to use themselves to track data of their own experiences in counselling process (allowing for real-time 'tweaking' of approach). The early results of this approach are reported by UNICEF to be a 40% increase in coverage of effective counselling (from a very low baseline) and that, as a result of this, there has been a marked and significant increase in zinc uptake. Since there is already a compelling (global) evidence base that improved zinc update does have a direct impact on morbidity and mortality levels amongst children it is arguable that this MoRES driven approach is delivering results which will be measurable in terms of improvements in equity in due course. Perhaps the most significant success with this pilot, however, has been fact that recently the DHO in Aceh Timur made the decision to independently scale up the use of bottleneck and determinates analysis from 15 health facilities to 26, without further financial support from UNICEF.

**Conclusions:** The ICO has generated some early signals that the identification and monitoring of intermediate outcomes and associated bottlenecks can play a key role in informing better approaches towards the removal of key deprivations. There is complexity in communicating the relationship and overlap between tracer interventions, intermediate outcomes, determinants, bottlenecks, solutions and associated indicators to local stakeholders and clearer guidance would be helpful in reducing confusion and facilitating the implementation of MoRES. One of the most significant challenges to intermediate outcome monitoring identified by the ICO, however is the question of cost of survey work and linked to this who does the work and how it is conducted.
### MONITORING AT APPROPRIATE LEVEL OF DECENTRALISATION

**The theory underpinning** the monitoring at appropriate level of decentralisation is that (1) deprivation patterns are contextually specific, (2) local level planning must be based on local level needs, (3) local data can be a useful basis for advocacy for local level decision making and empowerment. However, (4) some bottlenecks are best addressed at central level. (5) Partnership in general and the use of government systems in particular is a key consideration. 

**Conceptual issues/challenges** relate to: (1) the level of decentralisation which is most appropriate since for example context may vary at levels lower than district, (2) the weakness of data collection systems at local level, (3) capacity for data analysis and (4) potential de-link between data access and decision making.

### Findings in Indonesia: ICO's experience of level 3 monitoring is at the district level and it is in this regard that ICO can demonstrate some innovation. For example, over the period 2011-2012 Jayawijaya district was one of the focal points for the piloting and roll-out of the Investment Case (IC) approach in which multi-stakeholder bottleneck workshops took place in the district. The results of these ultimately informed district level and UNICEF plans. Information generated by the IC approach exercises was subsequently re-analysed using the Determinants Framework and this essentially validated existing plans. However, the key innovation from the Jayawijaya experience relates to level 3 monitoring. Within this district, the perceived local challenge was insufficient capacity at local government level to pilot level 3 monitoring and as a result, the Jayawijaya chapter of IBI (Midwife Association of Indonesia) – was contracted by UNICEF through a Small Scale Funding agreement to undertake monitoring. The resulting level 3 exercise has produced some good emergent evidence of how real time local level planning has made a difference in enabling immediate corrective actions to be taken. Midwives collected data on the key bottleneck indicators though the undertaking of a questionnaire – called a ‘Rapid Convenient Assessment' (RCA) – which highlighted that significant cultural practices were still prevalent which were barriers to the uptake of key services (such as ANC visits) or changing behaviours (such as exclusive breastfeeding). Similarly there were also significant issues with supply of key services (Vitamin A, deworming tablets, LLIN, IFA). Key to this approach is the fact that the RCA required the midwives to not only identify indicator status but also required the data collectors to ask ‘why’ key bottlenecks existed. This qualitative data seems to have been instrumental in helping the IBI midwives to both understand the issues at the local level but also to determine solutions at the local level and in real time. There remains a question over whether level 3 monitoring will be sustainable at this level given that it has not been integrated into existing district systems and the data collection and analysis work that was undertaken, was funded through a bilateral contract with UNICEF. 

**Conclusions:** Although the Jayawijaya example, is an isolated case, it demonstrates how data gathering at this level can be achieved and why it is important. Issues around cost and scale up remain critical considerations and will require strategic thinking and prioritization to ensure maximum return on investment.
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<td><strong>Conceptual issues/challenges</strong> relate to (1) the need for commitment from multiple actors on the basis of (2) consensus on corrective actions, (3) the need for resources to fund corrective actions, and (4) uncertainty over periodicity of programme adjustment.</td>
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**Findings in Indonesia** The ICO experience in relation to the IBA midwives reported above produced evidence that enabled immediate corrective actions (the MoRES feedback loop in operation) during home visits and supported better provision of inputs to service providers. These programme adjustments could be undertaken without additional resource - this is a critical point. However, where monitoring reveals the needs for new resource and a shift in resource, then complex/fragmented planning cycles mean that timing is critical: in other words, identifying a bottleneck does not translate into action at any time in the cycle when funding is required. If "new money" is going to be hard to locate, in the long term efficiencies may be the better route to effectiveness.

**Conclusions:** Funding flows for programming are not only complex and fragmented but also unpredictable, unreliable and not necessarily transparent – and there are often numerous drivers of decision making with regard to budget allocation which are not part of the MoRES approach. Determining to what extent local providers of programmed services can be empowered to adjust their delivery through enhanced evidence gathering is challenging. More needs to be understood about how to use the "feedback loop" associated with MoRES at this level - to adjust the ways already allocated resources are used rather than to identify the need for new resource. In the long term such efficiencies may be the better route to effectiveness, if the costs to UNICEF are not to escalate beyond what is affordable and sustainable.
7. **MoRES AS A SYSTEM**

The **theory underpinning** MoRES is that (1) the four level system allows multiple entry points, (2) each level informs the next and is informed by the preceding level, (3) the system is flexible in terms of where to start.

**Conceptual issues/challenges** relate to (1) clarity over what each level involves, (2) whether MoRES can be effective if less than all levels are applied and (3) how MoRES maps onto the programme cycle, including evaluation.

**Findings in Indonesia:** The focus for the ICO with regard to MoRES has been to work out how to build on and promote the key elements of the system to further the equity agenda without further complicating an already complex planning and data gathering environment. Specifically this has required the identification of appropriate entry points at different levels of the GoI (e.g. across different ministries) as well as appropriately pitched advocacy and coordination with different stakeholders including other UN Agencies. The objective of these activities is to influence and shape the current ‘space’ around planning monitoring and reporting in a way that will result in the GoI taking up those elements of the MoRES approach which will in turn help improve the equity focus and impact of its programming.

**Conclusions:** A challenge for the ICO has been to respond to the promotion of a comprehensive system from a context in which much that is equivalent to key elements of MoRES is already in place. The costs and benefits of retro-fitting existing plans to new processes potentially represents a delay rather than a step forward. However, that said, MoRES thinking as a whole has helped raise awareness of the value of combining some of the core elements of MoRES (rather than the levels per se) while raising the question of how this is best done in an affordable and sustainable manner.
Assumptions

8. ASSUMPTIONS ANALYSIS

The MoRES working paper suggests that the following assumptions warrant consideration at the case study level:
(1) consistency of equity definition;
(2) cost-effectiveness of an equity-focused approach;
(3) data accuracy with regard to deprivations;
(4) focus on key deprivations is a targeting approach that is acceptable to partners;
(5) determinants framework is robust;
(6) staff and partners have capability to apply the framework;
(7) data accuracy with regard to bottlenecks;
(8) analysis will identify true bottlenecks;
(9) resource availability;
(10) tracer interventions can be identified as useful proxies and indicators for these are time sensitive;
(11) capacity exists at decentralised level for intermediate outcome monitoring;
(12) evidence based decisions can be taken at the appropriate level of decentralisation;
(13) resources and political will are sufficient to scale up the approach;
(14) proof of concept emerges over time: evidence shows that the approach does progressively reduce bottlenecks.

Findings in Indonesia: There is preliminary evidence from Indonesia that it is reasonable in this context to make assumptions around data accuracy, around the acceptability of targeting for equity and the use of tracer interventions as proxies for wider service delivery benefits, as well as around the value of evidence based decision making at the local level. There are also very early signals that there may be evaluable evidence in due course to demonstrate and potentially attribute the reduction in some bottlenecks to MoRES and the reduction in inequity to these bottleneck reductions and associated processes. It is too early to say that if this equity focused approach produces results, that this will support a judgement that the approach overall is cost-effective (more effect for this cost than any alternative) but it does suggest that the question of cost-effectiveness should in due course form part of a more summative evaluative enquiry. It is also unclear that the determinants framework is seen to be demonstrably robust (in a way that would prevent the reduction in the number of determinants being considered) and that local officials and UNICEF staff all have the capability to apply the approach, specifically with regard to indicator development. Local capacity for intermediate outcome monitoring is clearly not in place although the ability of those who are engaged in monitoring to make informed decisions on what aspect of programming to change, has been demonstrated. There remain questions over resourcing in the long term and on a wider scale.

Conclusions: Overall, the experience of applying MoRES in Indonesia suggests that several of the assumptions listed here will represent risks to the achievement of enhanced equity unless managed as part of the overall approach. The most immediate priorities appear to relate to local capacity to undertake level 3 monitoring and the availability of resources to respond to whatever this information gathering suggests.
Summary: MoRES Cause and Effect Chain in Indonesia

This final section of the report aims to summarise the Indonesia country experience in relation to the *Cause and Effect Chain* modelled in the diagram below and taken from the working paper supporting the overall evaluation:

The overall causality/pathway of change for MoRES at the country level can be summarized as follows:

MoRES is an attempt to look at UNICEF priority areas from an equity and deprivation perspective. It is a complex system, dynamic and emergent across multiple sectors and contexts. It comprises multiple components including four levels and a feedback loop that are intended to be applicable across programme sectors and policy work. The levels of MoRES are intended to be closely linked – each level provides information for monitoring at the next level and at the same time assesses/validates actions of the preceding level to allow for timely adjustments and refinements in programme strategies. A key element is the iterative process of real time monitoring and continuous feedback loop which allows for real time intervention adjustment.

In addition, principles and tools/methods need to be applied including the bottleneck analysis framework, for MoRES to function. To ensure maximum impact, sustainability and ownership, UNICEF is attempting to demonstrate the value of this approach with a view to integrating these elements into national systems. Thus results are dependent on an adequately resourced and capacitated MoRES approach at appropriate levels of UNICEF and the National Government.

In the case of Indonesia and with regard to the cause and effect chain, the following inputs, activities, outputs and emergent outcomes of the MoRES application have been recorded:

1. **UNICEF ICO uses tools and methods to support identification, monitoring and targeting of most disadvantaged children**

Overall, support from the Regional Office to Indonesia (and other workstream one countries in the region) has been comprehensive and important, effectively establishing a community of practice which includes the provision of advice (for example guidance on ARs and MTRs), sharing of experience (for example on
developing indicators of determinants), and review of key elements of MoRES (for example of IRs and the extent to which they align to the MoRES analytical framework). Prior to the introduction of MoRES, Indonesia had used a Child deprivation Index (developed in 2010) to locate the most disadvantaged children in Indonesia and to determine the nature of their deprivations as well as evidence based planning through the investment case work. The first activity work stream was to undertake pilots of MoRES in 7 districts. These districts were chosen based on clear equity criteria (high levels of inequity, high disease burden) as well as being the location where CSD programmes (such as the IC-EBP) were being implemented. The objectives of these pilots were to test and validate key elements of the MoRES approach (namely, bottleneck analysis, determinants analysis, choice of priority solutions to remove major bottleneck/s and level 3 monitoring) and to demonstrate the additional value of these approaches to district level programming. The next phase of MoRES contextualization and implementation in Indonesia is being defined. Overall, the ICO has adopted a pragmatic approach throughout, including for example implementation at district level given the decentralised nature of decision making in Indonesia, de-branding of MoRES, adopting flexible process entry points (whichever level suits best) and seeking relevant application at different government levels, appropriate to context. The ICO’s experiences with regard to MoRES translate into important achievements and learning about the challenges and potential of MoRES as an approach. The district roll-out has generated a rich source of experience and lessons learned and despite uncertainties and challenges, the ICO has shown itself always willing to reflect and share learning with others.

2. **MoRES is adequately resourced and capacitated and supported at all levels of UNICEF and Government**

MoRES has been well supported by existing data gathering systems and associated data sets and reports. However, a primary constraint to the application of a MoRES approach at the decentralised level in Indonesia (where deprivations are focused) is limited local capacity for level 3 monitoring. Although UNICEF has contracted this work out in some districts and in so doing demonstrated the value of the approach, this nevertheless raises questions over long term affordability and sustainability. The skills and capacity required to achieve consensus, understanding and commitment should not be underestimated – and this is made no easier by the high rates of staff turnover in government. In addition, funding flows are also complex and fragmented – but also unpredictable, unreliable and not necessarily transparent – there are numerous drivers of decision making with regard to budget allocation which are not part of the MoRES approach. An additional challenge is that the approach requires a degree of understanding with regard to results based management – and this is uneven across programme staff.

3. **Stakeholders do not oppose equity focusing**

There has been significant progress towards achieving the MDGs in Indonesia over the last decade. The ICO had already achieved some important experience in bottleneck analysis in partnership with key stakeholders through the application of the Investment Case Approach. Partners were also familiar with the notion of tracer interventions prior to the introduction of MoRES. Thus securing buy-in for testing the approach on a limited scale represented little challenge. The transfer of greater political and administrative authority to district governments has brought governance closer to the people, along with resources to carry out new functions that might help resolve disparities. However, each local government has its own prerogatives, affecting legal and policy enforcement as well as decision-making processes and upscaling and replicating of programmes. Commitment at the national level does not necessarily translate to the subnational level, where there are also problems of capacity, including absorption of nationally allocated resources. In addition, MoRES functions in an environment of competing and overlapping approaches. More specifically, UNICEF is a relatively small ‘player’ in Indonesia and is acting to influence the GoI alongside a number of other international partners. It appears that UN agencies have a reputation within GoI for not coordinating very well; stakeholders report that there are
already key elements of ‘MoRES’ type approaches ‘out there’ (e.g. IC, MAF, COIA) and express confusion about why different ‘approaches’ are promoted by different UN agencies and adopted by different ministries. Lastly, knowledge and understanding of the political economy and power relationships between different ministries is critical and the ICO has needed to be very strategic in how it engages with ministries to promote the elements of MoRES in the right way. This strategic approach to engagement is also utilised as UNICEF engages with other UN agencies. For example the fact that the MAF approach has an emerging capital and possible momentum at the national level at the moment is recognised by UNICEF staff. Consequently the engagement approach has been to reach out to UNDP and explore how elements of the MoRES approach can be complementary with the MAF.

4. **MoRES tools are well conceived and context specific**

The key finding from the case study is that the MoRES approach must be flexible to fit in with the needs and context of the country. No country is a “blank canvas” with regard to planning and monitoring and it will always be important to find the fit in terms of entry points (with regard to sectors, geography, level of government and planning cycles). In the case of Indonesia the ICO focus from the outset has been to explore how the key principles and approaches within MoRES could add value to existing systems and to find ways to promote and insert these approaches into them. This focus meant that, crucially, UNICEF Indonesia took a strategic decision to not externally promote the term ‘MoRES’ but rather to promote the key elements of MoRES, specifically the focus on equity, the use of bottleneck/determinants analysis and the focus on rea time monitoring at a local level. Conceptual clarity is an issue as there were difficulties to facilitate a consistent understanding of MoRES. Local interpretation, adaptation and application was key to making a success of MoRES. However, there were questions relating to how to make decisions about which are the priority bottlenecks and how to select the most meaningful solutions at these levels. Communication and definition of MoRES approach from HQ has evolved (from top down ‘blue print’ to ‘implement MoRES in your context’); the local communication and the associated influencing component of MoRES has not always been explicit in the guidance and yet is critical to local ownership. Regarding the tools, there is still only limited guidance on MoRES as an approach and the tools required to deliver this approach; inevitably interpretation and understanding is uneven.

5. **MoRES enables effective equity focused targeting of the national programme**

Building on earlier experience, the ICO has developed appropriate tools and rolled out level 3 monitoring in a number of districts, generating some early signals that the identification and monitoring of intermediate outcomes and associated bottlenecks can play a key role in informing better approaches towards the removal of key deprivations. Local level buy-in has been critical in a country where decentralisation is an important characteristic and where what can be achieved through national level planning is limited. Indonesia was using relatively robust tools and evidence base to reach conclusions on priorities before the introduction of MoRES, and so was already comparatively well off in both regards. The added value of MoRES has been to endorse commitments to equity and to surface important questions on how these can be met within the context of a decentralised government.
6. MoRES mainstreamed in UNICEF assistance

The objectives of MoRES can be seen to have been a comfortable fit with the objectives of the Indonesia Country Office (ICO) and UNICEF’s current priorities within the Country Programme Document 2011-15 (CPD). The Regional Office support to Indonesia has been comprehensive and important, effectively establishing a community of practice which includes the provision of advice, sharing of experience and review of key elements of MoRES. The implication of embedding MoRES analysis within the Results Assessment Module of VISION needs to be fully understood with regard to determinant selection, ratings and quality assurance.

7. Government programmes effectively target disadvantaged children through MoRES

A key challenge for the ICO has been to work out how best to engage with their Indonesian partners on integrating elements of MoRES. This was no easy task since MoRES ‘entered’ an already very crowded and highly complex and dynamic environment: there are already a number of programming and monitoring systems and initiatives in the country, many of which are overlapping - and, in some cases, competing - with each other; the central government is promoting and engaging with different systems and there are clear issues around lack of coordination – represented, for example, by the fact that different line ministries are promoting different approaches in different ways; as a result of the decentralised governance structure in Indonesia there is a wide disparity in the way different systems are promoted, implemented and managed across different districts. An additional challenge is the complex/fragmented planning and funding cycles. There are numerous drivers of decision making with regard to budget allocation which are not part of the MoRES approach. More needs to be understood about how to use the “feedback loop” associated with MoRES to adjust the ways already allocated resources are used rather than to identify the need for new resources.

8. Government adopts improved equity targeting through MoRES

The decentralised nature of government systems continues to make the challenge of mainstreaming all levels of MoRES across the country considerable. Indonesia has a number of mechanisms, that attempts to address equity e.g., social protection systems and some progress has been made in adjusting national surveys to have a better equity focus. However it will take time, strategy and resources before changes at the district level can go to scale. The MoRES approach has introduced a new way of thinking particularly at the local level that is encouraging a belief that local monitoring and decision making can lead to meaningful real-time change.

9. Better services for disadvantaged children:

The challenge for the ICO has been to respond to the promotion of a comprehensive system from a context in which key elements of MoRES are already in place. The costs and benefits of retro-fitting existing plans to new processes potentially represents a delay rather than a step forward. However, MoRES

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26 Document E/ICEF/2010/P/L.27) originally presented to the Executive Board during September 2010 and later revised and approved at the February 2011 first regular session of the Executive Board.
thinking as a whole has helped raise awareness of the value of combining some of the core elements of MoRES (rather than the levels per se) while raising the question of how this is best done in an affordable and sustainable manner. The premise that the application of MoRES as system will result in increased equity for the most disadvantaged children cannot be proven as of now. This is because the components that make up MoRES have only recently been put in place and in only a few districts. More time is needed to measure MoRES processes fully and further evaluation will be required to demonstrate MoRES related results. However, the district roll-out has generated a rich source of experience and lessons learned. A number of assumptions should be surfaced since they reveal important dependencies upon which MoRES is based including data reliability and availability, and the willingness and ability of government to act immediately on evidence in terms of resource re-allocation.

In summary: Indonesia has a very elaborate and complex planning, budgeting and monitoring systems in place. As a result, UNICEF in Indonesia benefits from the data provided through well-established national and sub-national data gathering systems. The equity objectives of MoRES have been a good fit with existing objectives within the Country Programme Document (CPD). In this context, the Indonesia Country Office (ICO) with the support and guidance from the Regional Office (RO) has been active in its commitment to rolling out MoRES and adapting it to the national context. Indonesia has a history of trying to use elements of MoRES in a variety of social and poverty eradication programmes prior to the development of MoRES. As such, the ICO was already committed at the outset of the current country programme period to address equity objectives outlined in MoRES. MoRES roll-out has focused on bottleneck analysis within seven districts, selected on the basis of inter-sectoral convergence and with a focus on embedding the implementation of MoRES within Indonesia’s existing systems. The approach was introduced in an already very crowded and highly complex environment. Therefore, it required structural adaptation and the identification of appropriate entry points at different levels of the Government of Indonesia (GoI) (e.g. across different ministries). Appropriately pitched advocacy and coordination with different stakeholders including other UN Agencies were also key to the introduction of MoRES. The main challenges in the application of the system include (i) the low local capacity for intermediate outcome monitoring and the availability of resources, (ii) complex/fragmented planning cycles and funding flows, (iii) a need for better coordination with other UN agencies in an overcrowded market, (iv) need for incorporation in existing government monitoring mechanisms. Early results indicate that there is potential for successfully implementing MoRES. More specifically, potentially significant local level results are emerging. For example, in Aceh Timur, results from level 3 monitoring are reported by UNICEF to have led to programme adaptation which has led to a 40% increase in coverage of effective counselling resulting in significant increase in zinc uptake. Another isolated example is the level 3 exercise in Jayawijaya which has produced some good emergent evidence of how real time local level planning has made a difference in enabling immediate corrective actions to be taken (for example in relations to stock-outs of Vitamin A). Issues around cost and scale up remain critical considerations and will require strategic thinking and prioritization to ensure maximum return on investment. Overall, the added value of MoRES has been to endorse commitments to equity and to surface important questions on how these can be met within the context of a decentralised government. The case study presents examples of adjusting, fine-tuning and applying the MoRES approach (including the Determinants Framework and Bottleneck Analysis). It demonstrates that the capacity to scale up, the cost of doing MoRES and the ability to apply the feedback loop beyond the local level are complex issues involving multiple challenges, which should be addressed as MoRES is integrated into existing national systems using government resources. Although, it is too early to say whether MoRES enhances an equity focused approach for better results in addressing disparities, the application of MoRES in Indonesia demonstrates UNICEF’s determination to address equity; pilot testing MoRES in Indonesia has allowed lessons to be learned on how MoRES elements can be applied in the future.
FORMATIVE EVALUATION OF UNICEF’S MONITORING RESULTS FOR EQUITY SYSTEM (MoRES)

Morocco Country Report
Final Draft

MARCH 2014
FORMATIVE EVALUATION OF UNICEF’S MONITORING RESULTS FOR EQUITY SYSTEM (MoRES)

Morocco Country Report
Final Draft
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Acknowledgements

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While the insights of everyone interviewed have been vital to shaping this report, the contents are entirely the responsibility of the evaluation team.
## Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>C4D</td>
<td>Communication for Development Section</td>
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<tr>
<td>CPAP</td>
<td>Country Programme Action Plan</td>
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<td>CPD</td>
<td>Country Programme Document</td>
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<td>FA</td>
<td>Focus Area</td>
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<td>GDP</td>
<td>Gross Domestic Product</td>
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<tr>
<td>INSAF</td>
<td>Equity (in Arabic)</td>
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<td>MCO</td>
<td>Morocco Country Office</td>
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<td>MDG</td>
<td>Millennium Development Goals</td>
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<td>Mednet</td>
<td>Middle East Development Network</td>
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<td>MEN</td>
<td>Ministère de l’Education Nationale</td>
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<td>MENA</td>
<td>Middle East and North Africa Region</td>
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<td>MoRES</td>
<td>Monitoring Results for Equity System</td>
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<td>MTR</td>
<td>Mid-Term Review</td>
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<tr>
<td>NGO</td>
<td>non-governmental organisation</td>
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<tr>
<td>OOSCI</td>
<td>Out-of-School Children Initiative</td>
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<tr>
<td>RO</td>
<td>Regional Office</td>
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<tr>
<td>S&amp;E</td>
<td>Suivi et Evaluation (monitoring and evaluation)</td>
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<tr>
<td>SitAn</td>
<td>Situation Analysis</td>
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<tr>
<td>SSRE</td>
<td>Système de Suivi des Résultats pour l’Équité</td>
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<tr>
<td>ToC</td>
<td>Theory of Change</td>
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<td>UNDAF</td>
<td>United Nations Development Assistance Framework</td>
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<td>WHO</td>
<td>World Health Organisation</td>
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<td>WinS</td>
<td>WASH in schools</td>
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PART I: MOROCCO’s COUNTRY EXPERIENCE

SUMMARY: MoRES in Morocco

The Morocco Country Office (MCO) has made a concerted effort to roll out MoRES, in a context where the presence of existing systems means that any new approach must be shown to add value. The Moroccan government had a stated commitment to equity that pre-dated MoRES; therefore, the introduction of MoRES fell on fertile ground. In support of this joint commitment, UNICEF has published an “Equity Kit” for advocacy on the rights of children. In view to give MoRES national appeal, it was translated as Système de Suivi des Résultats pour l’Équité (SSRE) and linked with the Arabic term for equity, INSAF.

A key focus has been the education sector where MCO has pioneered the development of SSRE/INSAF level 3 and demonstrated proof of concept to the MENA Region. Specifically, the focus has been on the application of level 3 MoRES in schools and communities in six communes. Implementation has been based on existing data, supplemented with new qualitative data using bottleneck analysis and the determinants framework focused on analysis at the local level. 80% of education indicators developed are common to all districts and so can now be applied nationally. MoRES has been empowering at the local level, enhancing the development of school level management, creating and improving relationships and confidence between schools and communities, increasing ownership of the development process at local level and regularising direct relations between provincial education delegates, commune councils, and schools. It has also generated confidence at national level in the power of the participatory process, and provided better understanding of real local issues, which is leading to better national strategies. Thus, the successful piloting of INSAF in the Education Sector has a strong influence at the national level at the Ministry of Education. MoRES has also been started at Level 1 in the youth and child protection sector and has been used for analysis within the WASH sector as a trial in one province.

In a country where equity is already a focus, there is a need to demonstrate effectiveness in order to gain buy-in. Further, where there are existing systems any new approach must be seen to add value. Therefore, MCO has had to be considered in its approach to rolling out MoRES – reframing it in nationally relevant terms, and focusing significant attention on a single sector. Continued integration of the approach in other sectors and geographical areas is required in order to maximise the impacts on the most disadvantaged children and demonstrate the value of the concept. However, MoRES already shows potential for helping to identify the poorest and most vulnerable children left out of the benefits of development. Key challenges include weak coordination and linkages between sectors within Government, capacity gaps within MCO and government (most specifically at the commune level in education) and the high cost of implementing MoRES in terms of budget and staff time.

Introduction

The Monitoring Results for Equity System (MoRES) was developed to support UNICEF’s refocus on equity (launched in 2010) with the specific intent to accelerate progress in reaching the world’s most deprived children. UNICEF is currently advancing towards mainstreaming MoRES at a global level and in support of this ambition has commissioned an independent evaluation to provide validation and learning on the conceptual, technical and practical viability of MoRES as an approach. The evaluation is deploying two related analytical approaches: a theory based approach and a case study based approach. The theory based approach provides a basis for framing and analysing the MoRES experience. The case study approach
complements this by recording what has happened in relation to MoRES in selected countries and in this way helps test and validate the theory of change (ToC) associated with MoRES.

The objective of the evaluation is to support continuing efforts across UNICEF to articulate, develop and mainstream the MoRES approach by learning from experience. The information from the case studies will feed into the main evaluation report. Two important characteristics of the case study component of the evaluation are: each case study has been selected because of the learning opportunity offered to the evaluation; the approach to each study is focused on recording experiences rather than measuring or assessing performance.

However, there is perceived value in analysing country experience based on the key elements of the Monitoring Results for Equity System, both to contribute to the overall development of the MoRES Theory of Change (which will support global roll-out) and as a way of structuring findings and conclusions that will be helpful to the Country Office. Thus, this report is presented in two parts:

- **Part I: Morocco’s Country Experience**, provides a brief introduction to the overall formative evaluation and explains the context for this country specific study and presents the MoRES experience from a Morocco County Office perspective by summarising the findings of a four day field visit to Morocco (and associated documentary review).

- **Part II: Analysis of the Morocco experience of MoRES**, uses seven core elements of the Monitoring Results for Equity System as the basis for more analytical reflection and presents findings against each element as well as an overall conclusion; this section also includes some reflections on the assumptions associated with MoRES and summarises MoRES from a cause-effect perspective.

### Morocco Country Context

Morocco has a population of 32.9 million\(^1\) and is experiencing demographic changes which increase the proportion of adolescents and youth. It is a middle-income country with an estimated gross per-capita national income of $2,790 per year. With a Human Development Index of 0.567 and a gender inequality index of 0.693, Morocco is a middle ranking country. There are, however, major challenges because of disparities, mainly between rural and urban areas. For example, preschool enrolment is 65% in urban areas and only 36% in rural areas\(^2\).

Morocco is on track to achieve the health-related Millennium Development Goals, despite the inequalities that remain. Health indicators are improving, but show wide disparities: the under-five mortality rate is 2.5 times higher for the poorest lower quintile than for the richest upper quintile. The main causes of child mortality are infections, diarrhoea, pregnancy-related complications, barriers to access to treatment and lack of financial resources, failure to use health-care services and the low proportion of Gross Domestic Product (GDP) devoted to health care (5% in 2001). Similarly, maternal mortality remains very high, at 112 per 100,000 live births, and is 50% higher in rural areas than in urban areas.

The right to education has been furthered through major reforms but challenges remain in terms of governance, quality and access to the education system for the most vulnerable children. In 2011-2012, 54% of children attended secondary school, but in rural areas, this proportion was lower - 23.6% for girls, and 31.3% for boys\(^3\). Primary and secondary schools suffer from weak internal effectiveness, with

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\(^1\) Based on demographic projections of the Department of Planning (as reported by MCO).

\(^2\) According to the last MDG report of the Department of Planning (2012).

\(^3\) Ministry of Education report 2011-2012.
340,000 pupils dropping out every year and only 17% of pupils in non-formal education progressing to formal or vocational education.

While legislation is now largely in line with the Convention on the Rights of the Child, weak implementation leaves children, particularly the most vulnerable, still exposed to various abuses and violations of their rights. More than 172,000 children aged 7 to 15 work; 70,000 live in institutions though they are often not orphaned; 6,500 are abandoned at birth each year; and 10,000 are identified as having suffered serious violence. Those in positions of responsibility find enforcing rights difficult, because of inadequate support structures, lack of public funds to protect children and limited monitoring and evaluation.

UNICEF’s current priorities in Morocco are set out in the Country Programme Document 2012-16 (CPD). The aim is to speed progress towards the Millennium Development Goals and the establishment of a protective and fair environment for all children in Morocco, particularly the most vulnerable. The guiding principles are a human rights focus, integration of gender equality and a sustainable environment. Implementation strategies include capacity building at all levels; communication for development; the development of new strategic partnerships; knowledge management, including risks and their determining factors; advocacy; convergence of action; preparedness to respond to humanitarian situations and South-South cooperation. There are three strategic areas of intervention (strengthening of basic social services, creation of a protective environment, decentralization) with five components:

a) **Child survival**, which incorporates equitable access to health care for the mother and child and child nutrition;

b) **Basic education and adolescent development**, which incorporates equitable access to quality education, including for vulnerable children and adolescents;

c) **Child protection**, which incorporates behaviour and social change and strengthening of national child protection systems.

d) **Local development and the rights of children and youth**;

e) Evidence-based analyses for the development, implementation and evaluation of **social policies for children** with effective communication and advocacy.

In addition to strategic actions at the national level, the UNICEF Country Programme has also designated three main geographical areas as a priority for action and convergence (between, for example, education, child survival and child protection): the **Sous Massa Draa, Marrakech-Tensift-Al Haouz** and **Oriental** regions. These areas were selected because of their high poverty rate and poor performance in the areas of education, health and nutrition.

**Overview of MoRES in Morocco**

Morocco is one of three “workstream one” countries in the Middle East and North Africa Region (MENA), receiving support from their Regional Office (RO) and Headquarters (HQ) for the roll-out of MoRES. Agreements on this were reached with the Regional Office, at a Regional Office-Headquarters
The specific content of these regional compacts included plans to strengthen and maximize the synergies and complementarity of roles between HQ and ROs and plans to engage regional institutions and partners to support strengthened management for results at country level. Principles included a joint commitment to work towards agreed goals, ensuring roots in existing structures and mechanisms, and promotion of responsive management. The Middle East and North Africa (MENA) countries have collaborated on MoRES to facilitate and support learning in the region, with Morocco taking the lead in a number of events, including an International Conference on Equity in May 2012 in participation with the social ministries for Morocco.\(^8\)

MoRES has been reframed in Morocco, as *Système de Suivi des Résultats pour l’Equité* (SSRE) and *INSASF*. Figure 1 lists key MoRES events during the period from 2011-13 from the perspective of the Morocco Country Office (MCO). This timeframe shows how MoRES has been adopted and localized in government systems through the SSRE and INSASF pilot and the coincidence of changes in the new Government's approach to equity, and how it is being used to influence the United Nations Development Assistance Framework (UNDAF) and other joint instruments.

**Figure 1: Timeline of events during roll-out of MoRES in Morocco**

MoRES was officially started in Morocco in May, 2012, five months after the launch of the UNDAF 2012-2016 and UNICEF’s Country Programme, which had been prepared in 2011. However, as shown in Table 1, MCO had prepared its Country Programme (based on the contemporaneous UNDAF) during the period when MoRES was initially being discussed and introduced. The approach propounded by MoRES was considered to be similar to the causative analysis that was used previously – “*there was nothing entirely revolutionary in MoRES – it provided a formalised approach to what we were already doing*”.

\(^7\) Suggested way forward for Level 3 monitoring, 24 October 2011
\(^8\) Other events included: Moroccan Week of the Evaluation (September 2012); International round table on the monitoring and evaluation of human development; and the Middle East Development Network (Mednet) Meeting in Casablanca, October 2013 (organised and hosted by Morocco)
\(^9\) Arabic for “equity”
Morocco is one of the first countries to use determinants as part of SitAn. MoRES has been started at Level 1 in the youth and child protection sector and has been used for analysis for WASH as a trial in one province. UNICEF also published an “Equity Kit” for advocacy on the rights of children. This introduced an analytical approach based on the Tanahashi model\(^\text{10}\) with a strong emphasis on the concepts of ‘effective coverage’ and ‘tracer interventions’ – i.e. the concept that if good, or improved, coverage of a particular intervention can be demonstrated, then this is a sign of the adequate, or improved, functioning of the system which it was chosen to represent.

There were a number of factors that facilitated the introduction of MoRES in Morocco. In 2011, Morocco had conducted a National Survey on Population and Family Health\(^\text{11}\), the results of which were published in March 2013. This gave results on various parameters of equity, with results disaggregated by wealth quintiles, so establishing a basis for the introduction of a focus on equity in programming. The new Government elected at the end of 2011 has shown significant political will, making a declaration on equity when it assumed office in January 2012. Aided by this, UNICEF was able to engage with political leaders and convened an event with senior staff in the Ministries of Health and Education to introduce MoRES in May 2012. Morocco also has a strong history of supporting local development, supported by a decentralised structure. This has helped with the introduction of MoRES level 3 in the education sector (see below). Lastly, within the UN system, there has been good collaboration – for example advocacy on MoRES prior to its roll-out and the use of MoRES tools to help with the development of the UNDAF. MoRES is also now being integrated into the preparation of the next SitAn.

The Moroccan Government system has relatively well developed data collection and management systems in all sectors except child protection, so making radical changes to the system through MoRES is not feasible. It is more a case of influencing and building on existing data systems. The main weakness in the Government data system is use of the data for performance management by the lower tiers of government, and this is the main opportunity for UNICEF to exert influence using MoRES.

As described below the major success in rolling out MoRES in Morocco has been in the education sector. The groundwork for the introduction of INSAF was a process of negotiation with Ministry officials at central level over about six months. The government wanted proof that the approach would work so they agreed to pilot the approach in six districts in the education sector. The engagement of political leaders and senior officials in the Ministries of Health and Education, including the publication and official launch of an Equity Kit\(^\text{12}\), were important factors in support of this initiative.

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\(^{10}\) The Tanahashi model traditionally demonstrates five levels or steps that coverage for individuals, groups, or populations in need must pass through to obtain effective services or interventions, and highlights how the proportion of people able to access care may diminish at each stage.

\(^{11}\) L’Enquête Nationale sur la Population et la Santé Familiale (ENPSF)

\(^{12}\) UNICEF (2012), \textit{L’Equité pour accélérer la réalisation des droits des enfants au Maroc}, produced by C4D section
The Morocco experience can be summarised as follows:

**Level 1** Determinants incorporated in SitAn. Limited application in Health, and Child Protection programme components and in WASH. MoRES will be used for all programmes for the next SitAn.

**Level 2** No significant changes identified to UNICEF’s existing internal monitoring system.

**Level 3** Piloted in six districts in the Education Sector with successful results at local level, already influencing central level.

**Level 4** MoRES will be used for the annual review of the UNDAF.

### Sector Specific Summaries

#### 1. Education

The education sector was selected for the main pilot for the introduction of MoRES in Morocco and has become one the major emergent MoRES ‘success’ stories in both Morocco and the broader MENA region. Education has significant national importance in Morocco with the largest budget - of both UNICEF and the Government- but has also exhibited limited results with the quality and inequity of education provision viewed as major ongoing issues. For example the Multiple Indicator Cluster Survey 3 (MICS), highlighted the fact that while 11% of Moroccan children never attend school, children from the poorest quintile are over 10 times more likely to be excluded from access to school\(^{13}\). Major equity divides in the education sector in Morocco include: (i) gender, (ii) geographic location, (iii) poverty and (iv) other factors such as urban/rural divides, child labour and disability amongst others.

The background to UNICEF’s work in the education sector in Morocco is based on The Global Out-of-School Children Initiative (OOSCI), an important equity-focused effort, which was launched in 2010 by UNICEF and the UNESCO Institute for Statistics, to accelerate efforts towards universal primary education by 2015. The goal of OOSCI is to achieve a breakthrough in reducing the number of out-of-school children as well as to address disparities in access and attendance. More specifically, the objectives are to\(^{14}\):

- improve data and analysis on the issue of out-of-school children and develop comprehensive profiles of these children that reflect the multiple deprivations and disparities they face in relation to education;
- identify bottlenecks related to enhanced school participation; and
- develop context-appropriate policies and strategies for accelerating and scaling enrolment and sustaining attendance rates for excluded and marginalized children.

In retrospect, the implementation of OOSCI in Morocco from the end of 2010 was effectively in line with MoRES Levels 1 and 2. It focused on primary and secondary school drop-out rates disaggregated by gender and age, and children in work disaggregated by age and urban/rural. The analysis revealed a number of constraints\(^{15}\):

- At pre-primary level: lack of supply in rural areas; gender discrimination linked to typology of institutions; non-existence of pre-primary model/norms at the national level;

\(^{13}\) Source MICS 3 – 2006

\(^{14}\) [http://www.unicef.org/education/bege_61659.html](http://www.unicef.org/education/bege_61659.html)

\(^{15}\) OOSCI initiative: Morocco experience & follow up plans (morocco INSAF.pptx, undated)
At primary level: school access delay (rural particularly); school failure as a major cause of drop out;
At secondary level: geographic access; job market attraction due to age;
Generally: lack of school autonomy to address local specific bottlenecks.

In 2012, the ambitious National Plan d’Urgence (2009-2012) was cancelled by the incoming government due to concerns that it was not providing the expected results, leaving the Ministère de l’Education Nationale (MEN) open to the new approach offered by UNICEF with SSRE. This offered an excellent opportunity for MoRES; to note that an additional factor in the selection of education as a pilot for MoRES was that MEN also had a good overarching system of data collection but one which was characterised by a very limited application and utilisation at local level.

In 2012 UNICEF supported MEN to initiate the SSRE process in the six pilot districts, with the establishment of committees at each level of the education system and the rollout of specific tools and process. The overall stated goal for the application of MoRES in the education sector is to: ‘Improve access (retention included) and learning of children through equity focused M&E for action’. There are two related objectives: firstly, to strengthen capacities of targeted schools at local level to ensure equitable successful schooling for all children through a reinforcement of the monitoring and evaluation system allowing - on the basis of access and learning indicators - the design and implementation of corrective actions in the framework of the school project; secondly, to use the pilot experience to improve the Moroccan M&E education system for better access and learning for all children including the most vulnerable.

Bottleneck Analysis using the determinants framework was used in the preschool, primary school and lower secondary school to identify the general and specific conditions of success. Bottleneck analysis was carried out at local level as part of the process of identifying indicators: about 80% of the indicators were common to all district and many of the indicators are based on existing data, but some are new so additional data collection was necessary (figure 3 below summarises some of the common bottlenecks identified). At the time of the evaluation team visit there had been two ‘rounds’ of indicator monitoring in two of the districts, and one in the other four.

Figure 2: summary of identified bottlenecks in education sector

16 Strengthening Monitoring and Evaluation of conditions of equitable access to school and learning at local level through implementation of the school project Morocco MoRES, July 2012, PowerPoint Presentation
There was major discussion and negotiation at both district and school levels, over the development of these indicators, based on the ten determinants and how the overall process would work. Figure 3 below provides a schematic overview of the final process as it played out in the education pilot. This schematic (still in French) is adapted from a 2013 presentation provided by the MCO and highlights how the initial analysis of key conditions for success (slide 1) feeds into a participatory bottleneck analysis around the data on the key indicators (slide 2) which feeds into a collective development of corrective action plans (slide 3) which are then regularly monitored over time to track progress against key indicators (slide 4).

**Figure 3: Summary of SSRE process in education sector**

Initial reported results of this pilot are encouraging. Key reported achievements of the MoRES application centre on evidence of increased empowerment at local level that has come about through the level 3 monitoring process. Specifically the actual data gathering and analysis process has reportedly facilitated increased school level management, and schools have increasingly identified and analysed their own problems as they discuss the emergent monitoring and bottleneck data. These discussions have also facilitated improved links between schools and communities so that education and school issues are seen to be ‘everyone’s problem’ and there has been a concurrent increase in levels of transparency and accountability at community level. The process has also re-established confidence in schools, and improved relationships between schools and community as parents see concrete results. For instance, one school principle note that: “through the discussions, I was able to realize the important points in terms of the diagnostic at the field. I was also able to know about the various visions from the supply side and what are the important factors for the improvement of the quality of learning”. In terms of school projects, actual proposals are now reported to be developed in a more participatory manner and to be

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17 Source: Powerpoint presentation at Tunisie/Hammamet meeting, 10-12 Septembre 2013
18 The illustration will be changed into English during the finalization of the report.
19 Ibid.
more evidence based, leading to an easier approval process. There are also regularised, direct relations between provincial education delegates, councils and schools.

Implementation of INSAF in the education sector has not been without its challenges. The Ministry required proof that it works and has value before taking it up. However, the process of implementation through to impact is a necessarily slow process and has not yet taken place – there is some concern that this delay in getting results may demotivate stakeholders. A further unexpected complication is that although UNICEF’s focus is on basic education (pre-school and primary), INSAF identified high drop-out rates in the transition from primary to secondary as the major issues. As a result the main programmatic focus to be prioritised by the Ministry of Education will be outside the focus area for UNICEF. There are also issues around the determinants, in that some identified determinants (e.g. socio-cultural views on gender) are not possible to change easily. More generally, the initial rounds of local level analyses seem to have prioritised the need for infrastructure development as key solutions to identified bottlenecks – improvements in this regard may indeed lead to increased equity but the pathway for this is complex and certainly not guaranteed.

However, despite the challenges, there are examples of change in the education sector that can be attributed to the MoRES pilot. In terms of decision making, INSAF is accelerating the shift towards decentralisation –there is a move towards a more bottom-up approach, with more actors involved, and greater communication between levels within the education system. Similarly, at national level, there is greater understanding of the value of participatory tools and a more developed understanding of local issues. More generally, the use of data has begun to change, with the addition of qualitative processes. There is now greater consideration given to inclusivity, for example dialogue around children who are out of school. These are all highly significant achievements.

2. Child Protection

The complexity of the Child Protection Sector, which includes more than twenty government and non-government organisation (NGO) partners, led to some delay in the introduction of SSRE. The child protection sector is perhaps the most complex for MoRES, yet at the same time offers significant opportunities through the numerous partners involved and their interest in learning how to manage the complexity of the problems in the system they seek to address. As a starting point, a presentation on MoRES/SSRE was made to the National Committee on Child Protection. The subsequent application of SSRE, and the pace of engagement, has been different in the different areas of Child Protection, although this has generally been at Level 1. Some important examples of MoRES influence are listed below:

• Studies in child protection, including institutionalisation of children, and sexual abuse:
  - Aspects of SSRE have been incorporated in the Terms of Reference for Studies by consultants, including the determinants framework, and recommendations for addressing bottlenecks. Indicators will be defined later.

• Development of the National Policy on Child Protection, covering prioritized legislation, institutionalization, services for victims, capacity building of NGOs, and capacity building of judges and courts for alternatives to custody of children:
  - SSRE determinants have been used for the situation and gap and problem identification and analysis (about two thirds of the process has been completed)

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20 Causal analysis of the institutionalisation of children in Morocco; Mapping of child protection systems in Marrakech; Elaboration on an integrated public policy on child protection
In terms of the child protection sector, there are specific challenges in using SSRE given the complexity of the issues. Firstly, in terms of the process, it has been a challenge to define indicators at each level and there is a general lack of data on issues such as violence against children, justice in detention, early marriage, child labour, and institutions for children. In terms of the government and partners, there is a need to coordinate with over twenty different partners, and the Ministerial capacity is weaker than in other sectors. There are also questions about how best to use MoRES for awareness raising.

3. **WASH**

The MCO conducted part of a regional situation analysis of WASH in Schools (WinS) in November 2012 using bottleneck analysis. A survey was carried out in four schools in one commune in Zagora Province and a participatory analysis based on the determinants was led by a consultant, with a focus on the provision and use of WASH services and hand washing with soap. The report of the analysis suggested that “possibly the most important factor has been viewing the issues of availability, access, utilisation, quantity/year round access and water quality in succession, and to see how the bottlenecks change throughout the country and throughout the year”.

4. **Health**

Equity is already one of the foundations of the programme of cooperation between UNICEF and the Ministry of Health. The health sector in Morocco already has a well-developed monitoring system that includes a strong focus on equity indicators. The programme agreement (between the Ministry of Health and UNICEF) that had been reached shortly before the introduction of MoRES already incorporated determinants and indicators, drawing on the work of the Commission on Social Determinants of WHO. Almost all the indicators necessary are therefore already used in the health system, so it has been a case of adaptation rather than development during implementation of the SSRE approach. However, the Government agreed to develop a tool on equity measurement with UNICEF.

5. **C4D**

The Communication for Development (C4D) Section was involved in preparation of the “Equity Kit” for advocacy on the rights of children, and the national meeting for education and health. It has not yet been involved in the implementation stage of SSRE.

**Achievements, Challenges and Lessons Learned**

MCO has made some significant achievements in the development of MoRES/SSRE in Morocco and the MENA Region. It has been a learning process, based on trial by doing, particularly in addressing a number of challenges in the context of Morocco.

**Key Achievements**

Key achievements include that UNICEF Morocco were early adopters of MoRES (Work stream 1 country) engaging actively from the outset – for example, they were one of the first countries to use determinants as part of the SitAn process. MCO capitalised on Government commitments and interest in MoRES to make it locally appropriate and owned, including renaming MoRES as SSRE to include “action” and as INSAF (Arabic for equity) for education (the latter has enhanced dissemination for MENA). There has been successful piloting of INSAF in the Education Sector, which is having a strong influence at national level in the Ministry of Education. MCO has pioneered the development of SSRE/INSAF in the Education...
Sector and provided an example to the MENA Region. The culmination of this was the organisation and hosting of the MENA Region Conference on INSAF: School-Based Monitoring and Action for Equity in access and learning, in October 2013 (which included participation from another Region (from Congo-Brazzaville). However, other sectors can demonstrate some achievement also. For example, the use of SSRE determinants in the Development of the National Policy on Child Protection is a significant step forward.

Contextual Challenges

In terms of contextual factors, one of the key challenges is that, in the Government system, linkages and coordination between sectors is often weak. In terms of child protection specifically, there is no national policy yet on youth and adolescents. Similarly in the child protection sector, there is a lack of good quality data on many of the issues. Lack of capacity at commune level, and the fact that there is limited institutional memory as a result of staff being transferred, was also highlighted as an issue.

Process and Methodological Challenges

At the outset, one of the challenges was that the Ministry of Education required proof that MoRES works before taking it up. Given the speed at which MoRES can be expected to show impact, there is a risk of stakeholders becoming demotivated. In terms of MoRES itself, one issue flagged in both the child protection and education sectors is around the definition of indicators – for example, the fact that in education bottleneck indicators for the link between finance and poverty have not been developed, and in the child protection sector, definition of indicators is difficult given the complex issues. There is also an issue around some of the determinants (e.g. social norms) and the rate at which these will change. Capacity was also raised as an issue, both within UNICEF Morocco and government – most specifically at the commune level in education.

Lessons Learned

The MCO staff presented a number of lessons they have identified from the experience of the introduction of MoRES. Firstly it was highlighted that engagement of national and local partners, and local populations, is essential for creating ownership. To that end, there is a need for good communication tools – these have been produced for the education section. Secondly, it was noted that simple tools for data collection based on national systems are necessary. UNICEF also noted that there is a need to develop a common comprehension on MoRES internally (between different sections in MCO) and with partners, through internal committees and external task forces – tools and communication are important for this. As a result of this, and other factors, it was noted that the time needed for introduction of MoRES was under-estimated from the start – it needs about a year rather than months.

In addition to the lessons learned highlighted by MCO, the evaluation team noted that, for a middle-income country with good data collection systems and relatively well-developed services, MoRES provides an effective approach for identifying the poorest and most vulnerable who have been left out of the benefits of development. This is particularly evident in the education sector – Morocco seems to be a leader in terms of thinking around MoRES in education. The power and benefits of using participatory processes have also been introduced to Government – “a reverse development” from less developed countries where such tools are widely known and used. The cost of implementing MoRES for UNICEF
is particularly high in terms of staff time\textsuperscript{21}. Most of the staff involved – including the senior management team – has had to devote a substantially greater part of their time than was anticipated. The success of MoRES is dependent on a few key individuals in UNICEF, the Government and the local community. The success is, therefore, vulnerable to reassignment of staff in Government and the commitment of staff in UNICEF.

\textsuperscript{21} Discussions with MCO staff
Part II: ANALYSIS OF THE MOROCCO EXPERIENCE OF MoRES

As currently understood through its application and analysis of documents, MoRES is “a conceptual framework for effective planning, programming, implementation, monitoring and managing for results to achieve desired outcomes for the most disadvantaged children.” The most recent briefing note references MoRES as “intended to enhance and sharpen country programmes of cooperation for accelerated results for the most disadvantaged children.”

The following section of the report reflects upon Morocco’s experience of MoRES through the prism of seven key elements of the Monitoring Results for Equity System: (1) Situation Analysis; (2) Determinants Framework; (3) Barrier and Bottleneck Analysis; (4) Monitoring of Intermediate Outcomes; (5) Monitoring at the Appropriate Level of Decentralisation; (6) Regular Adjustment to Programming; (7) MoRES as a system. A summary of the basis for analysis of each element is included in the table. This system based analysis is followed by an assessment of the assumption associated with MoRES within this country context and a summary statement on the MoRES cause and effect chain as it presents in Nicaragua.

This is not an assessment of the performance of the Morocco Country Office in relation to MoRES but rather an exercise to help surface issues which may require more focused consideration prior to the further roll-out of MoRES.

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22 Working Document for Internal UNICEF Colleagues: Monitoring of Results for Equity Systems (MoRES), May 25 2012
23 Briefing Note, Enhanced Programming and Results through Monitoring Results for Equity Systems (MoRES), February 2013
24 A model of the MoRES approach containing ten elements has been agreed with the Evaluation Office and is recorded in a Working Paper on MoRES submitted by the Evaluation Team in January 2014. Two of these elements (the focus on equity and the focus on key deprivations are organisation wide issues and are not explored within each case study; the tenth element (national ownership and scale up) is treated within the assumptions section of the analysis below. The approach is explained more fully within the Formative Evaluation of MoRES: Final Report.
(a) MoRES SYSTEM ANALYSIS

<table>
<thead>
<tr>
<th>Element</th>
<th>Basis of Analysis</th>
<th>Findings and Conclusions</th>
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<tr>
<td>1. SITUATION ANALYSIS</td>
<td>The theory underpinning the situation analysis (as influenced by MoRES) is that it should (1) involve a refocus on equity and (2) a focus on key deprivations if the most disadvantaged children are to be identified. Further, (3) the situation analysis should identify the causes and consequences of deprivations. Conceptual issues/challenges relate to (1) questions over whether equity is consistently defined, (2) the robustness of the tools and evidence base which inform the analysis, (3) prioritisation in situations of multiple deprivations (4) the extent to which there is buy-in to the approach as a joint exercise and (5) the appropriate level of decentralisation for situation analysis.</td>
<td><strong>Findings in Morocco:</strong> In Morocco the introduction of MoRES is in synergy with the government’s stated political will for and commitment to ‘equity’ (the new government’s ‘declaration on equity’ as it assumed office in January 2012 is a good example). The fact that Morocco has recently conducted a National Survey on Population and Family Health (ENPSF) - the results of which were published in March 2013 - which gives results on various parameters of equity (e.g. disaggregated by wealth quintiles) also highlights how MoRES is building on solid existing foundations for a national equity focus. The MCO selected three main geographical areas for trialing MoRES based on identified deprivations - high poverty rate and poor performance in the areas of education, health and nutrition. The MoRES approaches and tools are being integrated into the preparation for the next SitAn for all programmes. However, the main sector where MoRES tools and the evidence base they produce have been tested is in the education sector and a national level pilot programme has been initiated. Here the tools have enabled identification of deprivation and helped prioritise interventions. The education pilot for MoRES (named INSAF which means equity in Arabic) – involved negotiation with Ministry officials at central level over a period of about six months. The engagement of political leaders and senior officials in the Ministries of Health and Education, including the publication and official launch of an Equity Kit, were important factors in support of the negotiation. This INSAF programme has been piloted in a number of districts and, as a pilot, seems to represent an appropriate level of decentralisation for a SitAn. This assertion is supported by the fact that although the bottleneck analysis was carried out at local level as part of the process of identifying indicators: about 80% of the final indicators are common to all districts, so they can be applied nationally. <strong>Conclusions:</strong> The Morocco case study provides a good example of how the concepts behind MoRES can be applied to SitAns at a country and decentralized level. To some extent, the success of this application has been very much influenced by the fact that the key conceptual elements of these approaches were already being deployed at the country level at least prior to MoRES roll out and piloting. Hence MoRES can be seen to be building on existing conceptual foundations rather than dictating or framing conceptual changes.</td>
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### 2. Determinants Framework

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<th>The theory underpinning the determinants framework is that (1) both service delivery and enabling environment factors need to be tackled to reach the most disadvantaged children and that (2) the framework of ten determinants has generic application across all sectors and (3) represents the necessary conditions for outcomes to be achieved.</th>
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<tr>
<td><strong>Conceptual issues/challenges</strong> relate to (1) the number of determinants, specifically whether the ten determinants cover all relevant factors sustaining deprivation and (2) the difficulties in identifying indicators which enable the measurement of determinants in a consistent way.</td>
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| **Findings in Morocco:** The main application of the determinants framework in Morocco has been in the education sector pilot where Indicators are based on the ten determinants. The application has identified both service delivery (such as quality of education) and environmental factors (such as access to schools as a result of geographic dispersion of villages and settlements) which have influenced key education indicators (such as school attendance). MoRES has enabled analysis to be done on developing ‘comprehensive profiles of children that reflect the multiple deprivations and disparities they face in relation to education’. Other sectors have not made so much progress in terms of proof of concept and there is insufficient evidence to conclude that the determinants framework has generic application across all sectors. In child protection, for example, there is still some way to go before the determinants framework can be robustly tested. Similarly it is too early in MoRES roll out – even in the education sector – to conclude that the determinants framework has identified the necessary conditions for outcomes to be achieved. That said, the example of the education sector pilot does provide some good evidence that the determinants framework can work well in a single sector and that the identification of common indicators can be applied in a consistent way (e.g. up to national level).

The forthcoming UNICEF SitAn (which had not started at the time of the study) will be applying the determinants framework in a comprehensive way and consequently the results of this exercise will be particularly interesting in future analysis or programme direction and performance.

**Conclusions:** Findings from the field work conducted for this evaluation suggest that there is an emerging proof of concept with respect to the application of the determinants framework in the education sector. There remains a challenge to be met across other sectors to establish its universal relevance as an approach to identify causes of key deprivations. It is also too early – even in the education sector pilot – to conclude that the application of the determinants framework does identify appropriate solutions to key deprivations.
The theory underpinning bottleneck and barrier analysis is that (1) the strength of any system is determined by the strength of a minimum factor, that (2) similar interventions share the same bottlenecks such that “tracer” interventions can be monitored to measure the performance (by proxy) of other interventions, (3) if bottlenecks for the most disadvantaged are not addressed, it is likely that the situation of the most marginalised will worsen relative to the wider population over time and (4) the analysis of bottlenecks and barriers will lead to the identification of evidence based strategies and innovations to overcome them.

Conceptual issues/challenges relate to (1) the quality of data sources, (2) uncertainty as to whether bottlenecks are generalizable, (3) whether bottlenecks may mask deeper bottlenecks and (4) difficulties in identifying solutions.

Findings in Morocco: The key example of the application of barrier and bottleneck analysis is provided by the education sector pilot. The outcomes of this process (of defining indicators) represent a number of firsts: the first time the education authorities and local authorities have indicators of school performance; the first time head teachers have the information required to understand barriers to school attendance for out-of-school children; the creation of a dynamic between school and local authorities; school reports on children (class grades, graduation) used for indicators for the first time). Many of the indicators are based on existing data, but some are new so additional data collection is necessary (particularly qualitative data). Monitoring of the indicators has been done twice in two of the districts, and once in the other four. As a result of the bottlenecks identified, schools, local communities and local education offices defined and implemented a number of corrective actions, the results of which are now becoming apparent. Key achievements centre on the real sense and evidence of empowerment at local level. (e.g. this is the first time schools have identified and analysed their own problems; this has re-established confidence in schools as parents see concrete results, leading to improved relationships between schools and community).

Barrier and bottleneck analysis has also been piloted in WASH. The results from the pilots have been used in the section to highlight a number of factors that tend to be common in the sector in many countries. The report of the analysis suggested that “possibly the most important factor has been viewing the issues of availability, access, utilisation, quantity/year round access and water quality in succession, and to see how the bottlenecks change throughout the country and throughout the year.”

In relation to potential conceptual issues/challenges, the education case study provides evidence of a proof of concept in relation to generalizability of bottlenecks identified – as illustrated by the fact that the identified indicators are potentially scalable to national level. However this pilot also highlighted the fact that Bottleneck Analysis can become very complex and can mask deeper issues. For example this links between the lack of finance for education and poverty levels was highlighted as an issue that had not been adequately unpacked in the analysis. Similarly a number of the bottlenecks identified lacked clear solutions. Some bottlenecks (e.g. socio-cultural views on gender) were highlighted as particularly difficult to address within a pilot context.

Conclusions: The sectorial pilots of the barrier and bottleneck analysis in Morocco have provided good evidence that the approach can be applied at the sector level – particularly in the education sector. It is too early to conclude that the approach has directly impacted in reducing inequalities but initial signs are encouraging and there is evidence of corrective actions being implemented. The education example also provides good proof of concept around the idea of generalizability. However the case study also provided a good example of how some of the key challenges raised play out. Namely the issues relating to complexities in defining bottlenecks and around specifying adequate solutions to bottlenecks.
4. MONITORING OF INTERMEDIATE OUTCOMES

The **theory underpinning** the monitoring of intermediate outcomes is that (1) they represent the missing link between outputs and outcomes, (2) data gathering at this level can inform timely corrective action with regard to programme implementation as well as (3) help document what works.

**Conceptual issues/challenges** relate to (1) identification of appropriate indicators, (2) how often data should be gathered, (3) challenges associated with the use of specific tools for more real-time monitoring.

**Findings in Morocco**: Although still early days in its rollout, the education pilot provides a good example of how MoRES helps identify intermediate indicators towards outcomes (in this case education attainment levels). Specifically the identified indicators that were framed for the bottleneck analysis are good examples of intermediate outcomes (e.g. drop-out/abandonment by children, and girls in particular mainly in transition to secondary school). The fact that fairly rapid local level corrective actions have been implemented and this seem to have been viewed as successful also supports the underlying theory behind this concept.

Key reasons for the initial success of MoRES in part relate to the fact that conceptual issues/challenges raised have been addressed. For example the fact that significant early effort was put into identifying appropriate indicators with key stakeholders at all levels of the education system (including government counterparts) allowed for common understanding of the issues. Similarly, the emphasis on generating data from existing tools and surveys rather than developing new systems enabled greater buy in to the process.

**Conclusions**: The education sector pilot provides a good example of how the focus on monitoring of intermediate indicators can lead to real-time corrective actions being put into place. Although it is too early to evaluate if this initiative has impacted on longer term outcomes, initial signs are encouraging.
| The **theory underpinning** the monitoring at appropriate level of decentralisation is that (1) deprivation patterns are contextually specific, (2) local level planning must be based on local level needs, (3) local data can be a useful basis for advocacy for local level decision making and empowerment. However, (4) some bottlenecks are best addressed at central level. (5) Partnership in general and the use of government systems in particular is a key consideration. **Conceptual issues/challenges** relate to: (1) the level of decentralisation which is most appropriate since for example context may vary at levels lower than district, (2) the weakness of data collection systems at local level, (3) capacity for data analysis and (4) potential de-link between data access and decision making. |
| **Findings from Morocco:** Morocco has a strong history of supporting local development through a decentralised structure. This has helped with the introduction of MoRES L3 in the education sector since it has been possible to introduce the education pilot in close collaboration with government and using government data gathering systems. Thus there evidence from the pilot initiatives that monitoring at the local level is the appropriate level of decentralization and is leading to increased empowerment for a range of local stakeholders. While some of the bottlenecks highlighted could be addressed at the local level there were also some that were more national in character (e.g. socio-cultural views on gender) and in these cases the link between local level data and national level action has yet to be fully tested. **Conclusion:** The pilot of MoRES in the education section provides a good example of how decentralised monitoring can operate well. However, links back to national level programming have yet to be fully tested.
6. **REGULAR ADJUSTMENTS TO PROGRAMMING**

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<tr>
<th>The <strong>theory underpinning</strong> regular adjustment to programming is that (1) bottlenecks are dynamic and so timely adjustments to strategic responses are needed, (2) adjustment means that programmes can be more aligned to current needs and progress and so support (3) results based management supported by robust evidence.</th>
<th><strong>Findings from Morocco.</strong> To date there are only limited examples of evidence based adjustment at the level of individual schools. This is because it is still early in the piloting process to see any trends in monitoring data and consequent requirements and successful advocacy for programme adjustment. However, within the education sector there is some evidence that school projects are now more easily approved because of participatory approaches (engagement with and commitment from multiple actors) and evidence based proposals.</th>
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<td><strong>Conceptual issues/challenges</strong> relate to (1) the need for commitment from multiple actors on the basis of (2) consensus on corrective actions, (3) the need for resources to fund corrective actions, and (4) uncertainty over periodicity of programme adjustment.</td>
<td><strong>Conclusions:</strong> It is still too early in MoRES rollout to draw any solid conclusions about the ability of bottleneck monitoring to lead to regular adjustments to programming. However the initial round of monitoring data has provided signals that the process can work.</td>
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## 7. MoRES as a System

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<th><strong>The theory underpinning</strong></th>
<th><strong>Findings from Morocco:</strong> MoRES has been piloted in several sectors in Morocco, the most advanced being education. The education pilot has shown considerable promise in demonstrating how MoRES as a system can work in terms of the overall programme cycle. However, it is too early in the rollout to conclude that this experience constitutes an overall proof of concept for MoRES as a system. There is still insufficient evidence that programmatic changes can be made as a result of the use of MoRES tools and that the resulting impacts on addressing equity issues have come about. There is also insufficient evidence that MoRES can be rolled out as a system in other sectors and/or that it can be applied across sectors. The forthcoming SitAn will be a good test of the applicability of the MoRES approach at the national level.</th>
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<td>MoRES is that (1) the four level system allows multiple entry points, (2) each level informs the next and is informed by the preceding level, (3) the system is flexible in terms of where to start.</td>
<td><strong>Conclusions:</strong> The education pilot in Morocco shows considerable promise in demonstrating how MoRES as a system can work in terms of the overall programme cycle. However it is too early in the rollout to conclude that there is proof of concept with regard to the relationship between the implementation of MoRES as a system and impact on equity.</td>
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<td><strong>Conceptual issues/challenges</strong> relate to (1) clarity over what each level involves, (2) whether MoRES can be effective if less than all levels are applied and (3) how MoRES maps onto the programme cycle, including evaluation.</td>
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## (b) ASSUMPTIONS

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<th>ASSUMPTIONS ANALYSIS</th>
<th>Findings in Morocco:</th>
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<td>The MoRES working paper suggests that the following assumptions warrant consideration at the case study level: (1) consistency of equity definition; (2) cost-effectiveness of an equity-focused approach; (3) data accuracy with regard to deprivations; (4) focus on key deprivations is a targeting approach that is acceptable to partners; (5) determinants framework is robust; (6) staff and partners have capability to apply the framework; (7) data accuracy with regard to bottlenecks; (8) analysis will identify true bottlenecks; (9) resource availability; (10) tracer interventions can be identified as useful proxies and indicators for these are time sensitive; (11) capacity exists at decentralised level for intermediate outcome monitoring; (12) evidence based decisions can be taken at the appropriate level of decentralisation; (13) resources and political will are sufficient to scale up the approach; (14) proof of concept emerges over time: evidence shows that the approach does progressively reduce bottlenecks.</td>
<td>The fact that there was already a strong political commitment to equity in Morocco suggests this facilitated the introduction of MoRES. However, it is too early to draw any firm conclusions about relative cost effectiveness of an equity focused approach. Initial signs are that the determinants framework and bottleneck analysis have proved to be effective tools in helping better identify barriers to intermediate outcomes in the education sector. However there remains a proof of concept ‘gap’ with other sectors. The education sector pilot provides compelling evidence of the added value of collecting information at a decentralised level as an appropriate basis for programming for equity. It is too early for evidence to have emerged to demonstrate conclusively that the MoRES approach does progressively reduce bottlenecks and thereby enhance equity for Morocco’s most disadvantaged children. This is the case even within the more advanced the education sector pilot.</td>
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**Conclusions:** Overall, the experience of applying MoRES in Morocco has not provided evidence that any of the assumptions listed are inherently flawed. Indeed the example of the education sector pilot in particular is encouraging. However it is important to recognise that there are significant proof of concept gaps and that a number of the critical assumptions listed have not yet been adequately tested.
(c) SUMMARY: MoRES CAUSE AND EFFECT CHAIN IN MOROCCO

This final section of the report aims to summarise the Morocco country experience in relation to the Cause and Effect Chain modelled in the diagram below (taken from the working paper supporting the overall evaluation) and to unpack each box in relation to the Morocco experience:

The overall causality/pathway of change for MoRES at the country level can be summarized as follows:

MoRES is an attempt to look at UNICEF programmatic and policy work from an equity and deprivation perspective. It is a complex system, dynamic and emergent across multiple sectors and contexts. It comprises multiple components including four levels and a feedback loop that are intended to be applicable across programme sectors and policy work. The levels of MoRES are intended to be closely linked – each level provides information for monitoring at the next level and at the same time assesses/validates actions of the preceding level to allow for timely adjustments and refinements in programme strategies. A key element is the iterative process of real time monitoring and continuous feedback loop which allows for real time intervention adjustment. In addition, principles and tools/methods need to be applied including the bottleneck analysis framework, for MoRES to function. To ensure maximum impact, sustainability and ownership, MoRES should be integrated into national systems. Thus results are dependent on an adequately resourced and capacitated MoRES approach at appropriate levels of UNICEF and the National Government.

In the case of Morocco and with regard to the cause and effect chain, the following inputs, activities, outputs and emergent outcomes of the MoRES application have been recorded:

1. **UNICEF MCO uses tools and methods to support identification, monitoring and targeting of most disadvantaged children**

MoRES has been introduced to Morocco with a particular focus on the use of the determinants framework within the SitAn and bottleneck analysis as part of decentralized monitoring and programme adjustment. In order to pilot MoRES, the UNICEF Country programme selected three main geographical areas of action and convergence for the education, child survival, local development and child protection programme, selected specifically on the basis of identified deprivations - high poverty rate, poor performance in the areas of education, health and nutrition. MoRES tools have enabled
identification of deprivation and helped prioritize interventions. Common indicators which focus on causes and consequence of deprivations have been identified.

In future, MoRES is to be used for all programmes as part of the Situational Analysis (SitAn). However, to-date, although determinants analysis is being incorporated across the sectors (education, WASH, Health, C4D), the main area where MoRES tools and the evidence base they produce has been tested is in the education sector, within which a national level pilot programme has been initiated. The education pilot was launched in six districts focusing on level 3 specifically. The approach incorporated a bottleneck analysis using the newly negotiated indicators, and one round of follow-up monitoring.

2. **MoRES is adequately resourced, capacitated and supported at all levels of UNICEF and Government**

The MCO - with support from the regional office and HQ - has invested significantly in the MoRES rollout both in terms of supporting capacity building of staff and working with local counterparts especially the government and other UN agencies. The RO has provided active and well appreciated support to MCO in its promotion of MoRES and this has been complemented by HQ support.

The focus on establishing a high profile pilot in the education sector represents a bold initiative and one that has potential to provide a platform for greater engagement and commitment with the government and other stakeholders.

MCO staff noted that there is a need to develop a common comprehension on MoRES internally (between different sections in MCO) and with partners, through internal committees and external task forces – tools and communication are important for this. Also, it was noted that the time needed for introduction of MoRES was under-estimated from the start. Capacity was also raised as an issue, both within UNICEF Morocco and government – most specifically at the commune level in education. While the cost of implementing MoRES for UNICEF is a small proportion of the annual budget, the cost in terms of staff time is considerably higher.

3. **Stakeholders do not oppose equity focusing**

The new Government gave a statement on equity as it took office in early 2012; therefore, there is evidence of good support for the equity focus that generally pre-dates, or is independent, of the implementation of MoRES. There has been good collaboration within the UN system as a result of advocacy prior to MoRES roll-out. However, despite a shared commitment to the concept of an equity focus, the government required evidence of MoRES effectiveness prior to wider implementation.

4. **MoRES tools are well conceived and context specific**

The sectoral pilots of barrier and bottleneck analysis in Morocco have provided good evidence that the approach can be applied at the sector level – particularly in the education sector. The use of determinants as part of the SitAn has been rolled out across sectors; however, the education sector is additionally implementing rounds of level 3 monitoring. It is too early to conclude that the approach has directly impacted on inequalities but initial signs are encouraging and there is evidence of corrective actions being implemented. The education example also provides good proof of concept around
the idea of generalizability. However the case study also provided an example of how some of the key challenges raised play out – for example, the issues relating to complexities in defining bottlenecks and around specifying adequate solutions to bottlenecks (rather than focusing solely on issues such as infrastructure).

5. MoRES enables effective equity focused targeting of the national programme

As part of its commitment to equity, UNICEF Morocco published an “Equity Kit” for advocacy on the rights of children. This introduced an analytical approach based on the Tanahashi model at the levels of the child and family and the higher levels of municipal, provincial, regional and national administration.

Building on this, the piloting of MoRES in the education sector has provided a good example of the potential of MoRES’ concepts - such as the determinants framework and bottleneck analysis – to add value at both the local and national level. The focus on working with partners in developing and rolling out the pilot looks to have provided initial positive results and there is good evidence of local level buy in and engagement in the process coupled with national level support.

6. MoRES mainstreamed in UNICEF assistance

Following agreements with the Regional Offices at a Regional Office-Headquarters (RO-HQ) Joint Work Planning Meeting (March 2011), regional compacts were proposed to support improved results related to equity re-focused programming at country level. The Middle East and North Africa (MENA) countries have collaborated on MoRES to facilitate and support learning in the region, with Morocco taking the lead in a number of events.

UNICEF’s current priorities in Morocco are set out in the Country Programme Document 2012-16\textsuperscript{25} (CPD). The aim is to speed progress towards the Millennium Development Goals and the establishment of a protective and fair environment for all children in Morocco, particularly the most vulnerable. The guiding principles are a human rights focus, integration of gender equality and a sustainable environment. The CPD was developed prior to the introduction of MoRES; however, MoRES approaches and tools are being integrated into the preparation of the next SitAn and MoRES is being used for all programmes as part of the Situational Analysis (SitAn).

UNICEF also published an “Equity Kit” for advocacy on the rights of children. This introduced an analytical approach based on the Tanahashi model at the levels of the child and its family and the higher levels of municipal, provincial, regional and national administration. In addition MoRES is also being used to influence the United Nations Development Assistance Framework (UNDAF) and other joint instruments.

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\textsuperscript{25} Document E/ICEF/2011/P/L.10 originally presented to the Executive Board in June 2011 and later revised and approved at the September 2011 second regular session of the Executive Board.
There is insufficient evidence that MoRES can be rolled out as a system in other sectors and/or that it can be applied across sectors. The forthcoming SitAn will provide a good opportunity to demonstrate further embedding and mainstreaming into UNICEF processes.

7. **Government programmes effectively target disadvantaged children through MoRES**

MoRES has been piloted in several sectors in Morocco, the most advanced being education. This pilot has shown considerable promise in demonstrating how MoRES as a system can work in terms of the overall programme cycle. The education pilot – named INSAF equity in Arabic – is also a very good example of a joint exercise and has involved negotiations with Ministry officials at central level over roughly a six months period. The engagement of political leaders and senior officials in the Ministries of Health and Education, including the publication and official launch of an Equity Kit, were important factors in support of the negotiation. There is some evidence of the implementation of corrective actions, and the repeat monitoring of bottlenecks, but it is too early to conclude whether targeting has been effective.

8. **Government adopts improved equity targeting through MoRES**

In 2011, Morocco had conducted a National Survey on Population and Family Health, the results of which were published in March 2013. This gave results on various parameters of equity, with results disaggregated by wealth quintiles, so establishing a basis for the introduction of equity. The new Government elected at the end of 2011 shows significant political will, making a declaration on equity as it assumed office in January 2012. Aided by this, UNICEF was able to engage with political leaders and held an important event in May 2012 with senior staff in the Ministries of Health and Education to introduce MoRES.

Morocco has a strong history of supporting local development, with a decentralised structure. This has helped with the introduction of the MoRES level 3 in the education sector – however, there was still a push from government for UNICEF to be able to demonstrate the effectiveness of MoRES prior to full roll out.

9. **Better services for disadvantaged children:**

The piloting of MoRES in the education sector has provided a good example of the potential of MoRES concepts - such as the determinants framework and bottleneck analysis – to add value at both the local and national level. The focus on working with partners in developing and rolling out the pilot looks to have provided initial positive results and there is good evidence of local level buy in and engagement in the process coupled with national level support. However at this stage the evidence base is less clear in relation to the application of MoRES in other sectors and, even with the education pilot, it is still too early to draw solid conclusions in relation to the initiative resulting in improvements in the equity focus targeting of programmes. Close follow up of the next stages in the MoRES rollout in Morocco is required. Similarly the next stage of the education pilot will prove crucial in providing an evidence base on how MoRES type approaches can influence equity outcomes in relation to education and how the experience can influence national level programming.
In summary:

The Morocco Country Office (MCO) has made a concerted effort to roll out MoRES, in a context where the presence of existing systems means that any new approach must be shown to add value. The Moroccan government had a stated commitment to equity that pre-dated MoRES; therefore, the introduction of MoRES fell on fertile ground. However, there remained a clear need to demonstrate the effectiveness of MoRES and gain buy-in. To that end, MoRES was translated as Système de Suivi des Résultats pour l’Equité (SSRE) and linked with the Arabic term for equity, INSAF, to give it a national appeal.

MoRES will be applied to all programmes in the forthcoming Situational Analysis (SitAn). To date, it has been introduced at Level 1 in the youth and child protection sector and has been used for analysis within WASH as a trial in one province.

The main focus of the MCO in promoting MoRES has been in the education sector with the Ministry of Education agreeing to pilot the level 3 application in schools and communities in six communes. Implementation has been based on existing data, supplemented with new qualitative data based on bottleneck analysis and determinants framework, but focused on analysis at the local level. 80% of education indicators have been found to be common to all districts and as such can now be applied nationally. MCO can be considered a pioneer in the development of SSRE (Système de Suivi des Résultats) pour l’Equité/INSAF (Equity (in Arabic) in the Education Sector providing an important example to the MENA Region. MoRES has introduced a real sense and evidence of empowerment at local level. MoRES has enhanced the development of school level management; created and improved relationships; helped build confidence between schools and communities; increased ownership of the development process at local level; and regularised direct relations between provincial education delegate, commune council, and with schools. It has also generated confidence at national level in the power of the participatory process, and provided understanding of the real local issues which is leading to better national strategies. The successful piloting of INSAF in the Education Sector has a strong influence at the national level at the Ministry of Education.

In a middle-income country with good data collection systems and relatively well-developed services, MoRES shows potential for helping to identify the poorest and most vulnerable who have been left out of the benefits of development. Nevertheless, there remain key challenges, including capacity gaps within MCO and government (most specifically at the commune level in education) and the high cost of implementing MoRES in terms of budget and staff time. Additional challenges pertain to the weak coordination and linkages between sectors within Government.

This case study raises some important questions and issues relating to MoRES which have relevance for the wider evaluation study, including: the extent to which successful implementation has been contingent on a pre-existing equity focus within the country; the importance of engaging national and local partners and local communities to gain ownership; the time scale over which MoRES can be expected to show impact and the implications for motivations of stakeholders and gaining and maintaining buy-in; the cost in terms of staff time of implementing MoRES and the potential for associated opportunity costs; and lastly, the extent to which the success of MoRES is dependent on the commitment of a few key individuals within UNICEF and government, and therefore might be vulnerable in the future.

Overall, the key finding from Morocco is that, even in a country where equity is already a focus, there is still a need to demonstrate effectiveness in order to gain buy-in. In a context such as Morocco, there are existing systems and any new approach must be seen to add value. Therefore, MCO has
had to be considered in its approach to rolling out MoRES – reframing it in nationally relevant terms, and focusing significant attention on a single sector. Continued integration of the approach within other sectors and geographical areas is required in order to maximise the impacts on the most disadvantaged children and establish universal proof the concept.
FORMATIVE EVALUATION OF UNICEF’S MONITORING RESULTS FOR EQUITY SYSTEM (MoRES)

Nepal Country Report
Final Draft
FORMATIVE EVALUATION OF UNICEF’S MONITORING RESULTS FOR EQUITY SYSTEM (MoRES)

Nepal Country Report
Final Draft
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While the insights of everyone interviewed have been vital to shaping this report, the contents are entirely the responsibility of the evaluation team.
# Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ADAP</td>
<td>Adolescent Development and Participation</td>
</tr>
<tr>
<td>ASIP</td>
<td>Annual Strategic Implementation Plan</td>
</tr>
<tr>
<td>BCA</td>
<td>Basic Cooperation Agreement</td>
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<tr>
<td>BNA</td>
<td>Bottleneck Analysis</td>
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<td>CDI</td>
<td>Child Development Index</td>
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<td>CPAP</td>
<td>Country Programme Action Plan</td>
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<tr>
<td>CPD</td>
<td>Country Programme Document</td>
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<tr>
<td>DDC</td>
<td>District Development Committee</td>
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<tr>
<td>DEO</td>
<td>District Education Office</td>
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<tr>
<td>DHS</td>
<td>Demographic Health Survey</td>
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<tr>
<td>DPHO</td>
<td>District Public Health Office</td>
</tr>
<tr>
<td>DWCO</td>
<td>District Women &amp; Children’s Office</td>
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<tr>
<td>DWSDO</td>
<td>Drinking Water Supply and Sanitation Division Office</td>
</tr>
<tr>
<td>ECD</td>
<td>Early Childhood Development</td>
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<tr>
<td>ED</td>
<td>Executive Director</td>
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<tr>
<td>ERZO</td>
<td>Eastern Region Zonal Office</td>
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<td>FGD</td>
<td>Focus Group Discussion</td>
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<td>HDI</td>
<td>Human Development Index</td>
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<td>HQ</td>
<td>Head Quarters</td>
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<tr>
<td>IR</td>
<td>Intermediate Results</td>
</tr>
<tr>
<td>KII</td>
<td>Key Informant Interview</td>
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<tr>
<td>MAF</td>
<td>MDG Acceleration Framework</td>
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<td>MBB</td>
<td>Marginal Budgeting for Bottlenecks</td>
</tr>
<tr>
<td>MDG</td>
<td>Millennium Development Goals</td>
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<td>MFALD</td>
<td>Ministry of Federal Affairs and Local Development</td>
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<td>MICS</td>
<td>Multiple Indicator Cluster Survey</td>
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<td>MoE</td>
<td>Ministry of Education</td>
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<td>MoF</td>
<td>Ministry of Finance</td>
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<td>MoH</td>
<td>Ministry of Health</td>
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<tr>
<td>MoRES</td>
<td>Monitoring Results for Equity System</td>
</tr>
<tr>
<td>MTSP</td>
<td>Medium Term Strategic Plan</td>
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<tr>
<td>MUD</td>
<td>Ministry of Urban Development</td>
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<td>NCO</td>
<td>Nepal Country Office</td>
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<tr>
<td>NPA</td>
<td>National Plan of Action</td>
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<tr>
<td>NPC</td>
<td>National Planning Commission</td>
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<tr>
<td>PCR</td>
<td>Programme Component Result</td>
</tr>
<tr>
<td>PME</td>
<td>Programme Monitoring and Evaluation Section</td>
</tr>
<tr>
<td>RO</td>
<td>Regional Office</td>
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<tr>
<td>ROSA</td>
<td>Region Office for South Asia</td>
</tr>
<tr>
<td>SitAn</td>
<td>Situational Analysis</td>
</tr>
<tr>
<td>ToC</td>
<td>Theory of Change</td>
</tr>
<tr>
<td>UNDAF</td>
<td>United Nations Development Assistance Framework</td>
</tr>
<tr>
<td>VDC</td>
<td>Village Development Committee</td>
</tr>
<tr>
<td>WASH</td>
<td>Water, sanitation and hygiene</td>
</tr>
<tr>
<td>WFFC</td>
<td>World Fit for Children</td>
</tr>
</tbody>
</table>
PART I: NEPAL’s COUNTRY EXPERIENCE

MoRES in Nepal: Summary and Key Lessons

The Nepal Country Office has made a determined effort to apply MoRES and has intelligently adjusted it to the national context and ongoing programme of work. Before MoRES was formally introduced, the Nepal Country Office (NCO) had analysed subnational inequities using a Child Deprivation Index and identified a set of 15 “failing” districts performing poorly across multiple child rights; it is on these districts that attention has been focused. The NCO has designed a monitoring framework for use across the full range of UNICEF’s programmes. Six Intermediate Results (IR) for the country programme have been selected for piloting the bottleneck analysis approach: maternal-child health service; maternal-child health and hygiene prevention and care; drinking water and sanitation; nutrition; pre-primary education; and child protection. MoRES in Nepal is referred to as Bottleneck Analysis (BNA) particularly at district level, where this translates as abarodh (the literal translation of this Nepali word is “blockage”). There is already some evidence of changes in government monitoring systems which have supported the shift to more equity focused targeting of disadvantaged children. The work of the country with the national government has shown that elements of the adjusted MoRES system can be applied widely across the country. In particular, the potential of the bottleneck analysis approach is reflected in early signs of ownership and replication. The NCO believes that the overall results of MoRES should be verifiable through commissioned evaluations and plans a number of comprehensive independent evaluations from 2015. This case study raises some important questions and issues relating to MoRES which have relevance for the wider evaluation study, including: that more evidence of the universal relevance of the determinants framework would be valuable (including the extent to which the ten determinants represent comprehensive coverage of issues sustaining deprivation); that further technical guidance which builds capacity to identify and connect determinants indicators with bottleneck solutions would be helpful; that consideration is needed of the effort that will be required to build local planning capacity and the time this will take before it translates into enhanced equity. Overall the key finding from the case study is that sufficient resource and capacity (including technical ability) at all levels of UNICEF and the national government is needed to ensure sustainability and impact. In addition, flexible financing mechanisms are necessary to allow work plan and resource changes to take place if identified bottlenecks are to be addressed (the national budget system must be able to adjust to the feedback received from the local MoRES exercises). Therefore, further efforts are essential to address costing, capacity and advocacy issues associated with continuous monitoring if the approach is to be absorbed into national systems in order that sustainability, impact and scale are achieved and measured to establish proof of concept.
Introduction

The Monitoring Results for Equity System (MoRES) was developed to support UNICEF’s refocus on equity (launched in 2010) with the specific intent to accelerate progress in reaching the world’s most deprived children. UNICEF is currently advancing towards mainstreaming MoRES at a global level and in support of this ambition has commissioned an independent evaluation to provide validation and learning on the conceptual, technical and practical viability of MoRES as an approach. The evaluation is deploying two related analytical approaches: a theory based approach and a case study based approach. The theory based approach provides a basis for framing and analysing the MoRES experience. The case study approach complements this by recording what has happened in relation to MoRES in selected countries and in this way helps test and validate the theory of change (ToC) associated with MoRES.

The objective of the evaluation is to support continuing efforts across UNICEF to articulate, develop and mainstream the MoRES approach by learning from experience. The information from the case studies will feed into the main evaluation report. Two important characteristics of the case study component of the evaluation are: each case study has been selected because of the learning opportunity offered to the evaluation; the approach to each study is focused on recording experiences rather than measuring or assessing performance.

However, there is perceived value in analysing country experience based on the key elements of the Monitoring Results for Equity System, both to contribute to the overall development of the MoRES Theory of Change (which will support global roll-out) and as a way of structuring findings and conclusions that will be helpful to the Country Office. Thus, this report is presented in two parts:

- **Part I: Nepal's Country Experience**, provides a brief introduction to the overall formative evaluation and explains the context for this country specific study and presents the MoRES experience from a Nepal County Office perspective by summarising the findings of a 4-day field visit to Nepal (and associated documentary review).
- **Part II: Analysis of the Nepal experience of MoRES**, uses seven core elements of the Monitoring Results for Equity System as the basis for more analytical reflection and presents findings against each element as well as an overall conclusion; this section also includes some reflections on the assumptions associated with MoRES and summarises MoRES from a cause-effect perspective.

Nepal Country Context

The results of the 2011 Census confirmed Nepal as a young and overwhelmingly rural nation with 42% population under 18 years of age (24.2 per cent between 10-19 years), making investments in
children and adolescents especially relevant in shaping national development.¹ The 2011 National Population and Housing Census, the Nepal Demographic Health Survey (NDHS) 2011, and the Nepal Living Standard Survey III (NLSS III) in 2011 all provide evidence that Nepal is on track to achieve most of its national Millennium Development Goal targets despite political uncertainties.² Further, Nepal has also made rapid development progress, as measured by the Human Development Index (HDI)—from 0.210 in 1970 to 0.458 in 2011. However, this overall statistic masks significant inequity in relation to an array of factors including geography, age, gender, ethnicity, language, education, HIV status, disability, and income. Three interdependent sets of factors underpin this inequity: policy factors including the need for adequate governance, policy, legislation, and investment; systemic factors, including the need for more comprehensive, accessible and quality social services; and societal factors including the need to address social norms and practices that impact access to and use of services or increase vulnerability.³ In response to this situation, the country analysis for the National Planning Commission (NPC) and United Nations 2013-2017 United Nations Development Assistance Framework (UNDAF) (prepared in 2011) focused on Nepal’s most vulnerable groups, exploring the root causes for their vulnerability. In addition UNICEF has conducted an equity-focused, rights-based situation analysis of children, adolescents and women involving consultations with key stakeholders including children and adolescents.⁴

UNICEF’s current priorities in Nepal are set out in the Country Programme Document 2013-17 (CPD)⁵. The overall goal is “to directly address the three main sets of inequity factors (political, system, societal) so that all children, adolescents and women have access to education, health care, nutrition, sanitation, clean water, protection, information, and other services necessary to fulfil their rights to survival, development, protection and participation.” Three inter-related programme component results (PCRs), measured through qualitative and quantitative indicators and targets, are expected by the end of 2017:

a) PCR 1: National policies, legislation, plans, budgets, coordination and monitoring mechanisms enabling the survival, development, protection and participation rights of children, adolescents, and women, to be fulfilled with equity in all contexts, including humanitarian situations;

b) PCR 2: In selected areas (the most disadvantaged districts and municipalities), social sector systems providing integrated, quality services to fulfil the survival, development, protection and participation rights of children, adolescents and women with equity in all contexts, including humanitarian situations;

c) PCR 3: In selected areas, children, adolescents, women and men, and all relevant duty-bearers engaged in social change and action to realize the survival, development, protection and

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² Country Office Annual Report 2012
⁴ UNICEF Annual Report for Nepal 2010
⁵ Note that the Country Programme has also been designed to contribute to the Government’s efforts to implement the Convention on the Rights of the Child and its Optional Protocols as well as the Convention on the Elimination of All Forms of Discrimination against Women; follow up on the recommendations made by the Committee on the Rights of the Child and the Committee on the Elimination of Discrimination against Women, and the Human Rights Council, on Nepal’s Universal Periodic Review; comply with Security Council resolutions 1612, 1325, 1820, 1882, 1888, 1960, and 1998; fulfil its commitment to the Millennium Declaration; and to achieve the WFFC goals.
participation rights of children, adolescents and women with equity in all contexts, including humanitarian situations.

PCR2 and PCR3 are to prioritize at least 15 districts (and their municipalities) considered to be the most disadvantaged as identified by a Child Deprivation Index designed in 2010. Programmes are coordinated through matrix management, since all contribute to the three PCRs in respective ways, with operational strategies as shown in Table 1.

Table 1: UNICEF’s Programmes and Strategies (2013-2017)

<table>
<thead>
<tr>
<th>Programme Component Results</th>
<th>Programmes</th>
<th>Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. National policies, legislation, plans, budgets, coordination and monitoring mechanisms</td>
<td>1. Health and nutrition</td>
<td>a) Capacity development</td>
</tr>
<tr>
<td>2. Social sector systems are providing integrated, quality services</td>
<td>2. Education</td>
<td>b) Effective advocacy</td>
</tr>
<tr>
<td>3. Children, adolescents, women and men, and all relevant duty-bearers are engaged in social change and action</td>
<td>3. Child protection</td>
<td>c) Strategic partnerships</td>
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<td></td>
<td>4. Water, sanitation and hygiene (WASH)</td>
<td>d) Knowledge management</td>
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<tr>
<td></td>
<td>5. Adolescent development and participation</td>
<td>e) Communication for Development</td>
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<td></td>
<td>6. Governance, policy, planning and evaluation</td>
<td>f) Urbanization, disaster risk reduction, and climate change</td>
</tr>
<tr>
<td></td>
<td>7. Disaster risk reduction and emergency preparedness</td>
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<td></td>
<td>8. Cross-sectoral</td>
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Overview of MoRES in Nepal

Nepal is a one of four “work-stream one” countries under the Region Office for South Asia (ROSA) which agreed at a Regional Office-Headquarter (RO-HQ) Joint Work Planning Meeting (March 2011), to engage in regional compacts to support improved results related to equity re-focused programming at country level. The objectives of these regional compacts were to strengthen and maximize the synergies and complementarity of roles between HQ and ROs; and to engage regional institutions and partners to support strengthened management for results at country level. Common principles of the compacts were a joint commitment to work towards agreed goals; common roots in existing structures and mechanisms; added value at each level; complementarity of roles based on mandates and comparative advantages and; promotion of agile, responsive management.

The Regional Office has provided the NCO with valuable operational and strategic support and guidance as part of the overall regional commitment to mainstream MoRES. This new commitment complemented rather than replaced ongoing plans and processes. Table 2 below shows how MoRES aligned with already agreed fixtures in the programme cycle diary, although the addition of MoRES to this calendar was supported by some significant HQ led events and Nepal Country Office responses as highlighted in Figure 1 below.

6 27 countries agreed to pilot MoRES and in March 2012 received financial and technical resources to support the initiation of level 3 monitoring; these countries are referred to as the workstream one countries; the ROSA countries are Bangladesh, Bhutan, Nepal, Pakistan.
Table 2: Nepal programme cycles and MoRES

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<tbody>
<tr>
<td>National Three Year Plan 2011-2013</td>
<td>Next National 3-year Plan in preparation</td>
<td></td>
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</tr>
<tr>
<td>UNICEF Medium Term Strategic Plan (MTSP) 2006-2013</td>
<td>preparation</td>
<td>UNICEF CPAP 2013-2017</td>
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<td></td>
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<td>CPAP MTR</td>
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</tr>
<tr>
<td></td>
<td>preparation</td>
<td>UNICEF CPD 2013-2017</td>
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<td></td>
<td>SitAn</td>
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<tr>
<td>MICS 2010</td>
<td>MICS-5</td>
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It is also worth noting that the NCO had already conducted an equity-focused Situation Analysis of Children, Adolescents and Women in Nepal before MoRES was introduced, as part of its preparation for the development of the Country Programme 2013-2017 - so equity was already embedded in the new Country Programme of Action. That said, the timing of the introduction allowed some refinement to this plan and energised efforts towards its achievement. This included adding specific steps to analyse critical bottlenecks and barriers facing the most disadvantaged children in Nepal, which can be interpreted in effect as MoRES Level 1.7

Figure 1: MoRES Timeline in Nepal

MoRES was only officially adopted by NCO in early 2012, when provision was made for the additional cost of monitoring. A joint Regional Office and HQ Mission visited Nepal in March 2012 to help the NCO/RO/HQ to initiate the approach. At the beginning, UNICEF briefed key Government Agencies including the National Planning Commission (NPC) and the Ministry of Finance (MoF). Since then, NPC in particular has been involved in the implementation of the approach at Level 3, including participating in some of the district level workshops for bottleneck analysis. This built on a

7 UNICEF Nepal, Monitoring Results for equity System (MoRES): Concept Note
similar process of Marginal Budgeting for Bottlenecks (MBB) which had been started the year before in the Health Sector.

The NCO has always referred to MoRES in Nepal as Bottleneck Analysis (BNA) or aбародх, a Nepali term for bottleneck; the literal translation is “blockage” This has resonated well in the country. Thus, in practical terms MoRES in Nepal has been framed around a plan to apply a bottleneck monitoring framework, involving data collection, analysis and planning at four distinct levels of the country programming (2013-17) process:

- **Level One:** To verify that UNICEF’s planned programme strategies respond directly to issues identified in the situation analysis - including the critical bottlenecks and barriers facing the most disadvantaged children - and are based on UNICEF’s comparative advantage.
- **Level Two:** To assess the implementation of country programme inputs and activities required to remove the bottlenecks at Level One;
- **Level Three:** To monitor reductions in barriers and bottlenecks to gauge progress towards outcomes among deprived groups;
- **Level Four:** To validate outcomes and estimate impacts through household surveys.

To support this aбародх process, the NCO has piloted bottleneck analysis and designed a monitoring framework for use across the full range of UNICEF’s programmes, incorporating six Intermediate Results (IR). These IRs were selected since they highlighted the equity focus, were conducive to real-time monitoring and reporting, and were understood to be critical to the survival and well-being of children.

The six IRs are:

- **Health system:** maternal, adolescent, neonatal, infant, child friendly health and HIV health services;
- **Behaviour change and HIV:** maternal, newborn, infant, child and adolescent health and hygiene, and HIV prevention and care;
- **WASH:** safe and sustainable drinking water and sanitation facilities;
- **Nutrition:** maternal, infant and young child feeding and manage acute malnutrition;
- **Early Childhood Development:** parental education and child-friendly pre-primary education for improved school readiness;
- **Child protection:** children and adolescents at risk or victims of abuse or exploitation including children affected by conflict and by AIDS benefit from quality social welfare services.

Early in the application of aбародх, the technical sections of NCO were briefed and a “Bottleneck Champion Team” was established (with ToR) to drive the process and develop a workplan specifically for level 3 analysis and monitoring at district level. The Team was led by the Chief of Planning and Evaluation, supported by the Deputy Representative and the Programme Monitoring and Evaluation (PME) section and consisted of all programme sections/units with an overall mandate to lead the Level 3 monitoring.

The analysis task and associated selection of failing districts had already been undertaken for the Country Analysis for UNDAF and as part of the Situation Analysis in 2011. Specifically, the NCO in
conjunction with the NPC, had analyzed subnational inequities and identified a set of “failing” districts which were performing poorly across multiple child rights. The selection was made using a Child Deprivation Index (CDI)\(^\text{10}\), based on a set of indicators and with data from a variety of sources, as shown in Table 2 below\(^\text{11}\).

**Table 3: Child Development Index Indicators**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data Source</th>
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<tbody>
<tr>
<td>1</td>
<td>Average of 1 to 4 quarters food security phase.</td>
</tr>
<tr>
<td>2</td>
<td>Net Enrolment Rate (NER) Basic Education</td>
</tr>
<tr>
<td>3</td>
<td>Working Children 10-14 years</td>
</tr>
<tr>
<td>4</td>
<td>Sanitation coverage</td>
</tr>
<tr>
<td>5</td>
<td>Average MCPMs of Local Bodies of Nepal (Average)</td>
</tr>
<tr>
<td>7</td>
<td>Expected frequencies of outbreaks.</td>
</tr>
<tr>
<td>8</td>
<td>Ratio of girls to boys in secondary education</td>
</tr>
<tr>
<td>9</td>
<td>Under-5 children suffering from Stunting</td>
</tr>
</tbody>
</table>

Adapted from NCO Abarodh presentation

Fifteen priority districts were identified altogether to be focus districts of the new (current) Country Programme, for convergent programming and so became the focus for tracking the reduction of bottlenecks. The failing districts fell into two groups: hill and mountain districts in the Mid- and Far-Western Development Regions, and heavily populated Terai districts in the Eastern Development Region, as shown in the map in Figure 2. Albeit focused geographically, it is important to appreciate that this was in effect a national scale exercise in programming for equity.

\(^{10}\) The CDI was developed regionally in 2010 and is calculated as a composite value of nine indicators of equal weight using DevInfo/NepalInfo version 6.0 calculation functions.

\(^{11}\) Note that it is range of deprivation for the lowest quintile across these indicators has not been investigated and therefore the smoothing effect of the composite measure is not known.
From the perspective of Government partnership, the engagement of the NPC and its openness to piloting the new approach in selected districts was instrumental in the promotion of MoRES. Indeed, this good working relationship with the National Planning Commission has helped to facilitate the introduction of the MoRES approach across Nepal.

Relationships with central line ministries vary: the Ministry of Education facilitated the opportunity to pilot the approach in Early Childhood Development, and the action plan developed with the Ministry incorporates elements of MoRES; UNICEF had engaged the Ministry of Health in the MBB the year before the introduction of MoRES, so new ways of doing things were already being institutionalised; the relationship with the Ministry of Federal Affairs and Local Development enabled the engagement with the 15 district for piloting the approach.

Relationships at district level, with the District Development Committees (DDCs) and the district level departments of line ministries, have generally been productive and contributed to the achievements of the new approach. Furthermore, at local government level acceptance of new approach by DDCs and other district level organisations was a further consolidating and important factor. Since the district selection was made, bottleneck analysis has been conducted in all fifteen districts against each of the ten MoRES determinants and prioritised in order to make planning recommendations. The Country Office is working on building upon existing monitoring systems, harmonizing with Government review and reporting cycles. Once such a monitoring system is institutionalized, bottlenecks will be monitored on a trimester basis. Of note is that the NCO recognises the cross-sectoral nature of bottlenecks and the opportunities this creates for collaborative working. Data gaps and methodologies are identified on an ongoing basis and new monitoring methods are tested as required. The NCO uses a five dimension framework to organise its data gathering methodologies, as represented in Figure 3:

**Figure 2: Lowest performing districts (by CDI) and UNICEF focus districts**
The NCO has given considerable thought to how information and planning systems at district and national levels will absorb the bottleneck information in due course and has plans to support this absorption through the provision of technical assistance, capacity development (particularly of frontline workers to facilitate local level analysis and institutionalization of bottleneck monitoring in MIS). The NCO’s longer term vision and interest is to prioritise support for government planning processes in Nepal; in this respect MoRES has provided an opportunity to start the engagement in a meaningful way.

Figure 4 attempts graphically to present the Level 3 Abarodh process and seeks to reflect the premise that the process of anticipating and smoothing bottlenecks in advance of or as a key component of programme delivery will help strengthen short and long term plans and so accelerate or enhance results. However, to confirm this, the NCO believes that results should be verifiable through commissioned evaluations and plans a number of comprehensive independent evaluations: in 2015, focusing on social systems; in 2016, focusing on policy work and in 2017, focusing on social norms.
The questions the NCO wishes answered with regard to social systems for example include: has UNICEF changed the bottlenecks; has UNICEF changed government planning; has UNICEF changed the government social service system; what has been the role of bottleneck reduction on changing capacity and accelerating results; have things really accelerated?

The NCO believes this will provide Level 4 results in a way that the Multiple Indicator Cluster Surveys (MICS) for example cannot, since these surveys don’t drill down to district level and disaggregation levels where the results of bottleneck analysis will be recorded and the programme results felt.

**Sector Specific Summaries**

Although it is not possible within the scope of this report to capture all the detail of what has happened in Nepal in relation to MoRES, the following sections attempt to provide a “snapshot” of some of the sectoral experiences.

1. **Adolescent Development and Participation**

Since May 2013, the Adolescent Development and Participation (ADAP) Section has been working with the Department of Women and Children and with adolescents to identify the bottlenecks associated with adolescent development and participation and to introduce monitoring mechanisms to track progress in overcoming bottlenecks. The original pre-MoRES BNA exercise did not integrate the participation of adolescents systematically so this later BNA process has been designed to build on and complement that work. The NCO considers this to be level 3 MORES and a *deep dive* into the issues identified through the main BNA analysis with a focus on essential

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12 Response by Nafisa Binte Shafique, ADAP Section, to Case Study Questionnaire, November 2013
behavioural factors. The findings will contribute directly to the M&E framework of the National Plan of Action on Holistic Adolescent Development, and will be incorporated into the annual district level planning process. A guideline has been prepared and pretested and 80 facilitators trained, half of whom are young people. Field work is currently being carried out in Achham, Bajura, Humla and Dhanusa. By working with young people, this initiative has helped in building their ownership in challenging and changing the bottlenecks for their own development and fuller participation.

2. **WASH**

In January 2013, the WASH Section worked with NPC, the Ministry of Urban Development (MUD), the Ministry of Education (MoE), Ministry of Health (MoH), and the Ministry of Federal Affairs and Local Development (MFALD) to apply the BNA tools (L3) for the formulation of an MDG Acceleration Framework (MAF) for Sanitation. The activity was to identify bottlenecks related to the ten determinants of sanitation and hygiene in community and school settings and find ways to address these. The 3-year MAF action plan (2013-15) now has prioritised solutions to address the bottlenecks, with a budget estimate for each and defined responsibilities for delivery. Dissemination, ownership and use of the MAF are now the challenges ahead. In August 2013 the WASH Section with the MoE School Health and Nutrition Network carried out a BNA (L3) of WASH in Schools based on secondary (previously documented) information.

3. **Education Section**

The Situation Analysis (SitAn) on education in 2011, which was used for the design of the Country Programme, was based on problem tree analysis, and was in effect a Level 1 analysis. Early Childhood Development (ECD) was selected for a pilot-test of the approach, partly at the instigation of New York HQ. As a multi-sectoral issue this provides a good opportunity for work across sectors. The BNA Planning workshops held through DDCs included ECD as one of the sector components. The results of the process appear to have influenced the new Nepal Country 3-year Plan, which now focuses on results. Furthermore, planners’ mind-sets also now appear to be moving towards results instead of measuring activities. There is, however, little evidence of influence on the Government’s Annual Strategic Implementation Plan (ASIP), although there has been an increase in the budget from the Ministry. Some of the challenges encountered include: the lack of capacity of the District Education Officer (DEO), with not enough people in post and limited capability of those in post; the tradition of top-down planning – people at local level are accustomed to administer activities defined by the centre; and the national culture of non-analysis and not using statistics and data. Additionally, some BNs are seen as not fitting with the determinants and there are differing views on the underlying causes. A challenge specific to ECD is the perception at community level that ECD centres are not functioning because the method of teaching is so different to the way parents were taught (a critical social norm?).

4. **Health Section**

The Health sector in Nepal was well positioned for MoRES because of the experience of the so-called Investment Case Approach which uses Marginal Budgeting for Bottlenecks (MBB) which began in 2011 and so predates MoRES. MBB has led to change of plans in five districts, including the introduction of results-based planning. The Sector Wide Approach (SWAp) mechanism allows for some influence on allocation of funds based on the BNA analysis. The experience of bringing all agencies together and linkages with other sectors (WASH, Nutrition), has been good. Challenges include no link between district planning and central planning and funding, although there is now a

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13 Response by Anu Paudyal Gautam, WASH Officer, to Case Study Questionnaire, November 2013
better understanding of the problem; the importance of good data and the problems when data are not available; planning which is pitched at the district level does not cope well with variations within a district; it is not feasible to monitor qualitative data so regularly (within a quarterly reporting system since qualitative changes are less easy to discern in the short term); the budgeting system still does not allow diversion of money from Central funding allocations – meaning that only locally raised revenue can be used for identified actions.

5. Child Protection

The NCO experience to date is that the complexity of the child protection sector makes it difficult to apply MoRES as an approach, except for birth registration. Issues which child protection seeks to address are not recognised at community level and so a wider consultation and a much deeper process of analysis of the various dimensions of child protection is required.

Achievements, Challenges and Lessons Learned

Key Achievements

The NCO and its Government partners can claim some significant achievements in the development and application of the MoRES/Abarodh approach in Nepal. The following list represents key achievements of the NCO: the new Country Programme document reflects the refocus on equity; the notion of bottlenecks, called abarodh as the Nepali word for “blockage”, resonated in Nepal, whereas the brand MoRES did not; 15 districts have conducted multi-sectoral bottleneck analysis focusing on UNICEF’s six Intermediate Results Areas with early signs of ownership and evidence of replication; there is evidence that this is a good participatory process, with convening power to bring different sectors and actors together to address issues and formulate actions in common, as well as facilitating community engagement in the district planning process; the approach responds to a fundamental weakness in planning capacities at local level; it is generating some early signs of a significant shift in thinking and ways of work, in particular on results oriented planning, use of evidence based advocacy and decision making tools and making use of data previously only used for reporting upwards.

All this said, MoRES has also been a learning process, based on trial by doing, and responding to a number of challenges that are specific to the Nepal context, some of which are listed below.

Contextual Challenges

- The frequent transfer of government staff presents a significant challenge in terms of building understanding and commitment to any new approach, and with regard to continuity of process. This is exacerbated by the reluctance of some staff to stay in hardship posts in the remote hill and mountain districts.

- The disconnect between central and district planning priorities, with centrally imposed actions and targets based on national plans that do not take account of locally specific needs. This is set against ongoing decentralisation in Nepal, and a reluctance on the part of line ministries in particular to cede control to local government.

- The budget is centralised so there is limited scope for districts to finance actions to address emerging needs – flexibility (for receiving departments) within the centrally allocated budget is limited. The budget is incremental, based on percentage changes in the previous year’s budget and remains to some extent a political process.
Process and Methodological Challenges

- The time needed to develop and operationalize the approach in the context of Nepal was underestimated, when MoRES was introduced.
- Proof of concept: it is still too early to draw solid conclusions on the value and impact of MoRES. Some abarodh outputs are being incorporated in the annual planning cycle but this means actions and results will only happen in the following year.
- Costs for scaling up and logistical constraints are potentially considerable.
- Results based planning is generally new in Nepal and capacities to absorb new methodologies at district level are weak. Given the low starting point in terms of planning capacity at local level, it is challenging to maintain the equity focus while facilitating the development of basic planning skills. There is a substantial risk that equity may be lost in the process of planning to meet general needs. For example, it is vital that determinants are considered from an equity perspective; that stakeholder consultation is organised with inclusion in mind; that sampling is conducted from the perspective of social inclusion; that indicators capture equity dimensions; and that data disaggregation is considered prior to data gathering.
- Ensuring that BNA is understood as a process and not an event (or series of events) remains a challenge; there is a risk that BNA seen as a local planning event rather than a real-time monitoring process in line with the intent implied by the MoRES feedback loop.
- MoRES consists of four levels PLUS a feedback loop; however, it is not clear that stakeholders have all fully understood the relevance of the feedback loop process within the context of the enhanced focus on equity and key deprivations. More specifically, further guidance is needed on how real time monitoring fits in, how frequently it should be carried out and how results should be responded to.
- Linked to the above, selecting indicators is perceived as technically challenging in the district abarodh workshops; it is particularly difficult to identify indicators which are sensitive to change over the short term, measurable and actionable.
- The NCO recognises that if level 3 monitoring is focused too far up the results chain (on factors over which UNICEF has little control or change occurs over longer periods of time) the added value of MoRES will be limited.
- Prioritisation is critical and influenced by a range of factors; within UNICEF the number of indicators allowed per determinant per IR has been restricted.
- Addition of indicators to government systems requires careful prioritisation and negotiation as the system could become overloaded
- There is a question over who “owns” the central government bottlenecks identified at district level. Some district bottlenecks can only be resolved at central level – advocacy and influence is an important strategy to address this. Thus, how the feedback loop works in practice is important.
- It is important not to raise the expectations of communities in the consultation and validation process – this requires careful explanation at the outset.

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14 Although the newly published National Monitoring and Evaluation Guidelines (National Planning Commission, July 2013) is based on results based management and monitoring.
■ Poor sampling could introduce bias (e.g. representation of disadvantaged groups within groups such as “children”); tools need to be tested and suitable for use by and with local communities.

■ Data reliability for setting base-lines is an important consideration – particularly where this relates to sample size/selection.

■ There is limited ability at local government level to disaggregate data; this is important with regard to meeting equity objectives.

**Lessons Learned**

The overall NCO experience suggests some important lessons which have general relevance to the wider study. These include: that there is a need for clarity on whether MoRES is an approach, a programme or a tool plus a need for sufficient time at MoRES start-up both to develop understanding of MoRES internally and with partners and methodology and tools; that for sustainability and impact, the BNA processes must be owned by government, championed by government and incorporated into government systems; that stakeholders need to fully understand the process to facilitate the delivery of the benefits; that there is demonstrable value in new ways of evidence based thinking and decision making which helps prove the concept; and that MoRES can be better operationalised if existing mechanisms are used for collecting and validating data. Perhaps the overriding lesson, however, is that the value of MoRES is contingent on the feedback loop working in practice – and this means being able to change workplans and resource these changes in a timely manner.
Part II: ANALYSIS OF THE NEPAL EXPERIENCE OF MoRES

As currently understood through its application and analysis of documents, MoRES is “a conceptual framework for effective planning, programming, implementation, monitoring and managing for results to achieve desired outcomes for the most disadvantaged children.” The most recent briefing note references MoRES as “intended to enhance and sharpen country programmes of cooperation for accelerated results for the most disadvantaged children.”

The following section of the report reflects upon Nepal’s experience of MoRES through the prism of seven key elements of the Monitoring Results for Equity System: (1) Situation Analysis; (2) Determinants Framework; (3) Barrier and Bottleneck Analysis; (4) Monitoring of Intermediate Outcomes; (5) Monitoring at the Appropriate Level of Decentralisation; (6) Regular Adjustment to Programming; (7) MoRES as a system. A summary of the basis for analysis of each element is included in the table. This system based analysis is followed by an assessment of the assumption associated with MoRES within this country context and a summary statement on the MoRES cause and effect chain as it presents in Nepal.

This is not an assessment of the performance of the NCO in relation to MoRES but rather an exercise to help surface issues which may require more focused consideration prior to the further roll-out of MoRES.

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15 Working Document for Internal UNICEF Colleagues: Monitoring of Results for Equity Systems (MoRES), May 25 2012
16 Briefing Note, Enhanced Programming and Results through Monitoring Results for Equity Systems (MoRES), February 2013
17 A model of the MoRES approach containing ten elements has been agreed with the Evaluation Office and is recorded in a Working Paper on MoRES submitted by the Evaluation Team in January 2014. Two of these elements (the focus on equity and the focus on key deprivations are organisation wide issues and are not explored within each case study; the tenth element (national ownership and scale up) is treated within the assumptions section of the analysis below. The approach is explained more fully within the Formative Evaluation of MoRES: Final Report.
(a) MoRES SYSTEM ANALYSIS

<table>
<thead>
<tr>
<th>Basis of Analysis</th>
<th>Findings and Conclusions</th>
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<tr>
<td><strong>Situation Analysis</strong></td>
<td><strong>Findings in Nepal:</strong> The Nepal Country Office (NCO) had already conducted an equity-focused Situation Analysis of Children, Adolescents and Women in Nepal before MoRES was introduced, as part of its preparation for the development of the Country Programme 2013-2017. However, the Country Programme Action Plan was amended to strengthen the focus on equity and specifically on bottlenecks based on analysis conducted post MoRES start up. The NCO has recognised that it is not “beginning with a blank canvas” and so has taken into consideration its own comparative advantage and the workplans of other partners as an important basis for considering how to add greatest value. Further, the NCO had also already identified which key deprivations to consider when locating and identifying disadvantaged children prior to the introduction of MoRES (as part of the country analysis for UNDAF). A Child Deprivation Index (CDI), based on a set of indicators covering health, education and food security as key areas of deprivation had been developed and utilised to this end and as a result, 15 failing districts had already been identified. It may be useful for UNICEF more widely to consider the value of a composite indicator tool (adapted to suit specific country contexts) for use within the Level 1 Situation Analysis component of MoRES. This may introduce - to the extent that it is reasonable to do so – a consistency in how equity is defined across the organisation and a robustness in the evidence base upon which investment decisions are made. A key affirmation of MoRES from the NCO is that it has the potential to encourage cross-sectoral working - since the focus is not on a particular sector but on the child and the multiple deprivations they may experience. However, more consideration needs to be given to how to prioritise responses to multiple deprivations once the children to whom they apply are located. For example, a district office might have to reach judgements on which of the following is the spending priority (when faced with very limited local resources) and which require advocacy to the centre in order to see an increase in budget to meet these needs (bearing in mind that the needs across the country are considerable): updated/revised health policy; availability of required birth centres; cost of toilet construction; centres to provide a mi-day meal for most deprived children; awareness raising in relation to gender based violence; integrated district level child protection plans; funds to support victims of child abuse. These are challenging questions and represent only a small number of the priority needs which are typically identified at local level.</td>
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<tr>
<td><strong>Conceptual issues/challenges</strong></td>
<td><strong>Conclusions:</strong> In many ways the NCO was ahead of MoRES with regard to a focus on equity and key deprivations, having already developed a tool to locate disadvantaged children on the basis of multiple dimensions of deprivation – and had done this as a joint analysis. The added value of MoRES was that it endorsed what had already been achieved, encouraged a new reflection on bottlenecks as well as objectives and energized the office further in its commitment to focus on equity.</td>
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The theory underpinning the situation analysis (as influenced by MoRES) is that it should (1) involve a refocus on equity and (2) a focus on key deprivations if the most disadvantaged children are to be identified. Conceptual issues/challenges relate to (1) questions over whether equity is consistently defined, (2) the robustness of the tools and evidence base which inform the analysis, (3) prioritisation in situations of multiple deprivations (4) the extent to which there is buy-in to the approach as a joint exercise and (5) the appropriate level of decentralisation for situation analysis.
The **theory underpinning** the determinants framework is that (1) both service delivery and enabling environment factors need to be tackled to reach the most disadvantaged children and that (2) the framework of ten determinants has **generic application across all sectors** and (3) represents the necessary conditions for outcomes to be achieved.

**Conceptual issues/challenges** relate to (1) the number of determinants, specifically whether the ten determinants cover all relevant factors sustaining deprivation and (2) the difficulties in identifying indicators which enable the measurement of determinants in a consistent way.

### Findings in Nepal:

The NCO has organised orientation workshops for its staff on the use of the determinants framework and the associated identification of indicators for these determinants. Following this orientation, the framework has been used (1) **at national level** in Nepal to support the development of the Country Programme Action Plan, (2) **at sectoral level** - for example to identify bottlenecks relating to the ten determinants of sanitation and hygiene in community and school settings and (3) **within Nepal’s 15 most deprived districts** (as determined by the nation-wide application of a child deprivation index). The NCO has involved key stakeholders in the process: for example, in the WASH sector at national level, the NPC, the Ministry of Urban Development (MUD), the Ministry of Education (MoE), Ministry of Health (MoH), and the Ministry of Federal Affairs and Local Development (MFALD) helped apply the determinants framework towards the formulation of an MDG Acceleration Framework (MAF) for Sanitation. The determinants framework is perceived to have contributed to the generation of a considerable body of new evidence on the reasons for persistent deprivation in Nepal. However, the relative emphasis on different parts of the determinants framework appears to have varied according to the setting. Specifically, the NCO’s experience in applying the determinants framework at district level suggests that the framework does not cover some of the key bottlenecks which inhibit change in some sectors, particularly Child Protection. Further, there are differing views on the fundamental nature of the causes of deprivation (so how much weight to apply to each determinant and/or associated bottleneck) and the specific solutions to be promoted (how bottlenecks can be resolved to create conditions which will ease deprivation). Against this backdrop, the identification of appropriate indicators for each determinant has proven to be technically challenging. Further, there has been some tension between the perceived need to extend the number of determinants on the one hand and the requirement to keep numbers down to encourage engagement and to keep indicators to a minimum if they are to be incorporated within government systems (to avoid introducing overload in the form of a data collection burden that would not be sustainable) on the other.

**Conclusions:** Findings from the field work conducted for this evaluation suggest that there is a proof of concept challenge to be met across sectors and a capacity building challenge to be met across focus districts before the MoRES determinants framework can be applied in a consistent way to a) establish its universal relevance as an approach to identify causes of key deprivations and b) to establish the utility of determinant indicators as the basis for identifying appropriate solutions to key deprivation across a range of sectors and contexts.
### 3. BARRIER AND BOTTLENECK ANALYSIS

**The theory underpinning bottleneck and barrier analysis**

Bottleneck and barrier analysis is that (1) the strength of any system is determined by the strength of a minimum factor, that (2) similar interventions share the same bottlenecks such that “tracer” interventions can be monitored to measure the performance (by proxy) of other interventions, (3) if bottlenecks for the most disadvantaged are not addressed, it is likely that the situation of the most marginalised will worsen relative to the wider population over time and (4) the analysis of bottlenecks and barriers will lead to the identification of evidence based strategies and innovations to overcome them.

**Conceptual issues/challenges** relate to (1) the quality of data sources, (2) uncertainty as to whether bottlenecks are generalizable, (3) whether bottlenecks may mask deeper bottlenecks and (4) difficulties in identifying solutions.

**Findings in Nepal:** Bottleneck analysis or *abarodh* as it is called in Nepal has resonated locally and has been embraced by district level stakeholders as a new way to think about what can be done to address deeply embedded problems. This new way of thinking should not be underestimated – there was evidence even in a short visit that the impact on mindsets has been transformational. The perceived value of framing this bottleneck analysis against determinants is less clear and there was some evidence during the case study visit to suggest that the determinants framework is still rather more a UNICEF framework than a universally accepted way of work. Furthermore, it is not clear from the field experience in Nepal that stakeholders have accepted the notion that there should be a focus only on a “minimum” bottleneck. In any case, there is little to suggest that a system for developing an equal weighting system across bottlenecks in order to establish the minimum is achievable across all sectors and even if such an exercise is possible, it is likely that given the very low planning capacities at district level, such a process of analysis would not be owned by many. It has become clear that multiple deprivations can share the same bottleneck although the identification and monitoring of tracer interventions is a complex concept to introduce into districts where basic planning skills are absent. Given the limited resources to support bottleneck analysis processes, there is some danger that bottleneck analysis will become one off events, rather than an ongoing reflective process. At the district level, there has been some difficulty in reaching agreement on which is the most important bottleneck, what are the fundamental causes of the bottlenecks (do bottlenecks have bottlenecks?), what the appropriate solutions to bottlenecks are and what to do when the bottleneck is not something that can either be resourced at local level or dealt with at local level.

**Conclusion:** In many ways MoRES in Nepal is bottleneck analysis. Translation of the word into the local language has been an important factor in its adoption and there is real momentum around this new way of thinking. Without doubt, a significant constraint in taking the focus on equity forward at the district level in Nepal are the low levels of planning capacity. Building from such a low base will take time and considerable resource, with much to be achieved with regard to planning generally before equity in particular can become the main capacity building focus.
4. MONITORING OF INTERMEDIATE OUTCOMES

The **theory underpinning** the monitoring of intermediate outcomes is that (1) they represent the missing link between outputs and outcomes, (2) data gathering at this level can inform timely corrective action with regard to programme implementation as well as (3) help document what works.

Conceptual issues/challenges relate to (1) identification of appropriate indicators, (2) how often data should be gathered, (3) challenges associated with the use of specific tools for more real-time monitoring.

**Findings in Nepal:** Data gaps and methodologies are identified on an ongoing basis and new monitoring methods are tested as required. The NCO uses a five dimension framework to organise its data gathering methodologies. There is evidence of partnership in this regard in several of the sectoral programmes. For example, since May 2013, the Adolescent Development and Participation (ADAP) Section has been working with the Department of Women and Children and with adolescents to introduce monitoring mechanisms to track progress in overcoming bottlenecks. However, not all priority bottlenecks lend themselves to regular monitoring. For example, within the health sector it has proven inappropriate to monitor qualitative data regularly (within a quarterly reporting system) since qualitative changes are less easy to discern in the short term and yet represent important bottlenecks. Overall, the technical difficulty of identifying bottleneck indicators for monitoring purposes has proven a challenge as has been the identification of appropriate tools for data gathering and the determination of who should use them.

**Conclusions:** The Country Office is working on building upon existing monitoring systems, harmonizing with Government review and reporting cycles. Once such a monitoring system is institutionalized, bottlenecks will be monitored on a trimester basis. Although the notion of bottlenecks has been well accepted and has led to some reshaping of district as well as national level plans, there is less to suggest that the idea of intermediate outcomes as means to an end is fully understood and accepted (particularly at the local level). The NCO itself plans to seek its own confirmation of the validity of this route to equity and plans to move beyond monitoring to commissioned evaluations: in 2015, focusing on social systems; in 2016, focusing on policy work and in 2017, focusing on social norms. The questions the NCO wishes answered with regard to social systems for example include: has UNICEF changed the bottlenecks; what has been the role of bottleneck reduction on changing capacity and accelerating results; have things really accelerated?
The **theory underpinning** the monitoring at appropriate level of decentralisation is that (1) deprivation patterns are contextually specific, (2) local level planning must be based on local level needs, (3) local data can be a useful basis for advocacy for local level decision making and empowerment. However, (4) some bottlenecks are best addressed at central level. (5) Partnership in general and the use of government systems in particular is a key consideration.

**Conceptual issues/challenges** relate to: (1) the level of decentralisation which is most appropriate since for example context may vary at levels lower than district, (2) the weakness of data collection systems at local level, (3) capacity for data analysis and (4) potential de-link between data access and decision making.

**Findings in Nepal:** The situation analysis in Nepal and the application of the CDI determined that deprivation patterns in Nepal are geographical. Thus, although the focus of bottleneck analysis has been in 15 districts only, this should be considered to be a national scale approach to programming for equity. Since the focus of deprivation is in the hill and mountainous areas of the mid and western region of Nepal and the terai districts of the east, planning has been conducted at these levels. However, limited autonomy for decision making at the district level combined with limited resources available to allocate beyond recurrent budget activity constrain the government’s local response. Furthermore, several of the bottlenecks which constrain local development can only be resolved at the central level and the scope and precedent for influencing upwards is also limited. There is some evidence of the potentially empowering effect of data gathering at local level. For example, an original pre-MoRES bottleneck analysis exercise did not integrate the participation of adolescents systematically to support monitoring with regard to this group but a later bottleneck analysis process was designed in which they were fully engaged. Findings have been generated which will contribute directly to the M&E framework of the National Plan of Action on Holistic Adolescent Development, and will be incorporated into the annual district level planning process. A guideline has been prepared and pretested and 80 facilitators trained, half of whom are young people. Field work is currently being carried out in Achham, Bajura, Humla and Dhanusa. By working with young people, this initiative has helped in building their ownership in challenging and changing the bottlenecks for their own development and fuller participation. Nonetheless, it remains unclear how local level monitoring contributes to local level decision making in Nepal.

**Conclusions:** Nepal offers an excellent example of why and how the location of deprivation geographically and the locus of control politically are important considerations in terms of monitoring for equity. However, when these are mismatched (local deprivations, centralized power), the scope for resolving local bottlenecks with local solutions inevitably remain highly dependent on external resources.
The **theory underpinning** regular adjustment to programming is that (1) bottlenecks are dynamic and so timely adjustments to strategic responses are needed, (2) adjustment means that programmes can be more aligned to current needs and progress and so support (3) results based management supported by robust evidence.

**Conceptual issues/challenges** relate to (1) the need for commitment from multiple actors on the basis of (2) consensus on corrective actions, (3) the need for resources to fund corrective actions, and (4) uncertainty over periodicity of programme adjustment.

**Findings in Nepal:** While the principles underpinning the MoRES feedback loop and the associated notion of regular programme adjustment make logical sense, they are difficult to apply in practice in Nepal. To begin with, the technical skills and capacity required for bottleneck analysis are beyond the scope of many district government offices; but perhaps more fundamentally and in any case, the resources available to conduct regular monitoring and make adjustments are difficult to access without external support. Further, a particular and somewhat ethical difficulty relates to the challenge of reaching local consensus on prioritization. In districts where deprivation is relatively universal and deprivations multiple, it is not always easy to advocate successfully for a focus on particular groups within society or on only specific aspects of poverty or exclusion. It requires high quality data on who and what should be the focus of intent plus significant experience and judgement to reach decisions on frequency of monitoring and programme adjustment in order to stay well targeted in both these regards. Associated technical challenges relate to the appropriate level of decentralization for monitoring and programme adjustment and the extent to which uniformity of need and effect can be inferred from sample based monitoring.

**Conclusions:** At all levels of government in Nepal decisions on programme planning (and investment priorities) are shaped by formal budget procedures and calendar. Within this set frame, the scope for resource shifting is limited, especially as resources which can be allocated at the local level are in any case minimal. Consequently, UNICEF may find that the costs for programme adjustment will fall to UNICEF and that external stakeholders may conclude that UNICEF is promoting a somewhat complex process as the basis for the allocation of UNICEF resources. To avoid this, it is important that NCO follows its intent to support the building of government planning capacity and monitoring systems. Despite the low starting point with regard to capacity building, this approach offers the greatest potential for a sustained focus on equity in the longer term. However, more information is needed on the likely cost to UNICEF of building this capacity and meeting the gaps in funding in the short, medium and long term in order that informed prioritisation decisions can be taken in order to ensure that the focus remain on maximizing equity with regard to investment.
7. MoRES AS A SYSTEM

The **theory underpinning** MoRES is that (1) the four level system allows **multiple entry points**, (2) each level informs the next and is informed by the preceding level, (3) the system is flexible in terms of where to start.

**Conceptual issues/challenges** relate to (1) clarity over what each level involves, (2) whether MoRES can be effective if less than all levels are applied and (3) how MoRES maps onto the programme cycle, including evaluation.

**Findings in Nepal:** The NCO’s primary entry points for MoRES to date has been level 3 monitoring at a decentralised level and level 2 monitoring in terms of the collation and reporting of these results internally. In many ways level 1 MoRES had already been completed before MoRES was introduced although arguably the focus on equity was enhanced in the Country Programme Action Plan as a result of MoRES. With regard to level 4, the NCO appears less convinced that efforts in the 15 districts will ultimately translate into changes in statistics recorded by large scale surveys such as MICS, because surveys of this nature do not necessarily reach the level of decentralisation and disaggregation that would be required to reveal the results. Consequently, the intent is to commission independent evaluations to determine the effectiveness of the introduction and scaling up of MoRES (specifically bottleneck analysis) in Nepal. In this sense the NCO is taking a lead in showing how MoRES maps onto the programme cycle.

**Conclusions:** The Nepal experience has suggested the following with regard to MoRES as an integrated system: that both L1 and L3 MoRES need to be conducted at an appropriate level of decentralization; careful consideration needs to be given to the extent to which government and partner systems need to own and drive the programming, monitoring and adjustment processes recommended by MoRES; evaluation has an important role in L4 analysis; L2 MoRES appears somewhat different to the other levels, in that it essentially presents as an internal reporting system rather more focused on recording UNICEF delivery than on the engagement of other stakeholders.
8. ASSUMPTIONS ANALYSIS

The MoRES working paper suggests that the following assumptions warrant consideration at the case study level: (1) consistency of equity definition; (2) cost-effectiveness of an equity-focused approach; (3) data accuracy with regard to deprivations; (4) focus on key deprivations is a targeting approach that is acceptable to partners; (5) determinants framework is robust; (6) staff and partners have capability to apply the framework; (7) data accuracy with regard to bottlenecks; (8) analysis will identify true bottlenecks; (9) resource availability; (10) tracer interventions can be identified as useful proxies and indicators for these are time sensitive; (11) capacity exists at decentralised level for intermediate outcome monitoring; (12) evidence based decisions can be taken at the appropriate level of decentralisation; (13) resources and political will are sufficient to scale up the approach; (14) proof of concept emerges over time: evidence shows that the approach does progressively reduce bottlenecks.

Findings in Nepal:

- The introduction and use of the Child Deprivation Index in Nepal has provided a useful means by which a consistency in how equity is defined can be introduced.
- The high level of engagement in its application provides some assurance of data testing and accuracy of results.
- However, proof of concept issues around the robustness of the determinants framework in terms of cross-sector application have been raised by some stakeholders.
- There are serious capacity shortfall issues at district level and some associated technical challenges relating to indicator identification, bottleneck prioritisation and consensus building with regard to solutions.
- Data collection and analysis is a challenge in terms of sampling, frequency and the identification of indicators which are sensitive to change and yet still capture the bottleneck under consideration.
- The overall cost of continuous monitoring requires further consideration both from an absolute and opportunity cost perspective.
- Programme resourcing is a key issue both with regard to overall availability and flexibility of use.
- Further consideration will need to be given to how the approach can be scaled up in a country moving towards greater decentralisation politically.
- Where centrally controlled solutions to bottlenecks exist or are likely to persist, further thought will be required on mechanisms to support local to central advocacy for change.
- It is too early for evidence to have emerged to demonstrate that the MoRES approach does progressively reduce bottlenecks and thereby enhance equity for Nepal’s most disadvantaged children.

Conclusions: Overall, the experience of applying MoRES in Nepal suggests that several of the assumptions listed here will represent risks to the achievement of enhanced equity unless managed as part of the overall approach. The most immediate priorities appear to relate to the availability of resources and the level of autonomy for decision making at the local level.
(c) SUMMARY: MoRES CAUSE AND EFFECT CHAIN IN NEPAL

This final section of the report aims to summarise the Nepal country experience in relation to the Cause and Effect Chain modelled in the diagram below (taken from the working paper supporting the overall evaluation) and to unpack each box in relation to the Nepal experience:

The overall causality/pathway of change for MoRES at the country level can be summarized as follows:

MoRES is an attempt to look at UNICEF programmatic and policy work from an equity and deprivation perspective. It is a complex system, dynamic and emergent across multiple sectors and contexts. It comprises multiple components including four levels and a feedback loop that are intended to be applicable across programme sectors and policy work. The levels of MoRES are intended to be closely linked – each level provides information for monitoring at the next level and at the same time assesses/validates actions of the preceding level to allow for timely adjustments and refinements in programme strategy. A key element is the iterative process of real time monitoring and continuous feedback loop which allows for real time intervention adjustment. In addition, principles and tools/methods need to be applied including the bottleneck analysis framework, for MoRES to function.

To ensure maximum impact, sustainability and ownership, MoRES should be integrated into national systems. Thus results are dependent on an adequately resourced and capacitated MoRES approach at appropriate levels of UNICEF and the National Government.
In the case of Nepal and with regard to the cause and effect chain, the following inputs, activities, outputs and emergent outcomes of the MoRES application have been recorded:

1. **UNICEF NCO uses tools and methods to support identification, monitoring and targeting of most disadvantaged children**

   The UNICEF NCO was already some way ahead in ensuring a focus on equity within its situation analysis before MoRES was introduced. A Child Deprivation Index had been developed and applied to both locate most disadvantaged groups and record the nature of their multiple deprivations. Building on this, the NCO has used the MoRES determinants framework and bottleneck analysis to enhance the identification, monitoring and targeting of most disadvantaged children in Nepal and to build motivation across stakeholder groups at level 1 and level 3.

2. **MoRES is adequately resourced and capacitated and supported at all levels of UNICEF and Government**

   A primary constraint to the application of a MoRES approach at the decentralised level in Nepal (where deprivations are focused) is weak local planning capacity and capability. In addition, the cost for building sustainable local level capacity to implement the MoRES system, scaling up and logistical constraints are potentially considerable. It is not clear to all stakeholders where and how real time monitoring fits in, and guidance on the frequency of this would be helpful.

3. **Stakeholders do not oppose equity focusing**

   A number of factors have facilitated the introduction of MoRES in Nepal, key amongst these being engagement by the NPC and its openness to piloting the new approach in selected districts; of equal importance has been the acceptance of a new approach by District Development Committees (DDCs) and other district level organisations at local level. For sustainability and impact the Bottleneck Analysis (BNA) processes must be owned by government, championed by government and incorporated into government systems. Despite these early successes, the introduction of MoRES to the national system is likely to be a long term process.

4. **MoRES tools are well conceived and context specific**

   MoRES in Nepal is referred to as Bottleneck Analysis (BNA) particularly at district level. Of note is the rebranding of the BNA approach (as abarodhī) to support greater local acceptance. Six Intermediate Results (IR) for the country programme have been selected for piloting the bottleneck analysis approach. The BNA has been well received at district level as an analytical approach with early signs of ownership and evidence of replication. There remains some uncertainty among key stakeholders (including some UNICEF staff) that the determinants framework represents all the necessary and sufficient conditions for the removal of deprivations across all sectors. More proof of concept evidence of the universal relevance of the determinants framework would be valuable, including the extent to which the ten determinants represent comprehensive coverage of issues sustaining deprivation. Greater clarity is also needed regarding the level of expectation that government will engage with MoRES procedures within each level of MoRES and the level of effort that should be devoted to advocating in this regard.
5. **MoRES enables effective equity focused targeting of the national programme**

Although government stakeholders do not oppose equity focusing, in geographical areas in Nepal where everyone is poor, an exclusive or primary focus on children is not universally seen as appropriate. However, the MoRES approach is generating some early signs of a significant shift in thinking and ways of work, in particular on results oriented planning; use of evidence based advocacy and decision making tools; and making use of data previously only used for reporting upwards.

6. **MoRES mainstreamed in UNICEF assistance**

UNICEF’s current priorities in Nepal are set out in the Country Programme Document 2013-17 (CPD) and the Country Programme Action Plan has increased equity focus. The overall goal is “to directly address the three main sets of inequity factors (political, system, societal) so that all children, adolescents and women have access to education, health care, nutrition, sanitation, clean water, protection, information, and other services necessary to fulfil their rights to survival, development, protection and participation.” In that regard, the NCO has conducted an equity-focused Situation Analysis as part of its preparation for the development of the CDP - so equity was already embedded in the new Country Programme of Action. In addition UNICEF indicators of bottlenecks are included in VISION and reporting against bottleneck indicators is taking place. More specifically, the bottlenecks are monitored every four months (a Level 3 activity) and results are consolidated within UNICEF national level country reports across the six results areas (Level 2). Lastly, a “Bottleneck Champion Team” was established (with ToR) to drive the process and develop a work plan specifically for level 3 analysis and monitoring at district level.

7. **Government programmes effectively target disadvantaged children through MoRES**

A number of contextual circumstances have challenged the introduction of MoRES in Nepal, including: frequent transfers of government staff; a disconnect between central and district planning priorities, set against the ongoing challenges of decentralisation in Nepal; and a largely centralised budget allowing only limited scope for districts to finance actions to address emerging needs. Programme adjustments are dependent on flexible financing which cannot be assumed in contexts of tight budget control and fixed financial calendars. Consideration is needed of the effort that will be required to build local planning capacity and the time this will take before it translated into enhanced equity. The value of BNA is contingent on being able to change work plans and resource changes (new activities) or reallocate but there is little evidence so far of activities being stopped to support bottleneck reduction (feedback loop and subsequent implementation of actions). Nevertheless there is real value in new ways of evidence based thinking and decision making.

8. **Government adopts improved equity targeting through MoRES**

Level 3 identification of and monitoring against bottlenecks has been piloted in 15 districts in a collaborative effort between the NCO and the NPC. As a result, subsequent efforts to identify and remove bottlenecks have been focused geographically. Although, this should be considered a national scale exercise in programming for equity, ingraining it in national systems might take further efforts. However, a number of process challenges have also had to be addressed: the low starting point in terms of planning capacity at local level; ensuring that BNA is understood as a process and not an event (or
series of events); the technical challenge of selecting indicators particular in the district *abarodh* workshops; and the question over who “owns” the central government bottlenecks identified at district level. That said, the MoRES approach has introduced a new way of thinking particularly at the local level that is encouraging a belief that effective targeting can lead to real change. There is already some evidence of changes to government monitoring systems which support the shift to more equity focused targeting and Government District Plans include priority bottlenecks. Given the limited resource to support bottleneck analysis processes, there is some danger that bottleneck analysis will become a one off event, rather than an ongoing reflective process.

9. **Better services for disadvantaged children:**

The premise that the application of MoRES as system will result in increased equity for the most disadvantaged children cannot be proven as of now. This is because the components that make up MoRES have only recently been put in place and more time is needed to measure them fully. Further evaluation will be required to demonstrate these results. Meanwhile, the NCO is moving in the right direction as the NCO has plans for focused evaluations to support learning with regard to the relationship between the MoRES approach and the acceleration of results for disadvantaged children which should provide important learning for UNICEF and its partners.

**In summary:** The Nepal Country Office has made a determined effort to apply MoRES and has intelligently adjusted it to the national context and ongoing programme of work. There is already some evidence of changes in government monitoring systems which have supported the shift to more equity focused targeting of disadvantaged children. The work with the national government has shown that elements of the adjusted MoRES system can be applied widely across the country. In particular, the potential of the bottleneck analysis approach is reflected in early signs of ownership and replication. The case study raises some important questions and issues relating to MoRES which have relevance for the wider evaluation study, including: that more evidence of the universal relevance of the determinants framework would be valuable (specifically the extent to which the ten determinants represent comprehensive coverage of issues sustaining deprivation); that further technical guidance which builds capacity to identify and connect determinants indicators with bottleneck solutions would be helpful; that consideration is needed of the effort that will be required to build local planning capacity and the time this will take before it translates into enhanced equity. Sufficient resource and capacity (including technical ability) at all levels of UNICEF and the national government is needed to ensure sustainability and impact. In addition, flexible financing mechanisms are necessary to allow work plan and resource changes to take place if identified bottlenecks are to be addressed (the national budget system must be able to adjust to the feedback received from the local MoRES exercises). Therefore, further efforts are essential to address costing, capacity and advocacy issues associated with continuous monitoring, if the approach is to be absorbed into national systems in order that sustainability, impact and scale are achieved and measured to establish proof of concept.
FORMATIVE EVALUATION OF UNICEF’S MONITORING RESULTS FOR EQUITY SYSTEM (MoRES)

Zimbabwe Country Report

Final Draft

MARCH 2014
FORMATIVE EVALUATION OF UNICEF’S MONITORING RESULTS FOR EQUITY SYSTEM (MoRES)

Zimbabwe Country Report
Final Draft
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While the insights of everyone interviewed have been vital to shaping this report, the contents are entirely the responsibility of the evaluation team.
## Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AR</td>
<td>Annual Review</td>
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<tr>
<td>ART</td>
<td>Antiretroviral Treatment</td>
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<tr>
<td>AWP</td>
<td>Annual Work Plan</td>
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<tr>
<td>BBA</td>
<td>Bottlenecks and Barriers Analysis</td>
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<tr>
<td>CATS</td>
<td>Community Approaches to Total Sanitation</td>
</tr>
<tr>
<td>CMT</td>
<td>Country Management Team</td>
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<tr>
<td>CO</td>
<td>Country Offices</td>
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<tr>
<td>CPD</td>
<td>Country Programme Document</td>
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<td>CPIR</td>
<td>Country Programme Implementation Report</td>
</tr>
<tr>
<td>DIVA</td>
<td>Diagnose Intervene Verify Adjust</td>
</tr>
<tr>
<td>DHS</td>
<td>Demographic and Health Survey</td>
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<tr>
<td>ECONET</td>
<td>Zimbabwe’s largest provider of telecommunication services</td>
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<tr>
<td>EMIS</td>
<td>Education Management Information System</td>
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<tr>
<td>ESAR</td>
<td>East and South African Region</td>
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<td>ETF2</td>
<td>Education Trust Fund 2</td>
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<tr>
<td>GPE</td>
<td>Global Partnership for Education</td>
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<td>HPP</td>
<td>Health for the Poorest Populations</td>
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<td>H4+</td>
<td>Health 4+</td>
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<tr>
<td>ICCM</td>
<td>Integrated Community Case Management</td>
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<td>MICS</td>
<td>Multiple Indicator Cluster Survey</td>
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<td>Management Information System</td>
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<td>MoRES</td>
<td>Monitoring Results for Equity System</td>
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<td>Millennium Development Goals</td>
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<td>MTCT</td>
<td>Mother to Child Transmission</td>
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<td>MTR</td>
<td>Mid-Term Review</td>
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<tr>
<td>ODF</td>
<td>Open Defecation Free</td>
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<td>PMT</td>
<td>Project Management Team</td>
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<td>REC</td>
<td>Research and Evaluation Committee</td>
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<td>Regional Office</td>
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<td>SAGS</td>
<td>Sanitation Action Groups</td>
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<td>SitAn</td>
<td>Situation Analysis</td>
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<td>SRA</td>
<td>Strategic Result Area(s)</td>
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<td>UN</td>
<td>United Nations</td>
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<tr>
<td>Acronym</td>
<td>Description</td>
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<tr>
<td>UNDAF</td>
<td>United Nations Development Assistance Framework</td>
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<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>UNICEF</td>
<td>United Nations Children's Fund</td>
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<td>VISION RAM</td>
<td>Results Assessment Module</td>
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<td>WASH</td>
<td>Water Sanitation and Health</td>
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<td>Zimbabwe Country Office</td>
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<td>ZUNDAF</td>
<td>Zimbabwe United Nations Development Assistance Framework</td>
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<td>ZimSTAT</td>
<td>Zimbabwe National Statistics Agency</td>
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Part I: ZIMBABWE’S COUNTRY EXPERIENCE

SUMMARY: MoRES in Zimbabwe

Zimbabwe is one of five workstream 1 countries in the Eastern and Southern African Region (ESAR) piloting the roll-out of MoRES. UNICEF Zimbabwe has engaged actively and dynamically from the outset. The design and strategy of Zimbabwe-UNICEF Country Programme of Cooperation 2012-2015 is guided by the equity focus approach. Around half of the existing in-country programmes had already established elements of MoRES (such as bottleneck analysis, an equity focus, and performance monitoring) prior to the introduction of MoRES. Building on this, the Zimbabwe Country Office (ZCO) has demonstrated significant momentum in adopting, adapting and systematically and incrementally applying MoRES principles to programmes; mainly in the areas of situation analysis, greater investment in real time monitoring and as a tool for policy dialogue and programme review. ZCO has put strong institutional arrangements in place with the establishment of a multi-sectoral MoRES country team, strong leadership and coordination by the Planning & Monitoring Unit. There is evidence of MoRES implementation and impact at each of the MoRES stages (levels 1-4) throughout all sectors, although the degree to which MoRES has been utilised varies sector to sector.

Partnerships are considered critical to sustainable and affordable performance monitoring and thus a key contributor to success and scale-ability and so UNICEF ZCO has been proactive in involving partners and government early in the process. UNICEF is providing funding and technical support to government to strengthen national monitoring information systems and to evaluate programmes. Through this support, UNICEF Zimbabwe has actively promoted key elements of MoRES at each level of government through sharing information, reports and policy dialogue, and promoting innovative approaches, particularly bottleneck analysis and results-based monitoring. MoRES monitoring indicators have been built into existing Line Ministry Management Information Systems (MIS) throughout most sector programmes. The recent (2013) internal evaluation of the progress of MoRES, documents reductions in key bottlenecks between the baseline February 2012, and end of year December 2012. In addition there is evidence that bottleneck analysis contributed to a number of significant policy directives during the period. These reforms have helped to create an enabling environment for reaching disadvantaged children with basic services, although it can be argued that some of these were commenced and possibly achieved prior to the introduction of MoRES.

However, there have been a number of challenges to the implementation of MoRES in Zimbabwe. The ZCO operates in a sensitive political and economic environment, and so ZCO is justifiably exercising caution in its approach to mainstreaming MoRES. At the local level, MoRES pilot districts are difficult to reach, impoverished, and have relatively low capacity in terms of staffing and resources. Scaling these pilot programmes to national level and maintaining the intensive real time monitoring preferred under MoRES will be challenging. Ultimately there is a risk that MoRES may become too complex both for government to understand, and for programmes to implement given the presently limited availability of resources, particularly government resources, at each level of government.
Introduction

The Monitoring Results for Equity System (MoRES) was developed to support UNICEF’s refocus on equity (launched in 2010) with the specific intent to accelerate progress in reaching the world’s most deprived children. UNICEF is currently advancing towards mainstreaming MoRES at a global level and in support of this ambition has commissioned an independent evaluation to provide validation and learning on the conceptual, technical and practical viability of MoRES as an approach. The evaluation is deploying two related analytical approaches: a theory based approach and a case study based approach. The theory based approach provides a basis for framing and analysing the MoRES experience. The case study approach complements this by recording what has happened in relation to MoRES in selected countries and in this way helps test and validate the theory of change (ToC) associated with MoRES.

The objective of the evaluation is to support continuing efforts across UNICEF to articulate, develop and mainstream the MoRES approach by learning from experience. The information from the case studies will feed into the main evaluation report. Two important characteristics of the case study component of the evaluation are: each case study has been selected because of the learning opportunity offered to the evaluation; the approach to each study is focused on recording experiences rather than measuring or assessing performance.

However, there is perceived value in analysing country experience based on the key elements of the Monitoring Results for Equity System, both to contribute to the overall development of the MoRES Theory of Change (which will support global roll-out) and as a way of structuring findings and conclusions that will be helpful to the Country Office. Thus, this report is presented in two parts:

- **Part I: Zimbabwe’s Country Experience**, provides a brief introduction to the overall formative evaluation and explains the context for this country specific study and presents the MoRES experience from a Zimbabwe Country Office perspective by summarising the findings of a 4-day field visit to Zimbabwe (and associated documentary review).

- **Part II: Analysis of the Zimbabwe experience of MoRES**, uses seven core elements of the Monitoring Results for Equity System as the basis for more analytical reflection and presents findings against each element as well as an overall conclusion; this section also includes some reflections on the assumptions associated with MoRES and summarises MoRES from a cause-effect perspective.

Zimbabwe Country Context

Since 2000, the Zimbabwean economy has contracted by more than 50 per cent. Contraction accelerated between 2006 and 2009 and by the end of this period, most government systems in Zimbabwe had experienced near complete collapse. Relative stability returned following the signing of the Global Political Agreement in September 2008 and the advent of the Inclusive Government in early 2009. Since early 2009, with donor aid, the Inclusive Government has made major efforts to stabilize and rebuild the social sectors. To support this effort, UNICEF has played a key role in assisting the government to strengthen and in some cases rebuild their monitoring and evaluation systems. This relationship has enabled UNICEF to ensure that indicators identified under MoRES bottleneck analysis,
are incorporated into government monitoring systems. However government capacity remains limited at all levels. Many approved posts remain vacant and discretionary budget available for capacity development is very small in most sectors. A new government was installed in August 2013, replacing the previous coalition government. All plans which were agreed with the previous coalition government are now under review.

In Zimbabwe, all UN agencies are working together for more impact and visibility around the common framework of Zimbabwe United Nations Development Assistance Framework (UNDAF) 2012-2015. This is reflected through UNICEF’s current priorities within Zimbabwe and is set out in the Country Programme Document (CPD) 2012-15. The CPD looks towards the 2015 Millennium Development Goals (MDGs), building on foundations developed since the crisis response in 2008/9, and supports the national development framework named the Medium Term Plan 2011-2015. The total budget for programmes specified in the CPD is 339.728 million USD (see Figure 1). In summary, the Country Programme aims to enable equitable and sustainable realisation of the rights of every woman and child in Zimbabwe to survival, development and protection. Hitherto weakened social systems have somewhat improved in the recent economic and relative political stability; however, challenges remain.

Figure 1: UNICEF Zimbabwe Sectorial budget breakdown CPD 2012-2015

![Sectorial budget breakdown](image)

Relationships with the present government require careful management and the capacity to work with government varies between sectors and across initiatives being undertaken within each sector. As a result, ZCO has made a conscious decision not to brand MoRES as a new paradigm within government. Rather than introducing MoRES as a distinct initiative, the focus has been to explore methods of incorporating key principles and approaches of MoRES to existing government systems and in some cases build in MoRES principles when assisting government to rehabilitate old systems. For example, bottleneck analysis resulting from the monthly monitoring reports are shared and discussed with government agencies at the district, provincial and national levels.

Key strategic support to Government is being provided through the coordination and implementation of Strategic Sectoral Plans for Education 2012-2015, for National Health Strategy (2009-2013), for WASH, for Child Protection and with regard to the improvement of aid coordination. UNICEF is also playing a key role in the management and implementation of large scale multi donor trust funds for Health (HTF), Education (ETF2), Child Protection (CPF), and a Rural Wash Programme.

Country programme management in the context of Zimbabwe requires in-depth participatory strategic thinking to influence national policies and partnerships; intensive equity and results-focused planning, monitoring, evaluation and reporting; and appropriate flexibility and efficiency of operational service

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1 The draft country programme document for Zimbabwe (E/ICEF/2011/P/L9) was presented to the Executive Board for discussion and comments at its 2011 annual session (20-23 June 2011). The document was subsequently revised and the final version was approved at the 2011 second regular session of the Executive board on September 2011.
delivery. Together, such approaches can contribute towards sustainable impacts for children and women as well as reinforce the credibility of UNICEF with Government, donors and international communities.

Overview of MoRES in Zimbabwe

Figure 2 highlights some of the key events associated with MoRES roll-out in Zimbabwe.

Several elements characterise the MoRES experience in Zimbabwe:

**A regional initiative:** Zimbabwe is one of five pilot (workstream 1) countries within the East and South African Region (ESAR), selected by the Regional Office (RO) and by Headquarters (HQ) to accelerate MoRES implementation and attainment of MDGs for children.² There is evidence of significant effort on the part of the Regional Office (RO) to share strategies with regard to MoRES. These strategies include advocating for Country Offices (CO) to adopt and adapt MoRES, helping to create a common understanding of MoRES, and providing support for the mainstreaming of MoRES principles at critical points in the programme cycle such as within situation analysis, annual reviews, Mid Term Reviews (MTRs) and evaluations. In the future the RO envisages undertaking continued capacity building, sharing of tools, providing technical assistance and quality assurance and offering support in terms of monitoring and advocacy.

**Leadership:** The UNICEF Representative and Deputy Representative made an early commitment to incorporate MoRES into all aspects of ZCO planning and as a result have integrated MoRES into most ZCO planning processes. Each Section has made an effort to integrate MoRES into programme monitoring and evaluation systems. The UNICEF Chief of Planning and Monitoring has been particularly active in promoting MoRES and has encouraged integration of MoRES into data collection, analysis and weekly and monthly monitoring and evaluation activities. He has been coordinating the ZCO MoRES working group in all sectors and established networking with the RO and other countries.

² 27 countries agreed to pilot MoRES and in March 2012 received financial and technical resources to support the initiation of level 3 monitoring; these countries are referred to as the workstream one countries; the ROSA countries are Afghanistan, Bangladesh, Bhutan, India, Nepal, Pakistan.
**Deprivation analysis**: This was undertaken during the second half of 2012. Selection of the districts for deprivation analysis was dependent on whether they had cash transfer, Water, Sanitation and Health (WASH), nutrition, and new-born programmes. Districts encompassing these programmes were then assessed against a selected group of indicators to identify the poorest and most underprivileged districts. As a result, the three most disadvantaged districts were identified for accelerating equitable results in child survival, development and protection. The implementation of MoRES at district level aimed to: demonstrate the evidence of accelerated Equitable Results for Children – the effective reduction of inequalities in Child Survival, Development and Protection around five SRAs at local level; break down the gap between the most disadvantaged poorest districts and the well-advantaged districts (narrowing the gap); provide a real test of MoRES – emphasising a learning and formative approach for better influencing national strategies and policies on MoRES mainstreaming; and develop district level institutional capacity for strong Monitoring and Evaluation of level 3 bottlenecks reduction monitoring and level 4 outcomes improvements.

**Strategy**: A multi sectoral technical team was constituted to support roll-out generally and specifically to draft a Bottleneck Analysis Matrix against ZCOs five Strategic Results Areas (SRAs). The five SRAs are: Combating Killer Diseases (Pneumonia, Diarrhoea and Malaria); Mother to Child Transmission (MTCT) Elimination; Quality Education; Elimination of Open Defecation and Juvenile Justice. These were identified by the UNICEF Representative and the Country Office Research and Evaluation Committee (REC) based on the evidence of the SitAn 2005-2010 and equity studies completed in 2011, so the ZCO was already implementing interventions in the selected SRAs prior to the introduction of MoRES.

However, the technical team was active in forwarding MoRES against these SRAs. Information and evidence was sourced from: the Situation Analysis (SitAn), CPD, Transition Funds project documents, Equity Study, Evaluations, Surveys and Operational Research. The technical team organized specific meetings for each SRA to review and finalize the bottleneck matrix which was later submitted to the Country Management Team (CMT). Major determinants and tracer indicators were prioritized. Twenty tracer indicators were selected – on the basis of the categories of determinant for each of the five SRAs - and for each tracer indicator, baselines, milestones and targets were established for monitoring. This is illustrated in table 1 for "Combating killer diseases", which also demonstrates trends of improvements.

Further refinements to the matrix were made when Section Chiefs made presentations to the Research and Evaluation Committee (REC). Monitoring and Evaluation Plans of Action were developed, stakeholders including the Government were engaged, and tracking and reporting was implemented. By the end of 2012, most UNICEF ZCO programme guidance (including SitAn, MTR and Annual Review guidelines) had been revised to explicitly include MoRES.

**Table 1: Extract from the Results Framework for Health Programmes - level 3 monitoring for "Combatting killer diseases"**

<table>
<thead>
<tr>
<th>Indicator level / Bottleneck type</th>
<th>Indicators</th>
<th>Baseline</th>
<th>Target by 2015</th>
<th>2012 end of year status</th>
</tr>
</thead>
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<tr>
<td>Enabling Environment</td>
<td>User fee policy on free access to health services by pregnant women and children under 5 years fully enforced.</td>
<td>66% of health facilities not charging direct or indirect user fees to children under five in 2010</td>
<td>75-100% of health facilities not charging user fees to pregnant women and children under 5 years.</td>
<td>86.8% of health facilities offer free services to children under five years of age</td>
</tr>
</tbody>
</table>

3 The concept of a tracer captures the idea of identifying intervention ‘markers’ which are interventions that are representative of a larger package of essential services across the population. The concept is that if good, or improved, coverage of a particular intervention can be demonstrated, then this is a sign of the adequate, or improved, functioning of the system which it was chosen to represent.
### Implementation:
The Zimbabwe Country Office has been active in its commitment to rolling out MoRES and has adopted a number of principles or good practices to guide implementation. For example, MoRES is viewed as an *added value approach* and is being systematically applied to all sector programme planning and performance management. Furthermore, MoRES is being *applied nationwide* through innovative strategies being implemented in support of sector wide strategic plans.

The measure of reduction of barriers has been undertaken with *national averages of tracer indicators taken into account* as a better basis for policy advocacy and systemic corrective solutions. Provincial and district data collection, profile analysis and monitoring have been performed in order to identify *context specific bottlenecks* and address disparities in the most disadvantaged areas.

Some staff noted that being part of the pilot for MoRES had presented challenges. They reported that instructions from Headquarters changed regularly and noted that communicating MoRES to the government had been challenging. There was a need to articulate what was different about MoRES, how it can benefit programming for marginalised groups and why government should adopt the framework. In one section it was noted "we have our risk analysis, our results framework…we have an annex to our transition fund which is a research agenda which includes an analysis of bottlenecks so we need to understand more fully the benefit to having MoRES as well.” Staff throughout UNICEF had a good understanding of results based management but not all staff understood how MoRES could be implemented within the programme cycle and in particular how it could be communicated effectively to government. Staff indicated that it would be useful to have tools and training programmes developed to support both these gaps in understanding.
MoRES has undergone revision through Regional Management Meetings during which there has been a constant change in guidelines. This means that even though agreement was reached at the country level, regional changes could result in further changes. This has resulted in some confusion and, in some cases, reduced motivation to implement MoRES. Some officers believed that, to date, specific compliance with MoRES has been too time intensive owing to the iterative process. If MoRES had been kept simpler it would have possibly accelerated implementation and increased buy-in and adoption. For example explaining the MoRES framework of ten main determinant themes to stakeholders is difficult and requires time and training tools.

Sectoral application: Strategically, there has been significant effort to ensure that MoRES is not “an abstract idea but rather to make it part of the country office operation”. Staff reported that level 1 and level 2 had already been undertaken thoroughly in Zimbabwe prior to the introduction of MoRES and therefore ZCO initially focussed on level 3 implementation of MoRES. However, Section Chiefs generally reported that elements of MoRES were already accommodated in their monitoring frameworks and that they found it difficult to differentiate MoRES from existing results monitoring and risk analysis. However one section chief noted that the thematic composition of ten determinants had helped to focus risk analysis in each thematic area. In most sectors, implementation of MoRES has not caused a dramatic shift as programme offices indicated that they had previously considered bottleneck indicators when evaluating progress. However MoRES has helped to focus on risk analysis and institutionalise the process of bottleneck analysis and monitoring.

By way of example, Box 1 provides further details on the implementation of MoRES in relation to WASH, in two of the selected disadvantaged districts.

It was noted by some UNICEF staff that since MoRES was originally tailored to the health system and that it has not been easy to uniformly apply to all sectors. MoRES has affected the monitoring approach of each sector to a varying extent. All sectors have incorporated the MoRES approach to level 3 monitoring but in general, section chiefs reported that this did not have a significant impact on programme methodology. Two sectors reported the implementation of MoRES had benefitted programmes though identification and addressing bottlenecks. Two sectors reported that the MoRES approach was already incorporated in their programme methodology prior to the introduction of MoRES. In these sectors the implementation of MoRES had helped internalize the focus on marginalized groups and bottleneck analysis through the use of specialized surveys in rural areas.

Prior to the introduction of MoRES, the ZCO had previous experience with bottleneck analysis. MoRES was already active in the Health Sector as Marginalised Bottleneck Budgeting (MBB) which formed a good case study of the implementation of MoRES for other sectors. This may help explain why several sector chiefs reported that MoRES did not significantly change the programme methodology. In these cases the methodology of MoRES was already apparent in the programme monitoring strategy. Education and WASH were in the formative stage of several initiatives at the time of MoRES introduction. WASH were about to commence their pilot programme in reduction of rural open defecation and Education was in the process of commencing designs for Global Partnership for Education (GPE), Education Trust Fund 2 (ETF2) and school improvement grants. In the case of these new initiatives staff reported that it was easier to integrate MoRES from the beginning of the project/programme design phase.
Box 1: Evidence of MoRES in a rural WASH pilot in Binga and Hwange

**Background:** These two districts were selected based on deprivation analysis to pilot the Zimbabwe Community Approaches to Total Sanitation (ZimCATS) project. This aimed to eliminate open defecation and create open defecation free (ODF) villages through Community Approaches to Total Sanitation (CATS). The pilot used existing community and local government development structures, civil society, the media, Sanitation Action Groups (SAGs) and champion facilitators from the community to reach over 50,000 people in the two districts.

**Use of Bottlenecks and Barriers Analysis (BBA) and determinants framework:** Three categories of bottlenecks were identified as important - the enabling environment, supply, and demand. For each category determinants were identified, bottlenecks were ranked as either low moderate, or significant, and indicators were developed to measure bottleneck reduction.

**Real-time monitoring:** Spreadsheet tools were developed to track progress at all levels; i.e. village (completed by SAGs), ward (completed by field officers & extension workers, and district (completed by district officers & WASH committees). Data is also collected through joint field monitoring visits (UNICEF, government and implementing partners) to project sites.

Data collected was used at source and relayed to national level through partner reports. Progress monitoring and strategic discussions at PMT, mid-year and annual review meetings fed into MoRES reporting in VISION, and decision making on best strategies to remove bottlenecks. At the district level, reporting was undertaken on a monthly basis which allowed for rapid appraisal and action to be undertaken to identify and address bottlenecks.

**Achievements:** Staff found it easy to implement MoRES because the indicators and bottlenecks were similar to those already identified. The advantage MoRES offered was to enable staff to focus on categories of bottlenecks they had not previously considered. The government was also familiar with the methodology and the tools used for bottleneck analysis. They were highly involved in the review of indicators at mid-year and end of year. The government was very much in favor of aligning monitoring with government and ministry systems.

26 out of the 72 targeted villages were declared ODF by the end of 2012. The latrine coverage in the remaining villages has almost doubled (see graph below for coverage data from selected villages), and one village has managed to sustain its ODF status for more than 3 months. At the district level reporting was undertaken on a monthly basis which allowed for rapid appraisal and action to be undertaken to identify and address bottlenecks.

**The Determinants Framework:** For each of the ten determinants, bottlenecks have been prioritized according to their “relative contribution” through an easy to understand classification using a traffic light approach: very significant (red); significant (yellow) or not currently significant (green) to help in prioritizing programme strategies. Wherever possible, Monitoring and Evaluation (M&E) systems are being operated through existing channels and existing systems. Data collection for new indicators identified under MoRES have, where possible, been integrated into the existing sector framework and mainstreamed into the performance management of the country programme, including the four transition funds. However, wherever needed, additional data collection has been conducted at district level to complement existing data. Progress monitoring of bottleneck reduction is undertaken bi-annually at the mid-year review and the annual review and reported into the new RAM-VISION platform. In addition,
some bottleneck indicators are also monitored through monthly reviews. Where possible, data sources for evaluating MoRES indicators (level 3) have been built into existing Line Ministry Management Information Systems (MIS), including Health, Education and WASH, a complementary information system to the Education Management Information System (EMIS) and the development and implementation of real time monitoring approaches at district level. UN Partners have been engaged at all levels and steps of the process to support the level 3 exercise. Experiences have been shared between the five pilot countries in the ESAR using regional exchange and through the regional office based in Kenya. The regional office has a focal point contact person for each country who reports to the regional office. MoRES is intentionally being kept as simple and practical as possible so as to avoid becoming too resource intensive. Brand labelling of MoRES within the government has been avoided.

**Bottleneck analysis:** ZCO undertakes bottleneck analysis on an ongoing basis. Although all ten determinants were identified in each sector at global level, similar assessments are continuously conducted at district level in the context of level 3 monitoring to identify barriers and bottlenecks that are highly influenced by local characteristics. In order to achieve this, ZCO has adapted the field monitoring report template from UNICEF Headquarters to include reporting on results and bottlenecks. All bottleneck analysis indicators identified in the MoRES country monitoring framework are reported using revised field monitoring reports. Bottleneck indicators and the monitoring forms are reviewed at weekly section meetings, weekly chiefs-of-section meetings, monthly Project Management Team (PMT) meetings and monthly Country Management Team (CMT) meetings. Staff in each section then take the problems and issues and present and discuss with the ministers in each sector to address strategic and policy issues. Bottleneck indicators are also discussed during the quarterly Monitoring and Evaluation Committee and Quarterly Reviews of programme implementation with government. MoRES is well integrated into MTR, the Annual Work Plan (AWP) and the annual CDP. A summary report is produced for PMT every month in which the most challenging bottlenecks are reviewed. For example, using these reports, it was found that although textbooks had been delivered to all schools and 99 per cent of pupils had access, some schools were charging for access to textbooks which was inadvertently increasing the burden on parents to fund education. Collectively, these reports are the main mechanisms for creating feedback loops to continuously influence policy and programs.

The continuous review of bottlenecks at each phase of the programme cycle has the benefit of ensuring effective programme management and incorporation of bottleneck indicators in the AWP. The process also alerts management to any challenges emerging at sector level in programme implementation by citing possible bottlenecks and recommendations for improvements and help identify the key issues for decision making for CMT in accordance with MoRES. A mutual internal team vision between programme and operation helps to develop the transfer of competency on country programme management among staff. ZCO also encourages sharing of knowledge, lessons and best practices through technical updates from Research, Studies and Evaluations and these are used to improve strategies and interventions.

**Engaging Government:** Most Zimbabwean government offices are in the process of rebuilding and regenerating their capacity, in particular at the district level. UNICEF is supporting these efforts by providing funding and technical support to government to strengthen national monitoring information systems and to evaluate programmes. Through this support, the government has actively promoted key elements of the MoRES approach at each level of government through sharing information, reports and policy dialogue, and promoting innovative approaches, particularly bottleneck analysis and results-based monitoring. The sector programmes also strongly emphasize the rebuilding and strengthening of government systems, particularly data systems relevant to monitoring of MoRES and other key planning functions, and considerable resources are being devoted to this cause. ZCO prepares carefully for successful quarterly aid coordination meetings and supports monitoring of the country programme implementation led by Government involving all key Ministries. Equity indicators have been incorporated...
and analysed in the Demographic & Health Survey (DHS) completed in 2011/2012 and the National Poverty, Income, Consumption and Expenditures Survey completed in 2012. The Multiple Indicator Cluster Survey (MICS) 2014 is in preparation and the list of level 4 MoRES indicators have been integrated to the global MICS 5 standard list of indicators.

**Partnership:** Many of UNICEF ZCO programmes involve complex partnerships and were already undergoing implementation at the national level at the time of introduction of MoRES. UNICEF viewed it as highly risky to introduce new ‘top down’ UN brand change to well-established partner and government sector planning and M&E systems. In these cases UNICEF ZCO has been introducing the bottleneck analysis language but not the new ‘brand’ name. In general UNICEF ZCO views partnerships as a key element of success, access and scalability and has been very active in promoting these partnerships as part of MoRES rollout. For example, UNICEF has introduced the concept of the bottleneck approach into Zimbabwe United Nations Development Assistance Framework (ZUNDAF) for the monitoring of social sectors. Similarly the ZCO has worked closed with UNDP and as a result they have embraced the concept of bottleneck analysis and the determinant approach and have incorporated the main bottleneck indicators in the Accelerated Action Plan for MDG2 for focusing on completion rates for primary education for both girls and boys. Joint UN support has been provided by UNDP, UNICEF and UNESCO to the Ministry of Education to develop a sector wide strategic plan from 2011 to 2015 to help achieve the goals of MDG2 regarding 100% completion rate using the bottleneck analysis approach. Other partners in these processes included DFID, USAID and World Bank. Partnership have also been established with the Zimbabwe National Statistics Agency (ZimSTAT) and private firms to implement regular data collection for analysis of level 3 bottlenecks using NGOs via the school survey and school vulnerability survey amongst other means.

**Achievements, Challenges and Lessons Learned**

**Key Achievements**

Much has been achieved in Zimbabwe with regard to MoRES. Headline achievements include that UNICEF Zimbabwe was an early adopter of MoRES and has engaged actively and dynamically from the outset; leadership has been highly supportive and there has been space provided for trial and error. MoRES is viewed as an added value approach and is being systematically applied to all sector programme planning and performance management within UNICEF. The ZCO has been supported in terms of capacity building on MoRES, quality assurance on processes and documents, sharing other country experiences, coordinated technical feedback (from RO and HQ) of ZCO MoRES implementation process and documents.

ZCO has gained significant momentum in adopting/adapting and systematically and incrementally applying MoRES principles to their programmes, mainly in the areas of situation analysis, greater investments in the real time monitoring and as a tool for policy dialogue and programme review. There have been strong institutional arrangements put in place at ZCO level, with the establishment of a multi-sectoral MoRES country team, strong leadership and adequate coordination of the Planning & monitoring Unit. Support from RO has been strong and consistent.

There is evidence of MoRES implementation and impact at each MoRES stage (levels 1-4) throughout all sectors however the degree to which MoRES has been utilised varies sector to sector. In particular there is tangible evidence that implementation of MoRES has helped inform policy and strategic dialogue. Equity indicators have been incorporated and analysed in the Demographic & Health Survey (DHS) completed in 2011/2012 and the National Poverty, Income, Consumption and Expenditures Survey completed in 2012. MICS 2014 is in preparation and the list of level 4 MoRES indicators has been integrated to the global MICS5 standard list of indicators.
UNICEF Zimbabwe has made great strides towards assisting the GoZ to improve their monitoring and evaluation systems in each of the sectors. Indicators and tools required for MoRES are gradually being incorporated in each programme sector approach to monitoring and evaluation. UNICEF ZCO actively promotes key elements of the MoRES approach at each level of government through the sharing of information, reports and policy dialogue, and promoting innovative approaches. MoRES has been integrated into the programme cycle from weekly planning meetings through to annual work plans and this has also allowed for creative innovation at the programme level. Progress monitoring of bottlenecks reduction is undertaken bi-annually at the mid-year review and the annual review and reported into the new RAM-VISION platform however some bottleneck indicators are also monitored through monthly reviews. MoRES monitoring indicators have been built into existing Line Ministry Management Information System (MIS) throughout most programmes.

MoRES has resulted in increased performance of the Country Programme and had produced concrete evidence of having achieved significant reduction in key bottlenecks during 2012: Specifically in 2013 UNICEF undertook an internal evaluation of the progress of MoRES. The report highlights the reduction in bottlenecks between the baseline February 2012, and end of year December 2012, as detailed in table 2 below. Through various models of transition funds and other programmes, considerable achievements were recorded in all sectors giving UNICEF significant leverage to advocate for various policy reforms. Bottleneck analysis contributed towards the following significant policy directives during the period: a Health Investment Case to push for elimination of user fees for children under five and pregnant and lactating mothers; a Food and Nutrition Policy; an Education Medium Term Strategic Plan; a Water and Sanitation Policy; adoption of a national cash transfer programme; and a pre-trial diversion programme for children in conflict with the law. These reforms have helped to create an enabling environment for reaching disadvantaged children with basic services, although it can be argued that some of these were commenced and possibly achieved prior to the introduction of MoRES.

Table 2: Analysis of reduction of selected bottlenecks by December 2012

<table>
<thead>
<tr>
<th>SRA</th>
<th>Bottleneck</th>
<th>Baseline February 2012 status</th>
<th>December 2012 status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combatting killer diseases</td>
<td>Lack of enforcement of user fee policy for pregnant women and children under 5 years.</td>
<td>Significant</td>
<td>Not Significant</td>
</tr>
<tr>
<td></td>
<td>Lack of established post for family health and child health coordinators.</td>
<td>Significant</td>
<td>Moderate</td>
</tr>
<tr>
<td></td>
<td>Stock-outs of essential commodities (ITNs), medicines and vaccines.</td>
<td>Significant</td>
<td>Not Significant</td>
</tr>
<tr>
<td></td>
<td>At health facility level, there are high vacancy levels of Doctors for correct case management.</td>
<td>Significant</td>
<td>Moderate</td>
</tr>
<tr>
<td>MTCT elimination</td>
<td>Limited male involvement in PMTCT/Paediatric HIV services has affected their ability to support their female partners.</td>
<td>Significant</td>
<td>Moderate</td>
</tr>
<tr>
<td></td>
<td>Elimination of new Paediatric infections not incorporated as one of the key result area of the performance contract at National, provincial, district.</td>
<td>Significant</td>
<td>Not Significant</td>
</tr>
<tr>
<td></td>
<td>Low capacity for initiation and provision of antiretroviral treatment for children (ART services highly centralised and dependent upon the paediatricians) and limited availability of antiretroviral treatment services for the women’s own health due to inadequate qualified human resources</td>
<td>Significant</td>
<td>Not Significant</td>
</tr>
<tr>
<td></td>
<td>Charging of direct and indirect user fees.</td>
<td>Significant</td>
<td>Not Significant</td>
</tr>
<tr>
<td></td>
<td>Long turn-around- time for feedback of EID- PCR results to mothers for their infants after DBS collection (6 weeks-2 months).</td>
<td>Significant</td>
<td>Significant</td>
</tr>
<tr>
<td>Quality education</td>
<td>There is no system in place for the (continuous) assessment of learning and for monitoring learning conditions and outcomes, resulting in lack of objective information to monitor the quality of education, identify quality-related issues, and design appropriate strategies for addressing these issues at every level.</td>
<td>Significant</td>
<td>Moderate</td>
</tr>
</tbody>
</table>
Inadequate supervision from Province to District and to school due to budget constraints, resulting in deficits in policy implementation, particularly at the local (school) level

A large proportion of schools have inadequate WASH facilities

Households have inadequate resources to meet costs of education, especially the poor, rural HH with, or headed by, orphans or guardians with low level of education

Failure by schools to meet Child-friendly School (CFS) standards

Open defecation

Standardization of sanitation technology still remains a major bottle-neck as this restricts communities to a limited menu of technologies

Availability of construction materials and skills at community level is a challenge in some areas. In most areas bricks are locally produced but in some districts, brick moulding is a challenge due to loose soils. River sand & pit sand not available in some areas while cement is rarely available in most remote rural areas.

The ‘culture’ of asking for subsidies (donor syndrome) still militates against self-reliance (even where one can afford to provide themselves with a toilet)

Replacement of full or collapsed pits remains a major challenge.

Follow up monitoring and operationalization of community plans for achieving ODF.

Juvenile justice

No provisions for formal pre-trial diversion or specialised juvenile justice system.

There is a shortage of Legal Aid Officials, Diversion and Probation Officers due to public sector freeze.

No free legal assistance for children – legal assistance is too expensive for the majority of alleged offenders.

Follow up monitoring and operationalization of community plans for achieving ODF.

In summary, ZCO have been able to report MoRES progress against all four levels of MoRES as illustrated in Table 3 below.

**Table 3: ZCO progress against MoRES levels**

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Deprivations and deprived groups identified. Mainstreamed inequality mapping throughout programmes.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 2</td>
<td>ZCO M&amp;E systems with MoRES, tools revised and guidance issued for level 2 monitoring throughout programmes.</td>
</tr>
<tr>
<td>Level 3</td>
<td>Three districts where UNICEF has multi-sectoral involvement have been identified for initial roll-out; interventions to address bottlenecks and selected appropriate indicator have been identified; baseline data has been collected. Education and WASH will build on the initial phase.</td>
</tr>
<tr>
<td>Level 4</td>
<td>Equity indicators have been incorporated and analysed in the Demographic &amp; Health Survey (DHS) completed in 2011/2012 and the National Poverty, Income, Consumption and Expenditures Survey completed in 2012. MICS 2014 is in preparation and the list of level 4 MORES indicators have been integrated to the global MICS5 standard list of indicators.</td>
</tr>
</tbody>
</table>

**Contextual Challenges**

A number of key contextual and operational issues can be highlighted as part of the Zimbabwe experience. Line ministries within the recently elected government have endorsed UNICEF’s sector-wide support, managed primarily through the Transition Funds. The GoZ five- year plan, ZimAsset, reflects the transition fund priorities within the components on social services. However challenges remain in some sectors. MoRES is presently a pilot and as such is subject to changes in the MoRES approach and framework. This has caused some confusion amongst staff in country office and resulted in understandable reluctance to advocate too strongly for MoRES throughout government until the approach is finalized.
Following on from the crisis leading up to 2009, the Zimbabwe Government is in the process of rebuilding and rehabilitating governmental systems at all levels of government and UNICEF is assisting in this capacity. Most ministries have a low capacity to undertake implementation of new systems, in particular at the district level which, in some sectors, is presently starved of funds. The weak systems and lack of capacity combined with the high need for programmes to address equity and poverty alleviation has resulted in UNICEF directly undertaking or funding much of the monitoring and evaluation presently associated with MoRES. This limits sustainable capacity development but has also provided avenues to mainstream the MoRES approach.

In the Education Sector, the focus on the three most disadvantaged districts resulted in a number of logistical challenges. Criteria for the pilot programme for school grants had originally included the selection of pilot districts located near to Harare and of medium institutional capacity. The shift to districts selected through the deprivation analysis meant undertaking the pilot in remote districts of low institutional capacity. This means fewer visits and the need for a significant increase in the scale of capacity development activities for the pilot. Some programme officers saw the focus on three districts as convergent programming rather than as an aspect of MoRES and questioned whether convergent programming should be undertaken, given the different stages of implementation for different programmes. Staff also indicated that some government officials viewed the selection of districts as ‘UNICEF districts’ which introduced challenges in explaining why these districts should be chosen over other government priorities – such as the government focus on supporting disadvantaged schools throughout Zimbabwe.

Owing to the lack of capacity at the district level there are uncertainties regarding the level to which bottleneck analysis can be easily scaled up nationwide. In many cases these challenges are exacerbated by weak communication between the top tier of government and the bottom tier. The objective of focusing the MoRES pilot on three focal districts selected via deprivation analysis emphasises the coordinated programme approach however it also presents challenges in some sectors. In particular it has resulted in logistical issues as the selected districts are located well away from Harare, which partially explains their deprivation. There are also capacity issues as in at least one sector, the selected districts are poorly staffed and equipped for piloting new initiatives.

It is sometimes difficult to draw clear boundaries around what is or is not MoRES so articulating this to others proves challenging. Consideration needs to be given to strengthening communication of MoRES with government. Programme officers find it difficult to articulate MoRES to government and why they should adopt the new paradigm. Many sectors were already undertaking MoRES work including thematic SitAn, BNA, level 3 and decentralized monitoring but were not calling it MoRES. MoRES in the region built on existing initiatives that were already MoRES-compliant. The Health section provided an early example of MoRES implementation as they had previously undertaken bottleneck analysis using MBB, the precursor to MoRES. This has helped facilitate implementation of MoRES through knowledge sharing.

In the context of scaling up nationwide initiatives there is no consensus on the districts approach. Some programmes are already fully scaled whilst others are just beginning. This presents challenges when focusing on three districts as each programme has specific pilot selection criteria and specific objectives. Piloting under a methodology of convergent programming in three districts has introduced significant challenges. There is a risk that MoRES may become too complex both for government to understand, and for programmes to implement given the limited availability of resource, particularly government resources, at each level of government. The present matrix may be too complex and too long to adapt to all sectorial programming monitoring. In the ESAR central office has allocated this as a country led exercise and hence engagement is necessarily contingent on country needs and windows of opportunity.
in the country programming cycle. These are not always predictable and so regular scheduling of support from the regional office is challenging.

**Lessons Learned**

A number of significant lessons were learned from the Zimbabwe case study: ZCO has significant achievements in a short space of time with regard to MoRES and lessons are already being learned about the nature of change that can be achieved using elements of MoRES and how this change might play out. While it will take some time for the possibilities and best practices to crystallize, many of the challenges and resource implications are already becoming clearer.

ZCO focused on strengthening existing and routine monitoring systems and using independent validation mechanisms. This has proved an excellent approach, especially for sustainability. Data collection for new indicators identified under MoRES were integrated to existing sector frameworks and mainstreamed to the performance management of the country programme. However, wherever needed, additional data collection was conducted at district level to complement existing data.

MoRES should be kept simple and practical to avoid becoming too resource intensive and or difficult to integrate into existing systems. One does not need to use the term MoRES in order to implement its concepts. Development of a communication strategy may help UNICEF staffs more easily communicate MoRES to government and partners. Generic tools should be developed as examples of MoRES best practice. A more systematic (but simple) recording system to document progress and process with regard to MoRES would facilitate organisation wide learning. The strategy for mainstreaming MoRES in existing programmes is different to the strategy of incorporating MoRES into new programmes and has also been applied differently in different sectors. It may be that a different approach to mainstreaming MoRES is required for programmes which are just beginning as opposed to those programmes which are already active at the National level. In some cases it is easier to incorporate MoRES type activities in new programmes as they can be added during the design phase. Future MoRES training should take note of this difference and give examples of each.

The concept of focal deprived districts in which to concentrate programmes has benefits. However these should be balanced against the specific needs of each programme. These include logistical needs, existing partnerships and government priorities. The compromise between obtaining quality information on bottlenecks and inherent resource and capacity restrictions needs to be appreciated. In regions where government capacity is weak, strategies for partners adopting monitoring roles need to be carefully considered.

Strong top down leadership (ZCO representative, RO and Section Chiefs) is important to the success of MoRES. Excellent coordination between HQ and RO was critical to ensure adequate guidance was provided. Establishment of a multi-sectoral MoRES team at country level allowed all sections to be trained together, supporting more consistent implementation. The RO provides support with very limited resources. Increasing the resources available to support MoRES from the RO and conduct more regular training and workshops may be one method of accelerating adoption of MoRES principles throughout the region.

There are a number of processes implicit within MoRES which need to be better understood – for example the approach to indicator identification (and frequency of review) against the ten determinants, how to deal with the issue of time sensitivity when selecting indicators; the prioritisation process with regard to bottlenecks. In particular, there needs to be greater understanding of how MoRES can be used to help partners translate controlled funds, such as the Transition Fund, where resources are largely managed by partners, to government funds and systems. In the case of Zimbabwe this is pertinent as the government moves to strengthen its systems and increase its collaboration with partners. MoRES in this context should help inform the planning process.
Part II: ANALYSIS OF THE ZIMBABWE EXPERIENCE OF MoRES

As currently understood through its application and analysis of documents, MoRES is “a conceptual framework for effective planning, programming, implementation, monitoring and managing for results to achieve desired outcomes for the most disadvantaged children.” The most recent briefing note references MoRES as “intended to enhance and sharpen country programmes of cooperation for accelerated results for the most disadvantaged children.”

The following section of the report reflects upon Zimbabwe’s experience of MoRES through the prism of seven key elements of the Monitoring Results for Equity System: (1) Situation Analysis; (2) Determinants Framework; (3) Barrier and Bottleneck Analysis; (4) Monitoring of Intermediate Outcomes; (5) Monitoring at the Appropriate Level of Decentralisation; (6) Regular Adjustment to Programming; (7) MoRES as a system. A summary of the basis for analysis of each element is included in the table. This system based analysis is followed by an assessment of the assumption associated with MoRES within this country context and a summary statement on the MoRES cause and effect chain as it presents in Zimbabwe.

This is not an assessment of the performance of the ZCO in relation to MoRES but rather an exercise to help surface issues which may require more focused consideration prior to the further roll-out of MoRES.

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4 Working Document for Internal UNICEF Colleagues: Monitoring of Results for Equity Systems (MoRES), May 25 2012
5 Briefing Note, Enhanced Programming and Results through Monitoring Results for Equity Systems (MoRES), February 2013
6 A model of the MoRES approach containing ten elements has been agreed with the Evaluation Office and is recorded in a Working Paper on MoRES submitted by the Evaluation Team in January 2014. Two of these elements (the focus on equity and the focus on key deprivations are organisation wide issues and are not explored within each case study; the tenth element (national ownership and scale up) is treated within the assumptions section of the analysis below. The approach is explained more fully within the Formative Evaluation of MoRES: Final Report.
## (a) MoRES SYSTEM ANALYSIS

<table>
<thead>
<tr>
<th>Elements</th>
<th>Basis of Analysis</th>
<th>Findings and Conclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. SITUATION ANALYSIS</strong></td>
<td>The theory underpinning the situation analysis (as influenced by MoRES) is that it should (1) involve a refocus on equity and (2) a focus on key deprivations if the most disadvantaged children are to be identified. Further, (3) the situation analysis should identify the causes and consequences of deprivations. Conceptual issues/challenges relate to (1) questions over whether equity is consistently defined, (2) the robustness of the tools and evidence base which inform the analysis, (3) prioritisation in situations of multiple deprivation (4) the extent to which there is buy-in to the approach as a joint exercise and (5) the appropriate level of decentralisation for situation analysis.</td>
<td><strong>Findings from Zimbabwe:</strong> For the ZCO, the focus on equity was already very prominent. Some sectors like Health were already undertaking MoRES work including thematic SitAn, BNA, level 3 monitoring and decentralized monitoring but were not calling it MoRES. MoRES in the region built on existing initiatives that were already included key MoRES concepts and approaches such as Diagnose Intervene Verify Adjust (DIVA), Health for the Poorest Populations (HPP), Health 4+ (H4+), Integrated Community Case Management (ICCM) with nutrition and new-born package. Therefore the ZCO has focused its attention on assisting government to develop its monitoring systems to incorporate MoRES attributes to help identify bottlenecks, undertake deprivation analysis and equality gaps and to measure progress towards outcomes in representative areas or groups. As a result, five SRAs were selected based on the evidence of the SitAn 2005-2010 and equity studies completed in 2011. Prior to the introduction of MoRES the CO was already implementing interventions in the selected SRAs. A robust process was used to undertake deprivation analysis and identify bottleneck indicators to monitor. Deprivation analysis was undertaken during the second half of 2012. Districts were assessed on a selected group of indicators to identify the poorest and most underprivileged regions. As a result, the three most disadvantaged districts were identified for accelerating equitable results in child survival, development and protection. Stakeholders including government were involved and as a result by the end of 2012, most UNICEF ZCO programme guidance (including SitAn, MTR and Annual Review guidelines) had been revised to explicitly include MoRES and reference to the regions of deprivation identified. There is, however, evidence that this exercise was not truly jointly owned. For example in the education sector identified districts were known as ‘UNICEF districts’. Provincial and districts data collection, profile analysis and monitoring were performed in order to identify context specific bottlenecks and address disparities issues in most disadvantaged areas. The deprivation analysis was conducted at the district level which was appropriate in the context of Zimbabwe as this is the lowest administrative region recognized by the government of Zimbabwe and is the level at which most studies such as household surveys, population census and poverty analysis are undertaken. Recent poverty analysis in Zimbabwe has identified significant variations at the district level. <strong>Conclusions:</strong> A focus on equity and regions of deprivation was evident in most programmes operational in Zimbabwe prior to the introduction of MoRES. At least two sectors were using methodologies similar to MoRES. However, MoRES has been instrumental in standardizing the approach to bottleneck analysis throughout all SRAs, encouraging the piloting and institutionalization of robust tools to help identify and monitor bottlenecks and encouraging programme focus on areas of deprivation which can help identify areas of synergy between different programme areas. In general UNICEF ZCO views partnerships as a key element of success, access and scale-ability and so involved partners and government early in the process from the point of situation and deprivation analysis.</td>
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### 2. Determinants Framework

**The theory underpinning** the determinants framework is that (1) both service delivery and enabling environment factors need to be tackled to reach the most disadvantaged children and that (2) the framework of ten determinants has generic application across all sectors and (3) represents the necessary conditions for outcomes to be achieved.

**Conceptual issues/challenges** relate to (1) the number of determinants, specifically whether the ten determinants cover all relevant factors sustaining deprivation and (2) the difficulties in identifying indicators which enable the measurement of determinants in a consistent way.

**Findings from Zimbabwe:** The ZCO has applied the ten determinants framework across a range of sectors at both the country level and at the district level in the context of level 3 monitoring to identify barriers and bottlenecks. The matrix of bottleneck indicators was drafted largely from existing documents including SITAN, CPD, CPAP, Transition Funds project documents, Equity Study, Evaluations, Surveys and Operational Researches and reviewed by a technical team for each SRA. Although all ten determinants were identified in each sector at global level, similar assessments are continuously conducted at district level in the context of level 3 monitoring to identify barriers and bottlenecks that are highly influenced by local characteristics. In order to achieve this, ZCO has adapted the field monitoring report template from UNICEF Headquarters to include reporting on results and bottlenecks. ZCO believe the determinants framework was a good tool to ensure all areas of possible bottlenecks were considered however the relevance of each determinant area varied for each SRA. Therefore major determinants and tracer indicators were prioritised using the following method. For each of the ten determinants, bottlenecks were prioritized according to their “relative contribution” through an easy to understand classification using the traffic light approach: very significant (red); significant (yellow) or not significant currently (green) as it was felt that this would help in prioritizing program strategies. Further refinements to the matrix were made when Section Chiefs made presentations to the Research and Evaluation Committee (REC). M&E Plan of Actions were developed, Stakeholders including Government were engaged, followed by implementation and tracking and reporting was implemented.

**Conclusions:** The Zimbabwe experience of implementing determinants framework has provided good evidence of the applicability of this approach across a range of sectors. The MoRES determinants framework has been a useful tool for helping to ensure all possible aspects of bottleneck analysis are considered. ZCO have incorporated a process to help ensure that local characteristics are considered when monitoring indicators. However the approach to indicator identification (and frequency of review) against the ten determinants, how to deal with the issue of time sensitivity when selecting indicators and the prioritization process with regard to bottlenecks need to be better understood. It was believed that the elements of MoRES were already accommodated in SRA monitoring frameworks and that it was difficult to differentiate MoRES from existing results monitoring and risk analysis. Explaining the MoRES framework of ten main determinant themes to stakeholders proved difficult and required time and training tools. If MoRES had been kept simpler it would have possibly accelerated implementation and increased buy-in and adoption. In most sectors, implementation of MoRES has not caused a dramatic shift as programme offices indicated that they had previously considered bottleneck indicators when evaluating progress. However MoRES has helped to focus on risk analysis and institutionalise the process of bottleneck analysis and monitoring.
3. BARRIER AND BOTTLENECK ANALYSIS

The theory underpinning bottleneck and barrier analysis is that (1) the strength of any system is determined by the strength of a minimum factor, that (2) similar interventions share the same bottlenecks such that “tracer” interventions can be monitored to measure the performance (by proxy) of other interventions, (3) if bottlenecks for the most disadvantaged are not addressed, it is likely that the situation of the most marginalised will worsen relative to the wider population over time and (4) the analysis of bottlenecks and barriers will lead to the identification of evidence based strategies and innovations to overcome them.

Conceptual issues/challenges relate to (1) the quality of data sources, (2) uncertainty as to whether bottlenecks are generalizable, (3) whether bottlenecks may mask deeper bottlenecks and (4) difficulties in identifying solutions.

Findings from Zimbabwe: ZCO undertakes bottleneck analysis on an ongoing basis and has employed tools such as the traffic light system to help ensure that bottlenecks can be easily prioritized according to their “relative contribution”. In addition, as noted above, although all ten determinants were identified in each sector at global level, similar assessments are continuously conducted at district level in the context of level 3 monitoring to identify barriers and bottlenecks that are highly influenced by local characteristics. ZCO are incorporating the concept of tracers as part of their implementation of MoRES - twenty tracer indicators have been selected on the basis of the SRAs and the determinants, although there is no evidence to date on how representative the selected tracers are. Wherever feasible bottlenecks are monitored through existing government systems – for example, MoRES monitoring indicators have been built into existing Line Ministry Management Information System (MIS) throughout most sector programmes. However owing to a lack of resources at the lower levels of government, ZCO has incorporated monitoring of bottleneck indicators into the monthly monitoring process. This helps to ensure quality data which can be cross referenced against that derived from government systems and also allows for constant evaluation of the bottlenecks themselves. This helps to ensure that if bottlenecks are hidden or masked, they can be eventually identified. Provincial and districts data collection, profile analysis and monitoring have helped identify context specific bottlenecks. In addition, MoRES has been integrated into the programme cycle from annual work plans to weekly planning meetings to Programme Management Team and Country Management Team meetings. In doing so, ZCO has also allowed for creative innovation at the programme level which helps drive a flexible approach to addressing bottlenecks. Progress monitoring of bottlenecks reduction is undertaken through monthly reviews, bi-annually at the mid-year review and the annual review and reported into the new RAM-VISION platform.

As a result, there is strong evidence that MoRES has resulted in increased performance of the Country Programme having achieved significant reduction in bottlenecks during 2012. In 2013 UNICEF undertook an internal evaluation of the progress of MoRES. The report highlights the reduction in bottlenecks between the baseline February 2012, and end of year December 2012. Through various models of transition funds and other programmes, considerable achievements were recorded in all sectors giving UNICEF significant leverage to advocate for various policy reforms. Bottleneck analysis contributed towards the following significant policy directives during the period: a Health Investment Case to push for elimination of user fees for children under five and pregnant and lactating mothers; a Food and Nutrition Policy, an Education Medium Term Strategic Plan; a Water and Sanitation Policy; adoption of a national cash transfer programme; a pre-trial diversion programme for children in conflict with the law. These reforms have helped to create an enabling environment for reaching disadvantaged children with basic services, although it can be argued that some of these were commenced and possibly achieved prior to the introduction of MoRES.

There is good evidence of engagement of UN partners with the principles of bottleneck analysis. UNDP has embraced the concept of bottleneck analysis and the determinant approach and has incorporated main bottleneck indicators in the Accelerated Action Plan for MDG2 for Zimbabwe focusing on completion rates for primary education for both girls and boys. Joint UN support has been provided by UNDP, UNICEF and UNESCO to the Ministry of Education to develop a sector wide strategic plan from 2011 to 2015 to help achieve the goals of MDG2 regarding 100% completion rate using the bottleneck analysis approach.

Conclusions: The Zimbabwe experience of implementing barrier and bottleneck analysis - coupled with the evaluation report of the process - has provided strong evidence of the value of this approach across a range of sectors. MoRES bottleneck indicators have been incorporated into government systems however to compensate for low resources at the district level,
UNICEF has also incorporated monitoring of bottleneck indicators into monthly monitoring tools. This has helped to identify context specific bottlenecks and hidden bottlenecks which otherwise would not have been apparent. This has resulted in significant reduction of identified bottlenecks, although the extent to which these are representative of the broader functioning of the system (i.e. the appropriateness of the selected tracer indicators) is not yet apparent.

### 4. MONITORING OF INTERMEDIATE OUTCOMES

| Conceptual issues/challenges | Findings from Zimbabwe: The ZCO has actively promoted the integration of MORES into regular monitoring processes. MoRES has been integrated into the programme cycle from weekly planning meetings through to annual work plans and in doing so has also allowed for creative innovation at the programme level. Progress monitoring of bottlenecks reduction is undertaken bi-annually at the mid-year review and the annual review and reported into the new RAM-VISION platform and some bottleneck indicators are also monitored through monthly reviews. Where possible, indicators required as part of level 3 have been incorporated into existing Line Ministry Management Information Systems (MIS), especially for Health, Education and WASH, and the information system of CCORE. These are collected during ministry data collection cycles which vary sector to sector. Monthly data collected through field monitoring is compared with data derived through government systems and this allows for frequent update to data which otherwise would be static for longer durations. The main challenge has been the development of government capacity to undertake monitoring with the required regularity and to adopt the tools required for increased real-time monitoring. Government resources at the district level are presently sparse and so even with the utilisation of government resources, real time monitoring must still be undertaken either with the support of programme funds or through UNICEF monitoring processes and monitoring tools and processes are being tailored to match government capacity. This is gradually changing as government systems and resources are strengthened. In most sectors, implementation of MoRES has not caused a dramatic shift as programme offices indicated that they had previously considered bottleneck indicators when evaluating progress. However, as noted above, MoRES has helped to focus on risk analysis and institutionalise the process of bottleneck analysis and monitoring. |
| Conceptual issues/challenges | Conclusions: ZCO works upon an effective model whereby data for the monitoring of bottleneck indicators is mainly collected through government systems at the national level. This data is enhanced and made relevant, timely and contextualized through comparison with data collected monthly at the district, community and institutional level. Data collected in this way is largely collected and managed through UNICEF and programme resources with a gradual shift to district government and institutions as capacity is strengthened. |

**The theory underpinning the monitoring of intermediate outcomes is that (1) they represent the missing link between outputs and outcomes, (2) data gathering at this level can inform timely corrective action with regard to programme implementation as well as (3) help document what works.**

**Conceptual issues/challenges** relate to (1) identification of appropriate indicators, (2) how often data should be gathered, (3) challenges associated with the use of specific tools for more real-time monitoring.

7 UNDP 2012: APP Matrix pp 29-36
The theory underpinning the monitoring at appropriate level of decentralisation is that (1) deprivation patterns are contextually specific, (2) local level planning must be based on local level needs, (3) local data can be a useful basis for advocacy for local level decision making and empowerment. However, (4) some bottlenecks are best addressed at central level. (5) Partnership in general and the use of government systems in particular is a key consideration.

Conceptual issues/challenges relate to:
(1) the level of decentralisation which is most appropriate since for example context may vary at levels lower than district,
(2) the weakness of data collection systems at local level, (3) capacity for data analysis and (4) potential de-link between data access and decision making.

Findings from Zimbabwe: The ZCO has actively rolled out our MoRES at the district level through identification of three high priority districts. This work has validated the assertion that deprivation patterns are contextually specific and that local level planning needs to be based on local level needs. However, the coordinated programme approach undertaken in the deprivation analysis and selection of three MoRES pilot districts has caused issues for some programmes entering pilot phase. In particular the selected districts are difficult to reach and, being poor, have relatively low capacity in terms of staffing and resources so this has added to the challenges in obtaining good data and utilising it in decision making. Scaling pilot programmes to national level and maintaining the intensive real time monitoring preferred under MoRES is also challenging. Ultimately there is a risk that MoRES may become too complex both for government to understand, and for programmes to implement given the presently limited availability of resources, particularly government resources, at each level of government.

Conclusions: District level capacity to capture and utilise data for decision making in Zimbabwe are generally weak. ZCO, as part of each sector programme, is applying a strong focus to rebuilding and strengthening government systems, particularly in the regions identified as deprived and at the district level, which should go a long way to addressing the shortcomings in the present government systems of data collection and utilisation. Presently UNICEF is compensating for a lack of resources at the district level by adapting UNICEF and programme monitoring tools to obtain monthly data on bottleneck indicators and comparing data captured through national systems on a less frequent basis.
6. REGULAR ADJUSTMENTS TO PROGRAMMING

The theory underpinning regular adjustment to programming is that (1) bottlenecks are dynamic and so timely adjustments to strategic responses are needed, (2) adjustment means that programmes can be more aligned to current needs and progress and so support (3) results based management supported by robust evidence.

Conceptual issues/challenges relate to (1) the need for commitment from multiple actors on the basis of (2) consensus on corrective actions, (3) the need for resources to fund corrective actions, and (4) uncertainty over periodicity of programme adjustment.

Findings from Zimbabwe: Bottleneck indicators are discussed during the quarterly Monitoring and evaluation Committee (REC) and Quarterly reviews of programme implementation with government. MoRES is well integrated into MTR and AWIP and the annual CDP. UNICEF has also introduced the concept of the bottleneck approach into ZUNDAF for the monitoring of social sectors. A summary report is produced for PMT every month in which the most challenging bottlenecks are reviewed. For example, using these reports, it was found that although textbooks had been delivered to all schools and 99 per cent of pupils had access, some schools were charging for access to textbooks which was inadvertently increasing the burden on parents to fund education. Collectively, these reports are the main mechanisms for incorporating bottleneck analysis in to ongoing programming through feedback loops to continuously influence policy and programming.

The 2013 evaluation of the progress of MoRES highlights the reduction in bottlenecks between the baseline February 2012, and end of year December 2012. Through various models of transition funds and other programmes, considerable achievements were recorded in all sectors giving UNICEF significant leverage to advocate for various policy reforms. Bottleneck analysis contributed towards the following significant policy directives during the period: Health Investment Case to push for elimination of user fees for children under five and pregnant and lactating mothers; Food and Nutrition Policy, Education Medium Term Strategic Plan; Water and Sanitation Policy, adoption of the national cash transfer programme; The pre-trial diversion programme for children in conflict with the law. These reforms have helped to create an enabling environment for reaching disadvantaged children with basic services although it can be argued that some of these were commenced and possibly achieved prior to the introduction of MoRES.

ZCO have adopted a participatory approach to bottleneck analysis and has involved both government and development partners in analysis of bottlenecks and in determining an approach to corrective action. This has helped to ensure a commitment from multiple actors.

Conclusions: The ZCO approach to embedding MoRES in to regular monitoring systems constitutes a good example of mainstreaming MoRES in to programming. This approach has also allowed for timely adjustments to programmes if and when required in order to address bottlenecks identified. The is compelling evidence that this approach has produced results in both reducing bottlenecks and facilitating feedback loops in to continuously influence policy and programming. Government and key strategic partners are heavily involved in reaching consensus on all decisions, which is seen as critical to ensuring corrective measures are implemented and sustainable.
7. MoRES AS A SYSTEM

<table>
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<th>Theory underpinning MoRES</th>
<th>Findings from Zimbabwe</th>
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<td>MoRES is that (1) the four level system allows multiple entry points, (2) each level informs the next and is informed by the preceding level, (3) the system is flexible in terms of where to start.</td>
<td>UNICEF Zimbabwe was an early adopter of MoRES and has engaged actively and dynamically from the outset; leadership has been highly supportive and there has been space provided for trial and error. ZCO have gained significant momentum in adopting/adapting and systematically and incrementally applying MoRES principles to their programmes, mainly in the areas of situation analysis, greater investments in the real time monitoring and as a tool for policy dialogue and programme review. The ZCO has made great strides towards assisting the GoZ to improve their monitoring and evaluation systems in each of the sectors. Indicators and tools required for MoRES are gradually being incorporated in each programme sector approach to monitoring and evaluation. The ZCO actively promotes key elements of the MoRES approach at each level of government through the sharing of information, reports and policy dialogue, and promoting innovative approaches. In the context of scaling up nationwide initiatives there is not yet consensus on the value of the districts approach. Some programmes are already fully scaled whilst others are just beginning. This presents challenges when focussing on three districts as each programme has specific pilot selection criteria and specific objectives. Piloting under a methodology of convergent programming in three districts has introduced significant challenges.</td>
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<td>Conceptual issues/challenges relate to (1) clarity over what each level involves, (2) whether MoRES can be effective if less than all levels are applied and (3) how MoRES maps onto the programme cycle, including evaluation.</td>
<td>Concepts remain about the best way to implement MoRES through a district/national approach and there have been challenges around implementing convergent programming methods. It is likely that MoRES can be effective if applied in specific districts and impacts can be monitored using monitoring tools applied at the district and below (level 1, level 2 and level 3). The impact of MoRES in this case is likely to be greater in a system where financial systems and decision making have been decentralized and changes can be sustained at the district level. However for scaling up to the national level is essential to properly and consistently monitor the impact of initiatives throughout the country and over time and also to help ensure best practice in bottleneck analysis can be replicated throughout the country.</td>
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Conclusions: There is evidence of MoRES implementation and impact at each of the four MoRES levels throughout all sectors though the degree to which MoRES has been utilised varies sector to sector. In particular there is tangible evidence that implementation of MoRES has helped address (and reduce) key bottle necks and inform policy and strategic dialogue. Conceptual issues remain about the best way to implement MoRES through a district/national approach and there have been challenges around implementing convergent programming methods. It is likely that MoRES can be effective if applied in specific districts and impacts can be monitored using monitoring tools applied at the district and below (level 1, level 2 and level 3). The impact of MoRES in this case is likely to be greater in a system where financial systems and decision making have been decentralized and changes can be sustained at the district level. However for scaling up to the national level is essential to properly and consistently monitor the impact of initiatives throughout the country and over time and also to help ensure best practice in bottleneck analysis can be replicated throughout the country.
**8. ASSUMPTIONS ANALYSIS**

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<th>Assumptions</th>
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<td><strong>(1)</strong> Consistency of equity definition</td>
<td><strong>Findings in Zimbabwe:</strong> The ZCO case study has validated a number of the key assumptions listed. Perhaps most fundamentally, there is compelling evidence that the implementation of MoRES has reduced bottlenecks across a range of sectors and as such does provide some initial proof of concept. Similarly, the application of the determinants framework across a range of sectors has shown some significant utility and has allowed bottlenecks to be identified and targeted. The ZCO case study did highlight some key assumptions which are potentially problematic. For example, the assumption that capacity exists at decentralised level to adequately implement MoRES has proved to be a critical issue especially in relation to areas that have been very hard to reach and where capacity has been quite low. Similarly, the assumption that evidence-based decisions can be taken at the appropriate level of decentralisation has also proved to be problematic. Here the ongoing issues relating to district versus national level monitoring and programming have not been fully resolved. A number of assumptions have not been adequately tested through this case study. Specifically, there is not yet enough evidence to validate the assumption on the cost-effectiveness of an equity-focused approach — although this could be explored more fully in future studies.</td>
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<td><strong>(2)</strong> Cost-effectiveness of an equity-focused approach</td>
<td><strong>Conclusions:</strong> The ZCO has implemented a very comprehensive pilot of MoRES. In doing so it has validated some (through by no means all) of the key assumptions raised in the conceptual analysis. The most compelling of these is the evidence to support emerging proof of concept around bottleneck reduction. It has also highlighted a number of assumptions that are potentially problematic — in particular the issue if local level capacity in the most impoverished areas to adequately engage in MoRES approaches and the challenges of piloting new and complex initiatives in difficult to reach, disadvantaged areas which often have low absorptive capacity.</td>
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<td><strong>(3)</strong> Data accuracy with regard to deprivations</td>
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<td><strong>(4)</strong> Focus on key deprivations is a targeting approach that is acceptable to partners</td>
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<td><strong>(5)</strong> Determinants framework is robust</td>
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<td><strong>(6)</strong> Staff and partners have capability to apply the framework</td>
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<td><strong>(7)</strong> Data accuracy with regard to bottlenecks</td>
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<td><strong>(8)</strong> Analysis will identify true bottlenecks</td>
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<td><strong>(9)</strong> Resource availability</td>
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<td><strong>(10)</strong> Tracer interventions can be identified as useful proxies and indicators for these are time sensitive</td>
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<td><strong>(11)</strong> Capacity exists at decentralised level for intermediate outcome monitoring</td>
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<td><strong>(12)</strong> Evidence-based decisions can be taken at the appropriate level of decentralisation</td>
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<td><strong>(13)</strong> Resources and political will are sufficient to scale up the approach</td>
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<td><strong>(14)</strong> Proof of concept emerges over time: evidence shows that the approach does progressively reduce bottlenecks</td>
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(c) SUMMARY: MoRES CAUSE AND EFFECT CHAIN IN ZIMBABWE

This final section of the report aims to summarise the Zimbabwe country experience in relation to the *Cause and Effect Chain* modelled in the diagram below (taken from the working paper supporting the overall evaluation) and to unpack each box in relation to the Zimbabwe experience:

The overall causality/pathway of change for MoRES at the country level can be summarized as follows:

MoRES is an attempt to look at UNICEF programmatic and policy work from an equity and deprivation perspective. It is a complex system, dynamic and emergent across multiple sectors and contexts. It comprises multiple components including four levels and a feedback loop that are intended to be applicable across programme sectors and policy work. The levels of MoRES are intended to be closely linked – each level provides information for monitoring at the next level and at the same time assesses/validates actions of the preceding level to allow for timely adjustments and refinements in programme strategies. A key element is the iterative process of real time monitoring and continuous feedback loop which allows for real time intervention adjustment. In addition, principles and tools/methods need to be applied including the bottleneck analysis framework, for MoRES to function. To ensure maximum impact, sustainability and ownership, MoRES should be integrated into national systems. Thus results are dependent on an adequately resourced and capacitated MoRES approach at appropriate levels of UNICEF and the National Government.

In the case of Zimbabwe, and with regard to the cause and effect chain, the following inputs, activities, outputs and emergent outcomes of the MoRES application are as follows:

1. **UNICEF ZCO uses tools and methods to support identification, monitoring and targeting of most disadvantaged children**

   For the ZCO, the focus on equity was already very prominent. Some sectors like Health were already undertaking MoRES work including thematic SitAn, BNA, L3M and decentralized monitoring but were not calling it MoRES. MoRES in the region built on existing initiatives that were already MoRES-compliant such as Diagnose Intervene Verify Adjust (DIVA), Health for the Poorest Populations (HPP), Health 4+ (H4+), Integrated Community Case Management (ICCM) with nutrition and new-born package. Therefore the ZCO has focused its attention on assisting government to develop its monitoring systems to incorporate MoRES.
attributes to help identify bottlenecks, undertake deprivation analysis and equality gaps and to measure progress towards outcomes in representative areas or groups. These efforts have provided a set of emergent data on the proof of concept around many of the main elements of MoRES.

2. MoRES is adequately resourced, capacitated and supported at all levels of UNICEF and Government

The ZCO has made been very active in implementing MoRES and has invested significantly in promoting MoRES approaches across a range of sectors and embedding MoRES approaches in its day to day activities. These efforts have provided a set of emergent data on the proof of concept around many of the main elements of MoRES. The ZCO has played a role in ensuring development of a systematic bottleneck analysis of strategic results for children. This has resulted in regular focus on L3 monitoring of reduction of challenging barriers to child survival and protection and better informed decision making. However in many cases, government presently lacks the capacity to undertake new forms of monitoring which results in challenges in institutionalising processes and methods. Ultimately there is a risk that MoRES may become too complex both for government to understand, and for programmes to implement given the presently limited availability of resources, particularly government resources, at each level of government.

3. Stakeholders do not oppose equity focusing

In general UNICEF ZCO views partnerships as a key element of success, access and scalability. It has worked hard to engage stakeholders in implementing MoRES and get their ownership of key concepts including equity. UNICEF has introduced the concept of the bottleneck approach into Zimbabwe United Nations Development Assistance Framework (ZUNDAF) for the monitoring of social sectors. The UNDP has embraced the concept of bottleneck analysis and the determinants approach and has incorporated some of the main bottleneck indicators in the Accelerated Action Plan for MDG2 to focus on completion rates for primary education for both girls and boys. Joint UN support has been provided by UNDP, UNICEF and UNECSO to the Ministry of Education to develop a sector wide strategic plan from 2011 to 2015 to help achieve the goals of MDG2 regarding 100% completion rate using the bottleneck analysis approach. Other partners in these processes included DFID, USAID and World Bank. Partnership have also been established with ZimSTAT and private firms to implement regular data collection for analysis of L3 bottlenecks using NGOs via the school survey and school vulnerability survey amongst other means.

4. MoRES tools are well conceived and context specific

ZCO have gained significant momentum in adopting/adapting and systematically and incrementally applying MoRES principles to its programmes, mainly in the areas of situation analysis, greater investments in the real time monitoring and as a tool for policy dialogue and programme review. The ZCO has made great strides towards assisting the GoZ to improve their monitoring and evaluation systems in each of the sectors. Indicators and tools required for MoRES are gradually being incorporated in each programme sector approach to monitoring and evaluation. The ZCO actively promotes key elements of the MoRES approach at each level of government through the sharing of information, reports and policy dialogue. In the context of scaling up nationwide initiatives there is not yet consensus on the value of the districts approach. Some programmes are already fully scaled whilst others are just beginning. Many of UNICEF ZCO programmes involve complex partnerships and were already undergoing implementation at the national level at the time of introduction of MoRES. UNICEF view it as highly risky to introduce new ‘top down’ UN brand change to well-established partner and government sector Planning and M&E systems. In these cases UNICEF ZCO has been introducing the bottleneck analysis language but not the new ‘brand’ name. There are a number of processes implicit within
MoRES which need to be better understood – for example the approach to indicator identification (and frequency of review) against the ten determinants, how to deal with the issue of time sensitivity when selecting indicators; the prioritisation process with regard to bottlenecks. In particular, there needs to be greater understanding of how MoRES can be used to help partners translate controlled funds, such as the Transition Fund, where resources are largely managed by partners, to government funds and systems. In the case of Zimbabwe this is pertinent as the government moves to strengthen its systems and increase its collaboration with partners. MoRES in this instance should help inform the planning process.

5. MoRES enables effective equity focused targeting of the national programme

Scaling pilot programmes to national level and maintaining the intensive real time monitoring proposed under MoRES is challenging. However the recent (2013) internal evaluation of the progress of MoRES does provide some compelling evidence of how national policies have been influenced by MoRES approaches. Specifically, the report highlights the reduction in key bottlenecks between the baseline February 2012, and end of year December 2012. Through various models of transition funds and other programmes, considerable achievements were recorded in all sectors giving UNICEF significant leverage to advocate for various policy reforms which had prioritized equity focused targeting. In addition there is evidence that bottleneck analysis contributed towards the following significant policy directives during the period: a Health Investment Case to push for elimination of user fees for children under five and pregnant and lactating mothers; a Food and Nutrition Policy; an Education Medium Term Strategic Plan; a Water and Sanitation Policy; adoption of a national cash transfer programme; and a pre-trial diversion programme for children in conflict with the law. These reforms have helped to create an enabling environment for reaching disadvantaged children with basic services, although it can be argued that some of these were commenced and possibly achieved prior to the introduction of MoRES.

6. MoRES mainstreamed in UNICEF assistance

ZCO has put strong Institutional arrangements in place with the establishment of a multi-sectoral MoRES country team, strong leadership and adequate coordination by the Planning & Monitoring Unit. There is evidence of MoRES implementation at each of the MoRES stages (levels 1-4) throughout all sectors, although the degree to which MoRES has been utilised varies sector to sector. The ZCO has actively promoted the integration of MORES into regular monitoring processes and MoRES has been integrated into the programme cycle from weekly planning meetings through to annual work plans and so has also allowed for creative innovation at the programme level. Progress monitoring of bottlenecks reduction is undertaken bi-annually at the mid-year review and the annual review and reported into the new RAM-VISION platform and some bottleneck indicators are also monitored through monthly reviews.

7. Government programmes effectively target disadvantaged children through MoRES

Most GoZ government offices are in the process of rebuilding and regenerating their capacity, in particular at the district level. UNICEF is supporting these efforts by managing funding and technical support to government to strengthen national monitoring information systems and to evaluate programmes. Through this support, UNICEF CO has been able to integrate and embed certain aspects of MoRES, particularly bottleneck analysis and results-based monitoring, into government systems. The sector programmes also strongly emphasize the rebuilding and strengthening of government systems, particularly data systems relevant to monitoring of MoRES and other key planning functions, and considerable resources are being devoted to this cause.
8. Government adopts improved equity targeting through MoRES

Most GoZ government offices are in the process of rebuilding and regenerating their capacity, in particular at the district level. UNICEF is supporting these efforts by managing funding and technical support to government to strengthen national monitoring information systems and to evaluate programmes. Through this support, the government has integrated certain aspects of MoRES, particularly bottleneck analysis and results-based monitoring. The ZCO has actively assisted the GoZ in relation to improve their monitoring and evaluation systems in each of the sectors. Indicators and tools required for MoRES are gradually being incorporated in each programme sector. The ZCO actively promotes key elements of the MoRES approach at each level of government through sharing information, reports and policy dialogue. Where possible, data sources for evaluating MoRES indicators have been built into existing Line Ministry Management Information Systems (MIS), including Health, Education and WASH, the Education Management Information System (EMIS) and the development and implementation of real time monitoring approaches at district level.

9. Better services for disadvantaged children:

There is some evidence that MoRES has resulted in increased performance of the Country Programme having achieved significant reduction in bottlenecks during 2012. In 2013 UNICEF undertook an internal evaluation of the progress of MoRES. The report highlights the reduction in bottlenecks between the baseline February 2012, and end of year December 2012. Through various models of transition funds and other programmes, considerable achievements were recorded in all sectors giving UNICEF significant leverage to advocate for various policy reforms. Bottleneck analysis contributed towards the following significant policy directives during the period: a Health Investment Case to push for elimination of user fees for children under five and pregnant and lactating mothers; a Food and Nutrition Policy, an Education Medium Term Strategic Plan; a Water and Sanitation Policy; adoption of a national cash transfer programme; a pre-trial diversion programme for children in conflict with the law. These reforms have helped to create an enabling environment for reaching disadvantaged children with basic services, although it can be argued that some of these were commenced and possibly achieved prior to the introduction of MoRES. Evidence of actual better services for disadvantaged children is yet to appear as the final stage in the proof of MoRES concept.

In summary: The ZCO has been very active in implementing MoRES and has invested significantly in promoting MoRES approaches across a range of sectors and embedding MoRES approaches in its day to day activities. These efforts have produced emergent proof of concept data around many of the main elements of MoRES. The ZCO has played a role in ensuring development of a systematic bottleneck analysis of strategic results for children. This has resulted in regular focus on level 3 monitoring of reduction of challenging barriers to child survival and protection and better informed decision making. The government presently lacks the capacity to undertake new forms of monitoring which results in challenges in institutionalising processes and methods. Most Zimbabwean government offices are in the process of rebuilding and regenerating their capacity, in particular at the district level. UNICEF is supporting these efforts by providing funding and technical support to government to strengthen national monitoring information systems and to evaluate programmes. Through this support, UNICEF has actively promoted key elements of the MoRES approach at each level of government through sharing information, reports and policy dialogue, particularly bottleneck analysis and results-based monitoring. The sector programmes also strongly emphasize the rebuilding and strengthening of government systems, particularly data systems relevant to monitoring of MoRES and other key planning functions, and considerable resources are being devoted to this cause.
Scaling pilot programmes to national level and maintaining the intensive real time monitoring preferred under MoRES is challenging. However the recent (2013) internal evaluation of the progress of MoRES does provide some compelling evidence of how national policies have been influenced by MoRES approaches. Specifically, the report highlights the reduction in key bottlenecks between the baseline February 2012, and end of year December 2012. Through various models of transition funds and other programmes, considerable achievements were recorded in all sectors giving UNICEF significant leverage to advocate for various policy reforms which had prioritized equity focused targeting. In addition there is evidence that bottleneck analysis contributed to a number of significant policy directives during the period. These reforms have helped to create an enabling environment for reaching disadvantaged children with basic services, although it can be argued that some of these were commenced and possibly achieved prior to the introduction of MoRES. Progress to date is, however, still fragile and there remains a concern that MoRES may become too complex both for government to understand, and for programmes to implement given the presently limited availability of resources, particularly government resources, at each level of government. UNICEF ZCO is very aware that it will need to continue to navigate this complex space with great caution. As MoRES is validated and matures, aspects of MoRES will continue to be mainstreamed into government systems at all levels and wherever possible.
FORMATIVE EVALUATION OF UNICEF’S MONITORING RESULTS FOR EQUITY SYSTEM (MoRES)

Democratic Republic of the Congo Country Report
Final Draft
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MAY 2014
Acknowledgements

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While the insights of everyone interviewed have been vital to shaping this report, the contents are entirely the responsibility of the case study team.
### Acronyms

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<tr>
<th>Acronym</th>
<th>Definition</th>
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<tr>
<td>C4D</td>
<td>Communication for Development Section</td>
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<tr>
<td>CAP</td>
<td>Country Action Plan</td>
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<td>CO</td>
<td>Country Office</td>
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<td>COMIT</td>
<td>Country Office Management and Innovation Team</td>
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<td>CPAP</td>
<td>Country Programme Action Plan</td>
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<td>CPD</td>
<td>Country Programme Document</td>
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<td>DHS</td>
<td>Demographic and Health Survey</td>
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<td>DRC</td>
<td>Democratic Republic of the Congo</td>
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<td>DROPS</td>
<td>Deputy Representatives Operations</td>
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<td>EMOPS</td>
<td>UNICEF’s Office of Emergency Programs</td>
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<td>ESARO</td>
<td>Eastern and Southern Africa</td>
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<td>EU</td>
<td>European Union</td>
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<tr>
<td>FOSA</td>
<td>Formation Sanitaire (Health Centre)</td>
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<td>HPM</td>
<td>Humanitarian Performance Monitoring</td>
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<td>IR</td>
<td>Intermediate Result</td>
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<td>LOAS</td>
<td>Lot Quality Assurance Sampling</td>
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<tr>
<td>MAA</td>
<td>Monitorage Amélioré pour l’action (Improved Monitoring for Action)</td>
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<td>MDG</td>
<td>Millennium Development Goals</td>
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<td>MICS</td>
<td>Multiple Indicator Cluster Survey</td>
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<td>MoH</td>
<td>Ministry of Health</td>
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<td>MoRES</td>
<td>Monitoring Results for Equity System</td>
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<td>MTR</td>
<td>Mid-Term Review</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organisation</td>
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<tr>
<td>PIE</td>
<td>Plan Intérimaire de l’Education</td>
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<td>RMT</td>
<td>Regional Management Team</td>
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<td>RO</td>
<td>Regional Office</td>
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<tr>
<td>S&amp;E</td>
<td>Suivi et Evaluation (monitoring and evaluation)</td>
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<tr>
<td>SitAn</td>
<td>Situation Analysis</td>
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<tr>
<td>SNIS</td>
<td>Système national de l’information sanitaire (National Health Information System)</td>
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<td>LOAS</td>
<td>Lot Quality Assurance Sampling</td>
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<td>TFP</td>
<td>Technical and Financial Partners</td>
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<td>ToC</td>
<td>Theory of Change</td>
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<td>UNDAF</td>
<td>United Nations Development Assistance Framework</td>
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<td>WCAR</td>
<td>West and Central Africa Region</td>
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<td>WHO</td>
<td>World Health Organisation</td>
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PART I: DRC’S COUNTRY EXPERIENCE

SUMMARY: MoRES in DRC

The UNICEF Country Office (CO) in DRC supports one of UNICEF’s largest programmes globally, with assistance delivered through fourteen offices and by over 500 staff. The allocated budget recorded in the current Country Programme Document funding is US$345,788,395.00. The MoRES experience in DRC has been characterised by significant and strategic regional and headquarters support, government involvement, strong local leadership and the commitment of UNICEF staff at all levels. The influence of MoRES has been felt across policy, programmes, systems and partnerships.

MoRES was piloted at level 3 in five health zones in five out of eleven provinces of the country and this is the level and the sector where most progress has been made. The DRC CO was fortunate in being able to build upon the health sector experience of the Tanahashi framework and so there was some familiarity in this sector with the concept of bottlenecks and barriers as well as determinants. Level 3 MoRES has helped build a stronger evidence base for local planning and upward influence and so has supported better “vertical integration” within the health sector in DRC. Bottlenecks have been identified and corrective actions implemented at a community level through the refining of local and zonal operational plans in health. Findings from the application of MoRES (namely level 3 monitoring) have served to influence the Government of DRC’s MDG acceleration framework for MDGs 4 and 5.

MoRES has also facilitated “horizontal integration” across sectors – specifically between health and child protection – for example by enabling the registration of births within maternity services. Since the health sector pilots, MoRES has also been introduced into the WASH and education sectors. The education sector (led by the Ministry of Education) has adopted an approach of Suivie décentralisée (decentralised monitoring) for which MoRES L3 provides a close and timely fit. However, full integration of the MoRES approach across sectors to better meet the needs of the most disadvantaged of children remains constrained by both administrative and technical barriers.

Significant emphasis has been placed on Lot Quality Assurance Sampling (LQAS) in DRC as the basis for decentralised monitoring and a cost-effective methodology to accompany MoRES. Decentralised monitoring is seen to be an appropriate approach to planning interventions for equity. Nevertheless, the cost implications of scaling up LQAS for MoRES, and indeed MoRES activities more generally (particularly to finance corrective actions), are prohibitive for any one organisation. Financial and technical partnerships are needed if MoRES is to go to scale. There has been some early success in this regard within the health sector with both the EU and WHO supporting roll-out. More evidence may be needed of the relevance of MoRES to equity in all sectors before the funds and technical support to fully scale up MoRES can be realised.

1 https://icon.unicef.org/apps01/mgtrep/mgtrepcustom/Pages/PrglmpiParam.aspx. It should be noted that this figure is dynamic, however, and has already been increased since the time of drafting of the CPD.

Introduction

The Monitoring Results for Equity System (MoRES) was developed to support UNICEF’s refocus on equity (launched in 2010) with the specific intent to accelerate progress in reaching the world’s most deprived children. UNICEF is currently advancing towards mainstreaming MoRES at a global level and in support of this ambition has commissioned an independent evaluation to provide validation and learning on the conceptual, technical and practical viability of MoRES as an approach. The evaluation is deploying two related analytical approaches: a theory based approach and a case study based approach. The theory based approach provides a basis for framing and analysing the MoRES experience. The case study approach complements this by recording what has happened in relation to MoRES in selected countries and in this way helps test and validate the theory of change (ToC) associated with MoRES.

The objective of the evaluation is to support continuing efforts across UNICEF to articulate, develop and mainstream the MoRES approach by learning from experience. The information from the case studies will feed into the main evaluation report. Two important characteristics of the case study component of the evaluation are: each case study has been selected because of the learning opportunity offered to the evaluation; the approach to each study is focused on recording experiences rather than measuring or assessing performance.

However, there is perceived value in analysing country experience based on the key elements of the Monitoring Results for Equity System, both to contribute to the overall development of the MoRES Theory of Change (which will support global roll-out) and as a way of structuring findings and conclusions that will be helpful to the Country Office. Thus, this report is presented in two parts:

- **Part I: Democratic Republic of the Congo’s (DRC) Country Experience**, provides a brief introduction to the overall formative evaluation and explains the context for this country specific study and presents the MoRES experience from a DRC County Office perspective by summarising the findings of a 4-day field visit to DRC (and associated documentary review).

- **Part II: Analysis of the DRC experience of MoRES**, uses seven core elements of the Monitoring Results for Equity System as the basis for more analytical reflection and presents findings against each element as well as an overall conclusion; this section also includes some reflections on the assumptions associated with MoRES and summarises MoRES from a cause-effect perspective.
DRC Country Context

Child mortality and morbidity rates are high in the DRC and outcomes in relation to child rights and protection are poor. DRC ranks number five in global classifications of child mortality with 146 deaths among children under the age of five per 1000 live births\(^3\). Although in recent years, DRC has made considerable progress towards achieving some of the Millennium Development Goals (MDGs)\(^4\) progress in many areas is still inadequate. For example, a UNICEF regional report in April 2013 on child malnutrition noted that although the percentage of children who are underweight dropped from 34 percent in 2001 to 24 percent in 2010, this progress towards MDG 1 is “insufficient”.

UNICEF-DRC’s programme strategies are set out in the Country Programme Document 2013-2017 (CPD)\(^5\). The content of this document was influenced by the Poverty Reduction and Growth Strategy Paper (PRGSP-II) which used data from the 2010 Multiple Indicator Cluster Survey (MICS). The findings of the MICS were also incorporated into the United Nations Development Assistance Framework (UNDAF) with which the UNICEF CPD is also harmonised. The main program components of the CPD are child survival (including nutrition, HIV and WASH); quality basic education for all children; and governance for child protection. In addition, the programme focuses on an ‘environment conducive to child rights’, and, due to the ongoing and chronic conflict in the country, ‘emergency preparedness and transition’. Underpinning and cross-cutting all these sectoral components, are Communication for Development (C4D), Social Policy, and Monitoring and Evaluation. The CPD also notes that “a coordinated and convergent approach will aim to achieve a more equitable distribution of progress”. Thus, equity is a central theme for UNICEF DRC and also underpins and integrates all programme components, results and strategies.

The DRC CO supports one of UNICEF’s biggest programmes globally with assistance delivered through fourteen offices and supported by over 500 staff. The allocated budget recorded in the current Country Programme Document is US$345,788,395.00\(^6\)

According to UNICEF’s Monitoring Framework for Equity Approach position paper\(^7\), DRC is an ‘Equity Type A’ country, exhibiting similar child deprivation patterns to Niger, Mali, Rwanda and Uganda. Type A countries are characterised by little correlation between deprivation and socio-economic status, except for those in the highest wealth quintile. This fact guides UNICEF-DRC’s programming principles as, in effect, most children are vulnerable, and equity-driven initiatives must therefore be rolled out universally. However, in addition to this, there are also pockets of deep disparity where, for example, particularly vulnerable children experience rights violations and these children require additional and special support.

Level 3 MoRES is known as *Monitorage Amélioré pour l’Action* (Improved Monitoring for Action) or MAA in DRC. This MAA process is described in more detail below. CO reports that one of the most important characteristics of the approach – and key to its success - is that it

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\(^4\) For example, the fourth Multiple Indicator Cluster Survey (MICS) in 2010 found that three out of four children now go to school, a 23 per cent increase since the year 2000 with near parity for girls and boys.


\(^6\) https://icon.unicef.org/apps01/mgtrep/mgtrepcustom/Pages/PrgilParam.aspx. It should be noted that this figure is dynamic, however, and has already been increased since the time of drafting of the CPD.

\(^7\) Different country-level equity scenarios vis-à-vis economic status are outlined in the “Monitoring Framework for the Equity Approach: Level 1.”. UNICEF 31st October 2011
is government led. There is clear documentary evidence of a proactive Government approach – for example, requesting funding from UNICEF in August 2013 to support scale-up of MAA and promoting links between MAA results and operational plans. However, not all donors operating in the health sector consulted during the evaluation visit were aware of the MAA approach, suggesting that further support might be appropriate to assist the government in more widely promoting this approach to policy delivery.

In addition to sectoral and cross-cutting work framed by a commitment to equity, considerable programmatic activity in DRC is focused on emergency responses in the areas of conflict and displacement in the East of the country. Emergency activities are coordinated through the Inter-Agency Standing Committee (IASC) Cluster System⁸ and in accordance with the Humanitarian Performance Monitoring approach. The HPM approach has been specifically designed for emergency contexts and has since been adapted to reflect the principles of MoRES.⁹

**Overview of MoRES in DRC**

DRC is one of seven ‘Workstream 1’ countries in the West and Central Africa Region (WCAR) to pilot MoRES. These countries have received support from their Regional Office (RO) and UNICEF Headquarters (HQ) for the roll-out of MoRES and there has been frequent exchange within the region to support learning and build consensus around key concepts and approaches to implementation¹⁰. By the end of 2012, the regional objectives for MoRES to which DRC had contributed and agreed included 1) to support advocacy by generating and demonstrating results, 2) to produce case studies as part of a knowledge sharing strategy 3) to develop plans for scaling up 4) to strengthen the capacity of UNICEF and partners to implement MoRES and 5) to prepare for expansion in WCAR countries.

In addition to strong regional and HQ support, the MoRES experience within UNICEF in DRC has benefited from strong leadership providing strategic orientation and advocacy, together with the commitment of the Country Office Management and Innovation Team (COMIT)¹¹, sector heads and field staff. Consequently the influence of MoRES has been felt across policy, country programmes, field approaches, national systems and partnerships.

Figure 1 shows the timeline of events in DRC following the introduction of MoRES in 2011. Implementation was initially framed by directives from HQ and the RO and from lessons learned from regional field testing (in Benin). Progress in implementation was rapid from 2012: in January, a visit from HQ introduced the country office to the idea of the ‘cappuccino cup’; structural discussions about what this would mean for programme orientation took place with the COMIT; and at about the same time, the planning office of the Ministry of Health (MoH) agreed to an MAA approach (MoRES level 3), after which tools were developed and subsequently tested in Mbanza Ngungu.

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¹⁰ Consensus building and ways forward for MoRES in WCAR. WCAR RMT 16-20 April 2012, Dakar, Senegal
¹¹ The COMIT meets on a monthly basis via teleconference and three times a year in face-to-face meetings and engages all sector and office heads in major management decisions.
Under the MoH agreement, initial piloting took place in five health zones only, although MoRES is now being rolled out progressively in health zones throughout the country. MoRES has led to the identification of bottlenecks, the implementation of corrective actions at a community level and to the refining of zonal operational plans to better respond to local beneficiaries’ needs. More specifically, MAA helped identify the lack of commodities and financial barriers as major bottlenecks to the utilisation of health services. As a result, the country programme supported the Government in developing a family kits approach, in which families were provided with essential drugs, supplements and basic commodities. The approach also includes coupons/vouchers for health services to help overcome financial barriers.

Since the health sector piloting, MAA has now also been introduced into other sectors e.g. WASH and child protection using the health zone approach and education sectors based on other administrative units. As with the health sector, the introduction of MoRES involved the identification of tracer interventions\(^\text{12}\), the selection of indicators which relate to the MoRES determinants framework; national and decentralised planning and sourcing of information from routine data gathering sources, from Lot Quality Assurance Sampling (LQAS)\(^\text{13}\) and qualitative research.

\(\text{12}\) The notion of a tracer intervention is based on the concept that if good, or improved, coverage of a particular intervention (a tracer) can be demonstrated, then this is a sign of the adequate, or improved, functioning of the system which it was chosen to represent.

\(\text{13}\) LQAS, sometimes called “acceptance sampling” involves taking a small random sample from the population, and testing each to determine whether it meets a predetermined standard of quality. LQAS is functionally identical to stratified sampling (where each lot is a single stratum), but requires smaller samples because it does not attempt to construct a precise estimate of population parameters. Instead, after sampling, a researcher using LQAS performs a hypothesis test to
There has also been integration with other sectors for example with child protection where birth registration is now factored into maternity services so that birth certificates can be made more widely available.

With the “whole child” as the primary concern for UNICEF in DRC, full integration between the health, education and child protection sectors is a longer term objective. However, this has not yet been fully achieved due to a number of external factors which pose obstacles to joint planning including i) different administrative territorial units for health and education ii) the different capacity of Ministerial partners and variations in the speed of their appropriation of MoRES and iii) constraints vis-a-vis finding resources and partners for sustaining individual sector activities. Nevertheless, the DRC Country Office (CO) strategic approach remains multi-sectoral and involves the promotion of a bottom-up approach which seeks to identify priority activities at the local level supported by locally generated monitoring plans and multiple stakeholders.

It should also be emphasised that MoRES fits well with a broader rights-based approach which seeks to find local solutions to barriers pertaining to right of access to health care, education and registration. The example of the integration of health services and birth registration given above exemplifies this, since it relates and responds to the needs of children with multiple-vulnerabilities, since birth registration has shown itself to be a viable basis for improving advocacy for the most deprived children at local levels. The background to this initiative was an observation based on the 2010 MICS that only 28% of children had a birth certificate but that over 80% of woman delivered in health centres. An existing law allows an ‘attorney’ or proxy to register births, so building upon this, the Direction de la Population in the Ministry of the Interior put in place a system whereby the head nurse at a health centre completes the necessary paperwork to register a child’s birth14.

Although the initial MoRES guidelines emanating from New York were said by DRC country staff to be limited, this arguably made them more adaptable to local contextual priorities and realities. MoRES has enabled significant changes to UNICEF’s institutional and operational framework throughout the programme management cycle, the process for which is summarised within four levels in Figure 2.

determine whether the number of elements of interest in each lot (e.g. persons with a particular medical condition in epidemiology) is likely to be greater than a predetermined threshold.

14 However, it should be noted that when parents do not register a birth within the first 90 days of a child’s life, the subsequent cost escalates to $25 which is virtually unaffordable for many Congolese families, especially in rural areas.
The changes introduced in DRC can be summarised against the four levels of MoRES and as they relate to this programme cycle.

With regard to **level 1** MoRES (which serves to set priorities), there has been a switch from one SitAn in DRC carried out before the CPD to rolling SitAns carried out by sector. These rolling SitAns are now thought of as ‘living documents’ which aim to use bottleneck analysis to establish flexible and locally appropriate priorities that respond dynamically to beneficiaries’ needs. From December 2013, rolling SitAns have taken place in the sectors of health, nutrition and primary education. These are lighter and more focussed than a traditional SitAn, which is a “one-off” snapshot of multiple sector activities presented in one document.

At **level 2**, outputs which are the focus of quarterly monitoring and annual reviews have been amended to reflect priorities as these emerge from bottleneck analyses carried out at local levels. Local reviews of progress are now better tailored to a participatory process and better reflect local realities. Results are triangulated using local information systems, LQAS and qualitative research.

**Level 3** MoRES describes the operating space in DRC where the greatest change has occurred. Previously, there was a gap between output monitoring (L2M) carried out regularly and impact monitoring (L4M) achieved through household surveys conducted every 3-5 years. L3M has helped to bridge this gap by providing more regular information on progress towards removing bottlenecks at outcome level. The dialogue and local analysis created by decentralised monitoring allows the possibility of identifying the real problem and also allows for more timely planning and continuous adjustment; specifically it enables the adjustment of planning priorities using locally-owned measures to address gaps in knowledge or service provision. The decentralised nature of level 3 monitoring and planning, in the view of the DRC CO, lends itself to the achievement of more equitable results. The challenge has been to put in place an approach which is simple enough to apply (given the logistical and resource challenges of DRC) but sophisticated enough to reflect bottlenecks.

Before implementing L3 MoRES within DRC, the UNICEF-DRC country office thought carefully about the potential of the new approach and the barriers that might hinder impact. They recognised for example that L3 MoRES would reinforce community participation in the
management of local social services (Health, Education & Child Protection). Also, that L3 MoRES would improve the availability of real time quality data for effective local decision-making and planning. The CO recognised that L3 MoRES had the potential to address the shortcomings of the current programme planning approaches of local managers and could capacitate them with the necessary managerial and leadership skills for effective health systems planning & programming. However, they recognised also the assumption that right choices would be made: specifically that the MoRES process would lead to the identification and analysis of the highest priority bottlenecks hampering the effective provision/utilization and quality of health, education and child protection services and that this, in turn, would lead to the adoption of the most appropriate corrective actions to reduce bottlenecks and improve outcomes/results. Thus DRC CO was responsive to the purpose of MoRES as well as thoughtful with regard to implementation.

MAA (level 3 of MoRES) produces both evidence and influence. The MAA pilots in five health zones for example resulted in locally-specific interventions which produced positive change such as an increase in the use of latrines. Specifically, LQAS data indicated that few women had been exposed to messages about latrines; this led to community health workers engaging in awareness raising for women. The demonstrable local success of these activities led to them being centrally integrated into the Zonal authority operation plan (POZ), which then led directly, as the schema shows, to further advocacy and wider service improvement at a local level as well as exerting influence on policy and budget allocations at a national level.

Lot Quality Assurance Sampling (LQAS) household health surveys are regularly carried out to give local pictures of programmatic needs and gaps and to provide information for the adjustment of provincial operational plans in order to better address local resource allocation. Once the Corrective Actions have been identified via grassroots consultations with the community, specific areas to be addressed by the community outreach workers are noted. In terms of local capacity-building, outreach workers’ training in the SALT\textsuperscript{15} methodology report that they have enhanced their abilities to change behaviour. Given the high cost of large scale surveys such as the DHS and MICS, which use stratified random sampling, the LQAS appears to be the most cost-effective methodology to accompany MoRES, as well as enhancing decentralised monitoring to encourage local solutions. To date LQAS has worked as follows: initially in each ‘Aire de Santé’ (health zone) LQAS chooses 19 households and surveys members with regard to their health-related attitudes and behaviour making a total of 95 households per zone. Note that in January 2013 this methodology was modified (with the support of the Regional Office and headquarters): the entire Zone de Santé was divided into five Zone de Supervision, each of which could cover between three to six Aires de Sante, from which the 19 households were chosen for the survey. In each version of the approach, the LQAS results are useful for priority setting and resource allocation.\textsuperscript{16}

It should be noted that replicating this implementation process is dependent on certain assumptions which include 1) the availability of technical, financial and human resources\textsuperscript{17}

\textsuperscript{15} The SALT acronym in French, when translated, stands for Support, Learning, Links and Transfers

\textsuperscript{16} There are limitations (because of small sample size and wide confidence intervals) of using LQAS to monitor impacts and trends (Barden-O’Fallon, J, 2013, Implementation of Maternal and Child Health Outcome Surveys using LQAS: Lessons Learned from Kenya and Liberia, MEASURE Evaluation/USAID); thus LQAS is currently used in DRC for priority setting and real-time course correction only.

\textsuperscript{17} In 2013, the cost of an initial MAA in a health zone of 17 health areas was US$13,500 for initial implementation, US$5,000 for a mid-year implementation in the same health zone and US$10,000 for an end of year implementation before planning. These rates represent a bottleneck to the scaling up of MAA in DRC.
2) the presence and willingness of technical and financial partners 3) the existence of partially or fully functional information systems and 4) relative peace. Significant variations in regional conditions mean that such assumptions do not always hold. However it should also be recognised that the Government of DRC have been proactive in terms of coordinating efforts following the health sector pilots; for example, in recognising the importance of bringing different initiatives together, linking MAA to operational plans,\(^{18}\) and requesting financial support from UNICEF for the scale-up of MAA in August 2013\(^ {19}\)

At level 4, overall impact is still measured via the MICS and DHS but triangulation with information gained from complementary quantitative and qualitative local data collection; this provides more targeted and focussed feedback to Level 1. As described above, the current Country Programme document used MICS data from 2010 to set priorities based on province- and sector- specific bottleneck analyses. Thus the MICS can be used as baseline data for future review and evaluation. From this start-point, results from other robust surveys, for example the most recent Demographic and Health Survey (currently underway and which will be published in March 2014) can be used to provide Level 4 feedback. In addition, it is hoped that a national census (the first since 1984), will take place in 2015. This can also be used to address impact at a household level. The next MICS is planned for 2016 which can provide endline data for the closure of the 2013-17 cycle.

These MoRES effects are summarised below in table 1.

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<tr>
<th>MoRES levels</th>
<th>Before MoRES</th>
<th>After MoRES</th>
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</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>Country situation analysis before programme cycle</td>
<td>Rolling situation analyses taking account of sectoral bottlenecks. Orientation of programme priorities around supply, demand, enabling environment etc based on the MoRES Determinants Framework. Enabling the identification of specificities and commonalities by sector Monitoring of UNICEF’s specific contribution at output level. Triangulation with MoRES results derived from routine information systems, LQAS and qualitative research; local data collation for planning purposes via semester and annual reviews; feedback to MoRES level 1.</td>
</tr>
<tr>
<td>Level 2 IMPLEMENTATION OF OUTPUTS</td>
<td>Semester and annual reviews</td>
<td>Feedback to Level 1 from LQAS, qualitative data and routine data to adjust planning priorities (Iterative process between an outcome and output). Real time data collection at L3 allows adjustment to programme plans on an ongoing basis and provides a more targeted and focused feedback to level 1 plans.</td>
</tr>
<tr>
<td>Level 3 OUTCOMES FEEDBACK LOOP</td>
<td>Inputs and outputs twice a year plus MTR Only high level information from impact surveys to inform planning.</td>
<td>Long term impact to be assessed by the DHS using the 2010 MICS baseline in the absence of other available representative data.</td>
</tr>
<tr>
<td>Level 4 IMPACT</td>
<td>DHS, MICS</td>
<td></td>
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</tbody>
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\(^{18}\) Recommendation from “Rapport de la Réunion du Comité National de Pilotage du Secteur de la Sante Tenue à Kinshasa du 29 au 31 Mai 2013”

\(^{19}\) Letter to UNICEF Representative, 15 August 2013.
MoRES and Humanitarian and Emergency Programming

Considerable programmatic activity is focused on emergency responses in areas of conflict and displacement in the east of the country. The emergency activities are coordinated through the IASC Cluster System. This emergency programming is in accordance with the Humanitarian Performance Monitoring approach, which is intended to guide Country Office and Humanitarian Country Team management of humanitarian response. It feeds into wider UNICEF performance management systems and better equips the organization for external accountability to donors. In line with the organization-wide emphasis on MoRES, in major humanitarian situations (e.g. where appeals exceed US $15 million in emergency funding for UNICEF), country offices prioritize and redirect their monitoring efforts in line with the Core Commitments to Children.

UNICEF DRC’s approach in humanitarian programming mirrors many of the principles of MoRES. The approach is consistent with MoRES in its multi-sectoral assessments to analyse needs and its emphasis on high-frequency Monitoring of Results for Equity. This is of significant importance to DRC where effective Emergency Responsiveness is vital not only to equity but to survival. The Office for the Coordination of Humanitarian Affairs (OCHA) reports that in the first quarter of 2013, there were a total of 2.6 million people displaced in DRC. Over 70% of these lived in host families and not in collective sites or camps. These numbers are a response to conflict-related issues and child rights violations, plus epidemics of infectious disease which also pose major threat. For example, from January to end of June 2013, a major outbreak of cholera was reported with the majority of cases (62%) and fatalities (78%) in Katanga province. The same period also saw epidemics in measles, yellow fever, and malaria.

There are two phases to emergency programming in DRC: the Rapid Response to Displacement which lasts up to three months, followed by the Alternative Response to Crisis which lasts for up to a year, (after which regular programmes take over). HPM is used for monitoring both these phases. As stated above, the Multi-Sector Assessments used in the initial emergency Rapid Response to Displacement are equivalent to L1M; the real-time monitoring with monitoring data entered into and held in an open access database, Activity Info corresponds to L2M (implementation) within the MoRES framework, although it is also high frequency and so shares some of the characteristics of L3. However bottlenecks are not used or understood in the same way in emergency situations as they are for general programming. The time frame within which bottlenecks can be addressed comprises only a matter of days or weeks and is thus not conducive to the formulation of corrective actions via community participation as occurs within MoRES in the health sector.

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20 The Inter-Agency Standing Committee (IASC) is the primary mechanism for inter-agency coordination of humanitarian assistance. It is a unique forum involving the key UN and non-UN humanitarian partners
22 http://www.activityinfo.org/ ActivityInfo is an online humanitarian project monitoring tool, which helps humanitarian organizations to collect, manage, map and analyse indicators. ActivityInfo has been developed to simplify reporting and allow for real time monitoring, developed by UNICEF with OCHA
In April 2012 some reflection about the use of MoRES in humanitarian contexts took place in the ESARO\textsuperscript{23} complementing other work by EMOPS to assist with harmonizing HPM and MoRES. ESARO included analyses at Levels 1-3 in conjunction with an adapted Indicator Guide which would help update, analyse, and also periodically review programme results and reporting during major emergencies.

**MoRES and Partners**

The introduction of MoRES by UNICEF has served to strongly consolidate partnerships with Government and enhance Government capacity and leadership, particularly in the Ministries of Health, Education and the Interior.

There is a history of decentralized monitoring based on the Tanahashi model\textsuperscript{24} in the health sector in DRC, but war and lack of investment prevented its continuance. UNICEF faces many logistical, political and social challenges in attempting to support a vulnerable population distributed over vast geographical areas with extremely poor infrastructure. Compounding these difficulties is a lack of national resources (financial and human) and poor technical capacity making the creation and implementation of sustainable and impactful programmes very difficult. MoRES (or MAA as Level 3 is known locally) seeks to address these issues via meaningful partnerships with local and national government. However, the CO reports that despite the identification of bottlenecks and adequate corrective actions, implementation of these measures is often impeded by poor governance at local levels. This suggests that there are further bottlenecks and barriers to be identified and addressed before the full benefit of the MAA approach can be realized.

MoRES now occupies a planning and policy space for UNICEF and partners in a number of sectors that were previously insufficiently evidence based. Table 2 summarises the relationship between MoRES and key national plans and demonstrates how MoRES forms part of the CPD for 2013-2017, interfaces with four major Government plans and strategies to which UNICEF, as a key Government Partner, provides considerable support and relates to key national level data collection events.

**Table 2: MoRES within the UNICEF programme cycle, Government plans and national-level data**

<table>
<thead>
<tr>
<th>UNICEF DRC GOVERNMENT PLANS RELEVANT TO MoRES</th>
<th>AVAILABLE NATIONAL-LEVEL DATA CYCLES</th>
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<tbody>
<tr>
<td></td>
<td>• Interim National Education Plan (2012-2016)</td>
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<td></td>
<td>• National Child Protection Plan (2008-2012)</td>
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<td></td>
<td>• Strategy document for Growth and fight against Poverty (2011)</td>
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</table>

\textsuperscript{23} MoRES in Humanitarian Contexts; Monitoring of Results for Equity Systems (MoRES) adapted in Emergencies. ESARO. 23\textsuperscript{rd} April 2012

\textsuperscript{24} Tanahashi refers to the author of a paper published in the bulletin of the World Health Organisation in 1978 (Health Service Coverage and its Evaluation. Bulletin 56(2)295-303) and the model presented therein which describes dimensions of effective health coverage as the basis of identifying and analysing health system bottlenecks.
The following section of the report summarises the relationship between MoRES and specific sectoral partners:

**The Ministry of Health:** A major facilitating factor in the health sector was that many current or former Ministry administrators or practitioners were familiar with the Tanahashi model and issues relating to service supply and demand. This had been used in the health sector previously though had been discontinued as the donor landscape changed over time. Funding to the Ministry of Health from ACDI (SIDA) for the ‘Health of Poor Populations’ was framed using the Tanahashi model which has strong read-across to MoRES. Building on this experience, the MoRES approach has revitalised evidence based planning in the health sector. An entry point for MoRES has been the national health and development plan (PNDS) 2011-2015 and the National Child Protection Plan 2008-2012. Interviews with the Ministry of Health personnel conducted by the case study team revealed that they felt that MoRES had strengthened systems and accountability via the feedback aspect and that this was new to them. They explained how the feedback loop and associated corrective actions had allowed them to better target their interventions and to refine resource allocation in a more effective manner. In their view, the fact that MoRES had become a national model which will be expanded made it more realistic for DRC to attain the MDGs related to health. In particular, they emphasised that MoRES gives ‘real-time’ data to inform subsequent action; provides a means of monitoring data quality and complements the routine data collection system.

**The Ministry of Education:** Within the education sector, the Ministry of Education has benefitted from MoRES as MoRES has been adapted as a monitoring and evaluation framework and tool for the Plan Intérimaire de l’Education’ (Interim Education Plan). DRC is in the process of decentralising, and as such, the Ministry of Education has adopted an approach of Suivie décentralisée (decentralised monitoring) for which MoRES L3 provides a close and timely fit. This decentralised monitoring puts an emphasis on supporting and improving i) access ii) quality and iii) governance within the education system. The use of MoRES at both the central and the more local level means that for the first time the Ministry of Education can now assess indicators at the provincial level.

**The Ministry of the Interior:** The Ministry of the Interior welcomes MoRES; officials interviewed said they had little other real funding or implementation partners and the collaboration with UNICEF may catalyse other useful collaborations and help them leverage other funding for sustainability. One benefit already recorded in this report is the initiative to enable nurses to register children for birth certificates by proxy which offers potential benefits to other Ministries including Justice, Health and Social Affairs. As the bottleneck analyses were rolled out, it became clear that the same barriers to birth registration existed nationally - these comprised access to registry offices and the adequate resourcing of staff. Partners within the Direction Nationale de la Population, which is part of the Ministry of the Interior, explained that reporting the initiative that was taken and the potential benefits to children within the framework of UNICEF and MoRES gave the issue (and by extension their Ministry’s role) a credibility that it would otherwise lack. Thus, MoRES has been used, not just as a tool for equity, but as a mean to gain leverage for institutional strengthening among Ministry partners.

A number of international partners\(^{25}\) are involved in collaborations relating to MoRES. For example the European Union (EU) is funding the roll-out of MoRES nationally in health zones

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\(^{25}\) This list of international partners is not exhaustive. Other collaborations around MoRES activities impact upon work with other partners such as DFID (WASH), UNESCO (education), USAID (HIS) and Coopération Belge.
not supported by UNICEF. A donor representative noted that, for them, it comprised a better use of their resources as it was easier to track funding. It gave them a means to address ‘real problems with real beneficiaries in real time’. In particular, it was noted that MoRES had enabled health services to improve their governance and transparency. It had reinforced democracy and civic engagement and thus brought wider benefits over and above those in the domain of health. Additionally, the World Health Organization (WHO) is funding the roll-out of MoRES in two Eastern Health Zones. This gives significant credibility to the approach and will greatly facilitate interest from other donors to allow its roll-out elsewhere and enhance sustainability.

Achievements, Challenges and Lessons Learned

Although MoRES is still in the early days of implementation, the pilot testing and the subsequent roll-out currently underway has led to some significant achievements and revealed some important challenges. These are briefly discussed here:

**Key Achievements:** Communities which have engaged with MAA highly appreciate the fact that they have been consulted and that opportunities for a new dynamic of interaction between service providers and communities have been created. At the same time, service providers’ sense of accountability towards beneficiaries is being built. Across these stakeholder groups, integrated monitoring has demonstrated a way to create synergies between different programmatic interventions (for example, birth registration and health at the sub-district/health centre level). The data collected has helped redefine priorities in local plans such as the Health District Operational Action Plans (PAO). A number of partners (for example: EU, WB, USAID, WHO) have supported the implementation of MoRES in a number of districts creating a new dynamic of partnership in the health sector.

Level 3 monitoring has also served to influence the Government of DRC’s MDG Acceleration Framework (MAF). In May 2013, under the banner of ‘A Promise Renewed’, the ‘Cadre d’Acclération des Objectifs de MDGs 4 et 5’ (Framework for the Acceleration of MDG Goals 4 and 5) was launched by UNICEF and the DRC’s Ministry of Health with the aim of saving the lives of 430,000 children under five years of age and some 7,900 mothers by 2015. This very important strategic policy and programmatic framework for accelerating maternal and child health in DRC was influenced by the findings of level 3 MoRES (MAA). Specifically, MAA, using a bottleneck/determinant approach, helped identify a) lack of commodities and b) financial barriers as major bottlenecks to the utilization of health services. The country programme supported the Government in developing family health kits (containing essential drugs, nutritional supplements and other basic commodities) as a key approach to overcome the lack of commodities issue as part of the MAF. To reduce financial barriers to household access to healthcare and to improve motivation of health personnel, the approach also incorporates coupons/vouchers for services and a Performance Based Financing system.

**Contextual Challenges:** As described above, DRC exhibits patterns of child vulnerability that are universal across all wealth categories, except the richest quintile. Thus, an “equity-focused” approach needs to be delivered through programmes at national scale. This is no small task: DRC covers over 2,000,000 km² served by only just over 1000 kilometres of tarmac
road and there are serious problems relating to insecurity and conflict. Since 1998, an estimated 5.4 million people have died in DRC in the deadliest conflict since the Second World War. In addition, more than 2.5 million people are now displaced with over 760,000 displaced in the Kivus since the beginning of 2013 alone. The civilian population faces killings, forced recruitment of children, extortion, pillaging and sexual violence at the hands of numerous armed groups and even the Congolese security forces.

Census data are not available at sous-division level making it difficult to know who lives where. In any case, access is a serious challenge. In some areas villages are over 150km from a health centre making consultations, outreach and the collection of routine data difficult. It also makes the distribution of commodities very costly and complicated. Decentralization is in its early stages in DRC and decisions about the allocation of resources are still made at central level. Local decision-making and local accountability are new concepts which are likely to be adopted only slowly by local leaders and citizens alike. Over and above this, a particular challenge for the integration of health and education programmes is that their administrative areas differ geographically and logistically. Whilst the health administration works via zones, the education areas work around sub-division (sous-division). In the absence of effective decentralization, and taking into account the fact that the administrative and health divisions are not matching, the logistics of integration are challenging, particularly as the pace of roll-out has differed by sector.

There are particular problems in the education sector. Since census data is outdated this does not allow accurate demographic projections for education analysis. Further, it has been noted that, especially in education, not all team members, and in particular, local field staff, were experienced in adjusting programming based on community feedback and needs. In addition, local education partners did not seem familiar with broader definitions of equity that went beyond the equal enrolment of boys and girls.26

Institutional Challenges: MoRES is being implemented in a Government setting that is currently overseeing reforms of i) the data centralisation system (including health information systems) ii) the civil service and iii) public finance system (including piloting of performance-based finance). However, the MoRES-influenced systems that have been set in place, including the rolling SitAns, are likely to be responsive enough to take into account external institutional changes in Government and in partners’ strategies. MoRES has the advantage that within the Government health sector, a comprehensive health information system known locally as SNIS (Système national d’information sanitaire) already exists. This system is used to furnish data to fulfil the monthly reporting requirements for MoRES at the ‘Formation sanitaire’ (health centre) level. This is complemented by additional data collected through MAA, for example in LQAS at the level of household. UNICEF are aware that data requirements linked to MoRES must not divert local district-level partners’ attentions from their obligations to fulfil other government reporting obligations, but rather serve as complement and a “reality check”.

On an international level, institutional factors within UNICEF which may facilitate the uptake and appropriation of MoRES by governments include integration with the agendas of other UN agencies such as UNDP, UNFPA and WHO.

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26 An opportunity for inter-country learning on this is that a team from UNICEF in Congo-Brazzaville had recently been to a regional meeting of the Middle East and North Africa region where UNICEF-Morocco had presented their results of the very successful implementation of MoRES in education.
**Programmatic challenges:** There was little sector-specific written guidance for MoRES which was a challenge at the beginning but facilitated local adaption by sector. Ongoing programmatic challenges include the fact that the costs of surveys and implementing the bottleneck analyses are significant, although reduced by the focus on tracer indicators. Nonetheless, cost remains an issue for the national scale up of L3M/MAA. Building a platform of Technical and Financial Partners (TFP) to join and finance MoRES has proved easier in some sectors than others. The health sector has had substantial success in attracting TFPs but the education sector is still in the process of obtaining financial support. In order to do this they have had to engage at the highest levels with the Ministry of Education. At a community level, challenges include the lack of a local budget to fund corrective actions; community health workers sometimes lack materials or relevant knowledge and the socio-cultural environment is often not conducive to messages about new health-related behaviour.

**Lessons Learned**

MoRES benefits from flexibility and responsiveness at all levels. The MoRES process itself has, through an inherent rights-based approach, enhanced notions of accountability and transparency at the local level and given beneficiaries a voice in deciding what services they need and in assessing service quality. Inter-sectoral collaboration presents challenges when the timing, pace and reach of MoRES differs by sector. This can however be overcome with good communication and capacity-strengthening both within UNICEF and with government partners.

Important lessons have been learned and include: that there is value in working with existing systems; that MoRES requires not only technical but also advocacy skills and can only be effective if the grassroots and community levels are actively engaged and resourced; that dialogue and local analysis created by decentralized monitoring allows the possibility to identify the real problems to tackle, which in turn leads to better local planning; appropriation by Government can increase, not only the potential impact on equity, but wider donor interest towards that end; decentralized monitoring can influence national/macro level policies but the mechanisms for scale-up need careful consideration to maximize equity focus and impact in the most cost-effective manner.
Part II: ANALYSIS OF THE DRC EXPERIENCE OF MoRES

As currently understood through its application and analysis of documents, MoRES is “a conceptual framework for effective planning, programming, implementation, monitoring and managing for results to achieve desired outcomes for the most disadvantaged children.” The most recent briefing note references MoRES as “intended to enhance and sharpen country programmes of cooperation for accelerated results for the most disadvantaged children.”

The following section of the report reflects upon DRC’s experience of MoRES through the prism of seven key elements of the Monitoring Results for Equity System: (1) Situation Analysis; (2) Determinants Framework; (3) Barrier and Bottleneck Analysis; (4) Monitoring of Intermediate Outcomes; (5) Monitoring at the Appropriate Level of Decentralisation; (6) Regular Adjustment to Programming; (7) MoRES as a system. A summary of the basis for analysis of each element is included in the table. This system based analysis is followed by an assessment of the assumptions associated with MoRES and a summary statement on the MoRES cause and effect chain as it presents in DRC.

This is not an assessment of the performance of the DRC CO in relation to MoRES but rather an exercise to help surface issues which may require more focused consideration prior to the further roll-out of MoRES.

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27 Working Document for Internal UNICEF Colleagues: Monitoring of Results for Equity Systems (MoRES), May 25, 2012
28 Briefing Note, Enhanced Programming and Results through Monitoring Results for Equity Systems (MoRES), February 2013
29 A model of the MoRES approach containing ten elements has been agreed with the Evaluation Office and is recorded in a Working Paper on MoRES submitted by the Evaluation Team in January 2014. Two of these elements (the focus on equity and the focus on key deprivations are organisation wide issues and are not explored within each case study; the tenth element (national ownership and scale up) is treated within the assumptions section of the analysis below. The approach is explained more fully within the Formative Evaluation of MoRES: Final Report.
MoRES System Analysis

<table>
<thead>
<tr>
<th>Element</th>
<th>Basis of Analysis</th>
<th>Findings and Conclusions</th>
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<tr>
<td>1. SITUATION ANALYSIS</td>
<td>The <strong>theory underpinning</strong> the situation analysis (as influenced by MoRES) is that it should (1) involve a <em>refocus on equity</em> and (2) a focus on key deprivations if the most disadvantaged children are to be identified. <strong>Conceptual issues/challenges</strong> relate to (1) questions over whether equity is consistently defined, (2) the robustness of the tools and evidence base which inform the analysis, (3) prioritisation in situations of multiple deprivation (4) the extent to which there is <em>buy-in to the approach as a joint exercise</em> and (5) the appropriate level of decentralisation for situation analysis.</td>
<td><strong>Findings in DRC:</strong> With regard to level 1 MoRES (which serves to set priorities), there has been a switch from one SitAn in DRC carried out before the preparation of the Country Programme Document (CPD) to rolling SitAns carried out by sector. These rolling SitAns are now thought of as 'living documents' which aim to use bottleneck analysis to establish flexible and locally appropriate priorities that respond dynamically to beneficiaries’ needs. From December 2013, rolling SitAns will have taken place in the sectors of health, nutrition and primary education. These are lighter and more focussed than a traditional SitAn, which hitherto has been a “one-off” snapshot of multiple sector activities presented in one document. The new sectoral approach has allowed for the identification of specific needs by sector as well as commonalities for better integration, through the orientation of programme priorities around bottlenecks relating to key sector base determinants. <strong>Conclusions:</strong> It appears that the new rolling SitAns have been introduced in order to provide a more up to date basis for planning and prioritisation using data from a range of sources both quantitative and qualitative. Given the universality of deprivation across DRC and relating to all sectors it is not clear that this has led to a new approach to prioritisation or a stronger or clearer focus on key deprivations. However, there is evidence that the revised Situation Analyses have encouraged greater local engagement in the identification of real problems as well as integration across sectors and so provides a useful demonstration of the value of planning at the appropriate level of decentralisation.</td>
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</table>
The **theory underpinning** the determinants framework is that (1) both service delivery and enabling environment factors need to be tackled to reach the most disadvantaged children and that (2) the framework of ten determinants has generic application across all sectors and (3) represents the necessary conditions for outcomes to be achieved.

**Conceptual issues/challenges** relate to (1) the number of determinants, specifically whether the ten determinants cover all relevant factors sustaining deprivation and (2) the difficulties in identifying indicators which enable the measurement of determinants in a consistent way.

**Findings in DRC:** There is evidence that the Determinants Framework (DF) has been used in DRC although this has been easiest to introduce within the health sector which has a history of engagement with the Tanahashi Framework (and so government staff in this sector easily relate all to the concepts of service related supply and demand). There is evidence that the enabling environment determinants are being considered in the analysis of bottlenecks and there are examples of a recognised behaviour or social norm being identified as the critical barrier to change. There is more evidence of the application of the DF in the health sector than in other sectors (particularly Child Protection for example), although the DF was used in bottleneck analyses that informed the CPD in all sectors. There is some indication that technical capacity to apply the DF and in particular to identify appropriate indicators may be weak at local level, particularly in the education sector. The field visit for the case study produced evidence of determinants analysis based on Tanahashi style determinants: namely commodities, human resources, geographic access, use, continuity, effective coverage and appropriation being used within the health sector. Discussions with local and national representatives from UNICEF’s education sector revealed that they saw several problems with regard to the implementation of MoRES because the Tanahashi model, which they saw as the basis of bottleneck analysis, originated in the health sector and is very difficult to apply to education. They felt that they needed more guidance on this and on how to develop appropriate indicators. It was remarked that there was a tendency for the exercise to become very theoretical which meant that MoRES would then lose local meaning and applicability for the beneficiaries and subsequently compromise appropriation.

**Conclusions:** The CO reports a confident application of the determinants framework for two years, using the ten determinants for all sectors and provinces. However, the full ten determinants have not always being applied as it appears that in some cases there may be barriers which do not easily fit within the framework - for example the barrier to integrated planning resulting from the disconnect between administrative boundaries for health and education administration.
3. BARRIER AND BOTTLENECK ANALYSIS

The **theory underpinning** bottleneck and barrier analysis is that (1) the strength of any system is determined by the strength of a minimum factor, that (2) similar interventions share the same bottlenecks such that “tracer” interventions can be monitored to measure the performance (by proxy) of other interventions, (3) if bottlenecks for the most disadvantaged are not addressed, it is likely that the situation of the most marginalised will worsen relative to the wider population over time and (4) the analysis of bottlenecks and barriers will lead to the identification of evidence based strategies and innovations to overcome them.

**Conceptual issues/challenges** relate to (1) the quality of data sources, (2) uncertainty as to whether bottlenecks are generalizable, (3) whether bottlenecks may mask deeper bottlenecks and (4) difficulties in identifying solutions.

**Findings in DRC:** The health sector is most advanced in the operationalization of MoRES in DRC in that bottlenecks have been identified using the results of a number of surveys including LQAS. There appear to be good examples of the benefits of more evidence based planning locally, and that these include innovations to overcome bottlenecks. Discussions between the evaluators and the Zonal health team revealed enthusiasm for MoRES. There is some evidence that it is the Tanahashi framework that is being most widely referred to, since there is a history in this sector of its use, although that said there appears to be only limited understanding of the notion of the minimum factor. At the national level, findings from level 3 monitoring influenced the development of the Government’s MDG Acceleration Framework through identifying bottlenecks in the form of commodities and financial barriers.

It should also be noted that bottlenecks are not used or understood in the same way in emergency situations as they are for general programming. The time frame within which bottlenecks can be addressed comprises only a matter of days or weeks and is thus not conducive to the formulation of corrective actions via community participation as occurs within MoRES in the health sector.

**Conclusion:** The Tanahashi experience within the health sector has proved to be a useful platform for the launch of MoRES; some thought now may need to be given to a) whether and to what degree the differences in the use of determinants is important and b) whether the focus on the minimum bottleneck is or should be standard practice. To support this decision making, there appears to be scope for deepening understanding and indeed testing whether the focus on a minimum factor is likely to lead to more significant progress towards equity than a more generalized response to multiple bottlenecks.
The **theory underpinning** the monitoring of intermediate outcomes is that (1) they represent the missing link between outputs and outcomes, (2) data gathering at this level can inform timely corrective action with regard to programme implementation as well as (3) help document what works.

**Conceptual issues/challenges** relate to (1) identification of appropriate indicators, (2) how often data should be gathered, (3) challenges associated with the use of specific tools for more real-time monitoring.

**Findings in DRC:** In many ways the introduction of MoRES heralded the introduction of intermediate outcome monitoring in DRC. This aspect of MoRES describes the operating space in DRC where the greatest change has occurred. Previously, there was a gap between output monitoring (L2M) carried out regularly and impact monitoring (L4M) achieved through household surveys conducted every 3-5 years. MoRES has helped to bridge this gap by providing more regular information on progress towards removing bottlenecks at outcome level. This allows for more timely planning and continuous adjustment; specifically it enables the adjustment of planning priorities using locally-owned measures to address gaps in knowledge or service provision. In areas where MoRES is being used, local education officials for example see MoRES as enabling them to see where they are in relation to the indicators of the Interim Education Plan. They reported that this was the first time a survey had ever been done in their area or an attempt made to measure outcomes in relation to education.

**Conclusion:** Undoubtedly, MoRES in DRC represent the missing link between outputs and impact and has provided information which can be the basis for corrective action at the local level; however, it is too early at this stage to expect convincing evidence that this monitoring is assisting with understanding of what works with regard to equity. DRC CO should perhaps give some thought at this early stage to how it intends – in due course - to assess the correlation between the corrective actions instigated under MoRES and the impact on equity.
5. MONITORING AT APPROPRIATE LEVEL OF DECENTRALISATION

The **theory underpinning** the monitoring at appropriate level of decentralisation is that:
1. Deprivation patterns are contextually specific,
2. Local level planning must be based on local level needs,
3. Local data can be a useful basis for advocacy for local level decision making and empowerment.
4. Some bottlenecks are best addressed at central level.
5. Partnership in general and the use of government systems in particular is a key consideration.

**Conceptual issues/challenges** relate to:
1. The level of decentralisation which is most appropriate since for example context may vary at levels lower than district,
2. The weakness of data collection systems at local level,
3. Capacity for data analysis and
4. Potential de-link between data access and decision making.

**Findings in DRC:** Deprivation in DRC is universal and yet context specific with regard to the distinctive pressures on different areas of the country, particularly as these relate to insecurity. Thus there is a reasoned argument for monitoring at the decentralised level. Across the country and sectors, LQAS appears to be have been identified as a cost-effective methodology to accompany MoRES in terms of local level monitoring and is seen as providing the evidence needed to encourage the identification of local solutions. LQAS is applied on a very small scale – for example, in each ‘aire de santé’ (health zone) LQAS focuses on 19 households and surveys members with regard to their health-related attitudes and behaviour making a total of 95 households per zone. On this basis LQAS results are useful for priority setting and resource allocation rather than impact assessment.

DRC is in the process of decentralising and MoRES has provided a useful basis for demonstrating the value of local level decision making. MoRES has the advantage that within the Government health sector, a comprehensive health information system known locally as SNIS (Système national d’information sanitaire) already exists. This system is used to furnish data to fulfil the monthly reporting requirements for MoRES at the ‘Formation sanitaire’ (health centre) level. This is complemented by additional data collected as part of MAA, including LQAS, which collects data from households. UNICEF is aware that the data requirements associated with MoRES must not divert local district-level partners’ attentions from their obligations to fulfil other government reporting obligations. Although the health sector is most advanced in the operationalization of MoRES in DRC, the education sector (led by the Ministry of Education) has adopted an approach of Suivie décentralisée (decentralised monitoring) also for which MoRES L3 provides a close and timely fit. This decentralised monitoring puts an emphasis on supporting and improving i) access ii) quality and iii) governance within the education system. The use of MoRES at both the central and the more local level means that for the first time the Ministry of Education can now assess indicators at the provincial level.

**Conclusion:** Although decentralisation is at the forefront of the DRC development process, it should be noted that replicating this MORES implementation process is dependent on certain assumptions which include 1) the availability of technical, financial and human resources 2) the presence and willingness of technical and financial partners 3) the existence of partially or fully functional information systems and 4) relative peace. Significant variations in regional conditions mean that such assumptions do not always hold.
The **theory underpinning** regular adjustment to programming is that (1) bottlenecks are dynamic and so timely adjustments to strategic responses are needed, (2) adjustment means that programmes can be more aligned to current needs and progress and so support (3) results based management supported by robust evidence.

**Conceptual issues/challenges** relate to (1) the need for commitment from multiple actors on the basis of (2) consensus on corrective actions, (3) the need for resources to fund corrective actions, and (4) uncertainty over periodicity of programme adjustment.

**Findings in DRC:** MoRES was originally piloted as level 3 in health zones and building on health sector experience of the Tanahashi framework. Bottlenecks have been identified and corrective actions implemented at a community level through the refining of local and zonal operational plans. At the administrative level of the zone, government stakeholders reported problems with UNICEF funds reaching them on time and in many cases the zone had to “pre-finance MoRES activities”. This raises questions around the affordability and sustainability of MoRES as an approach. The health centres visited reported that they have no funds for activities, only for salaries, although 10% of their fees could be used to finance sensitization and other tasks carried out by the community health workers. At the more local level, there were significant problems with the sustainable financing of the community health workers who were supposed to act upon addressing bottlenecks via sensitization. This suggests that even where more robust evidence points to the need for adaptation of programmes, there may be insufficient funds to resource this and certainly to do this on a frequent basis, whatever the shared commitment of stakeholders.

**Conclusion:** Regular adjustment to programming on the basis of real-time data gathering assumes not only consensus with regard to priorities but also access to funding. It is this latter requirement which might well represent a weak assumption upon which MoRES is based and until decentralisation principles are backed with resource allocations, could translate into considerable demands on UNICEF to finance new activities on a very wide scale.

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30 There are clear limitations (based on small sample size and wide confidence intervals) of using LQAS to monitor impacts and trends (Barden-O’Fallon, J (2013) Implementation of Maternal and Child Health Outcome Surveys using LQAS: Lessons Learned from Kenya and Liberia. MEASURE Evaluation/USAID). LQAS is currently used in DRC for priority setting and real-time course correction only.
7. MoRES AS A SYSTEM

The **theory underpinning** MoRES is that (1) the four level system allows multiple entry points, (2) each level informs the next and is informed by the preceding level, (3) the system is flexible in terms of where to start.

**Conceptual issues/challenges** relate to (1) clarity over what each level involves, (2) whether MoRES can be effective if less than all levels are applied and (3) how MoRES maps onto the programme cycle, including evaluation.

**Findings in DRC:** The biggest contribution made by MoRES in DRC has been with regard to level 3 monitoring and the generation of data that lies between output and impact results. This has enabled more focused targeting of investment and more timely adjustment to programming. In the DRC case it appears that (although all four levels of MoRES) have been applied to some degree, the “whole may not be more than the sum of the parts” and there is an argument for a preliminary focus on level 3 monitoring as the main entry point for bringing about meaningful change in a country where deprivation is almost universal and decentralization at an early stage.

**Conclusions:** It is not clear whether changes at levels 1, 2 and 4 of MoRES have made as significant a difference with regard to targeting towards equity as the work at L3. Level 3 MoRES, however, has represented a major contribution to local level planning in DRC and is winning the support of government and development partners alike.
Assumptions

| ASSUMPTIONS ANALYSIS | The MoRES working paper suggests that the following assumptions warrant consideration at the case study level: (1) consistency of equity definition; (2) cost-effectiveness of an equity-focused approach; (3) data accuracy with regard to deprivations; (4) focus on key deprivations is a targeting approach that is acceptable to partners; (5) determinants framework is robust; (6) staff and partners have capability to apply the framework; (7) data accuracy with regard to bottlenecks; (8) analysis will identify true bottlenecks; (9) resource availability; (10) tracer interventions can be identified as useful proxies and indicators for these are time sensitive; (11) capacity exists at decentralised level for intermediate outcome monitoring; (12) evidence based decisions can be taken at the appropriate level of decentralisation; (13) resources and political will are sufficient to scale up the approach; (14) proof of concept emerges over time: evidence shows that the approach does progressively reduce bottlenecks. |

| Findings in DRC: It is not clear given the vast scale of the country and the particular problems associated with conflict in DRC that equity “within country” is a major driver of investment decisions (since deprivation is seen to be almost universal). Given the universality of need, it is hard to demonstrate robustly that the CO has sought to or secured partner approval for a focus on key deprivations specifically; however, there is a joint commitment to ensuring equitable progress, reflected in the “coordinated and convergent approach” referenced in the CPD. In terms of the approach, there is evidence of the use of the determinants framework, bottleneck analysis and tracer interventions but there remain some local challenges with regard to buy-in and understanding and a sense that the capacity and resource to implement and respond to findings is currently too weak to secure the widespread introduction of MoRES that would be needed to impact significantly on the problems faced in DRC given the sheer scale of the country. There remain issues over the reliability of some local data (for example the census), although where reliable, UNICEF is working with local data gathering systems (in health and education). While UNICEF has placed emphasis on the LQAS for priority setting, the CO is fully aware that there are limits to what this data can be used for, particularly with regard to impact and trend analysis; consideration may need to be given to the adequacy of level 4 surveys in this regard. |

Conclusions: There are convincing pockets of evidence that MoRES can support improved local planning. However, the challenge to scale up is significant, particularly from the perspective of resource requirements. That said, the fact that other international partners are providing funds for MoRES activities in the health sector, is very encouraging. For example, the EU is funding the roll-out of MoRES nationally in health zones not supported by UNICEF and the WHO is funding the roll-out of MoRES in two Eastern Health Zones. |

31 The CO is supporting the 2013 DHS following the 2010 MICS and has planned a 2016 MICS; however, the CO note that nationally-representative household surveys such as DHS/MICS are expensive and take at least a year to complete, therefore, it would be unrealistic to expect the frequency to be increased.
Summary: MoRES Cause and Effect Chain in DRC

This final section of the report aims to summarise the DRC country experience in relation to the Cause and Effect Chain modelled in the diagram below and taken from the working paper supporting the overall evaluation:

The overall causality/pathway of change for MoRES at the country level can be summarized as follows:

MoRES is an attempt to look at UNICEF programmatic and policy work from an equity and deprivation perspective. It is a complex system, dynamic and emergent across multiple sectors and contexts. It comprises multiple components including four levels and a feedback loop that are intended to be applicable across programme sectors and policy work. The levels of MoRES are intended to be closely linked – each level provides information for monitoring at the next level and at the same time assesses/validates actions of the preceding level to allow for timely adjustments and refinements in programme strategies. A key element is the iterative process of real time monitoring and continuous feedback loop which allows for real time intervention adjustment. In addition, principles and tools/methods need to be applied including the bottleneck analysis framework, for MoRES to function. To ensure maximum impact, sustainability and ownership, MoRES should be integrated into national systems. Thus results are dependent on an adequately resourced and capacitated MoRES approach at appropriate levels of UNICEF and the National Government.
In the case of DRC and with regard to the cause and effect chain, the following inputs, activities, outputs and emergent outcomes of the MoRES application have been recorded:

1. **UNICEF DRC CO uses tools and methods to support identification, monitoring and targeting of most disadvantaged children**

The DRC CO has been active in the application of MoRES particularly with regard to level 3. At this level, MoRES has been implemented in an integrated, multi-sectorial manner although rolled out at different speeds and reach in the three sectors involved; health, education and child protection. There is evidence of: the identification of tracer interventions; the selection of indicators relating to the determinants framework; bottleneck analysis supporting local level planning; more frequent monitoring; and feedback towards programme adaptation. MoRES has occupied a ‘space’ in health that was to some extent, already in existence but not sufficiently evidence based, as formerly, planning in the health sector was done using the Tanahashi model and technical staff were familiar with the parameters of supply, demand and enabling environment. MoRES thus conveniently filled this gap where the Tanahashi model used to be and this probably facilitated its adoption. However, the ideas of ‘feedback’ and community accountability are new. MoRES has also increased notions of democracy, transparency and accountability outside the domains of health.

2. **MoRES is adequately resourced and capacitated and supported at all levels of UNICEF and Government**

Given the huge scale of the country and the universality of deprivation in DRC, compounded by conflict, the capacity and resource needs to support the MoRES approach are huge. There is evidence of international partners supporting MoRES initiatives but there remain serious shortfalls across the country.

3. **Stakeholders do not oppose equity focusing**

Equity is a central DRC theme for UNICEF and underpins all components, results and strategies. However, census data are not available at *sous-division* level meaning that information on the population is not always available or reliable. What is known is that there appears to be little correlation between deprivation and socio-economic status in DRC except for those in the highest wealth quintile. In effect then, UNICEF considers most children to be vulnerable and believes equity driven initiatives must be rolled out universally; thus the issue of prioritization is somewhat muted. Whereas there appears to be general consensus on this universal approach, there is some difficulty with the notion of equity in the education sector where partners confine their definition and understanding of equity to the equal enrolment of girls and boys.

4. **MoRES tools are well conceived and context specific**

Although initial MoRES guidance was said to be limited, this was also perceived as making the approach more adaptable to local contextual realities and priorities. DRC already has experience of the Tanahashi model and there appears to be a tendency to default to this set of...
determinants as well as to see MoRES as easier to apply in the health sector than others. Bottleneck analysis appears to be well received across the sectors. Data sourcing has been supported by the LQAS plus qualitative research.

5. MoRES enables effective equity focused targeting of the national programme

MoRES now forms part of UNICEF’s CPD for 2013-17 but also interfaces with four major Government plans and strategies. There is evidence of effective targeting of children in the health and education sector. In May 2013 under the banner of “A Promise Renewed”, the Framework for the Acceleration of MDG 4 and 5 was launched by UNICEF and the Ministry of Health with the aim of saving the lives of 430,000 children under the age of five years and some 7,900 mothers by 2015. This framework was supported by work within level 3 MoRES, a process referred to as *Monitorage Améliore pour l’Action* in DRC. In education, for example, MoRES has provided a structured framework for the assessment of the Interim Education Plan; it has also strengthened the Ministry of the Interior’ focus on birth registration which, before the birth registration initiative, was comparatively weak. The focus on birth registration in the child protection sector is seen as a foundation for further effective targeting of children who might otherwise have gone unnoticed. However, integration between sectors to target all the needs of disadvantaged children has not yet been fully achieved largely due to administrative and technical barriers. MoRES has led to substantial interest and commitment from other international donors (EU, WHO) and become somewhat of a blueprint as a means for empowering communities to gain ownership of planning decisions that affect them.

6. MoRES mainstreamed in UNICEF assistance

There is evidence of change at all stages of the programme cycle within the UNICEF CO in DRC as a response to MoRES. Changes include a shift to sector specific rolling SitAns at level 1, more locally informed plans (using LQAS results) as the basis for level 2 monitoring, the introduction of a process called *Monitorage Amélioré pour l’Action* (Improved Monitoring for Action) or MAA at level 3 and the use of LQAS data for priority setting and course correction.

7. Government programmes effectively target disadvantaged children through MoRES

The implementation of MoRES has catalysed institutional partnerships with government, namely, the Ministries of Health, Education and Interior and has promoted new and innovative ways of thinking and planning which actively engage the grassroots and involve them in priority setting. There has also been influence at the national level, for example in the Framework for the Acceleration of MDG 4 and 5 as described above, which was supported by work within level 3 MoRES.

8. Government adopts improved equity targeting through MoRES

The introduction of MoRES by UNICEF has strongly consolidated partnerships with government but also enhanced the Government’s own capacity and leadership, particularly in the Ministries of Health, Education and Interior. MoRES has enhanced the evidence base in the sectors
of health, education and child protection and influenced the National Health and Development Plan as one example. MoH personnel report that MoRES has strengthened systems and accountability to such an extent that it is now more realistic for DRC to attain the MDGs in health than hitherto. Exchanges with the local education inspectorate have also revealed that MoRES had been welcomed as an innovative approach to improve equity within the education sector (particularly with regard to the equal enrolment of girls and boys) as well as a means to attain the MDGs.

9. Better services for disadvantaged children

It is too early to say that MoRES will translate into better services for disadvantaged children. This depends on more convincing evidence of impact across the sectors. If such evidence emerges, the next challenge will be to access the resources and technical support that would be needed for MoRES to go to scale.

In summary:

The UNICEF Country Office (CO) in DRC supports one of UNICEF’s largest programmes globally, with assistance delivered through fourteen offices and by over 500 staff. The allocated budget recorded in the current Country Programme Document is US$345,788,395.00\(^{32}\). The MoRES experience in DRC has been characterised by significant and strategic regional and headquarters support, government involvement, strong local leadership and the commitment of UNICEF staff at all levels. The influence of MoRES has been felt across policy, programmes, systems and partnerships.

MoRES was piloted at level 3 in five health zone of five out of eleven provinces of the country and this is the level and the sector where most progress has been made\(^{33}\). The DRC CO was fortunate in being able to build upon the health sector experience of the Tanahashi framework and so there was some familiarity in this sector with the concept of bottlenecks and barriers as well as determinants. Level 3 MoRES has helped build a stronger evidence base for local planning and upward influence and so has supported better “vertical integration” within the health sector in DRC. Bottlenecks have been identified and corrective actions implemented at a community level through the refining of local and zonal operational plans in health.

MoRES has also facilitated “horizontal integration” across sectors – specifically between health and child protection – for example by enabling the registration of births within maternity services. Since the health sector pilots, MoRES has also been introduced into the WASH and education

\(^{32}\) [https://icon.unicef.org/apps01/mgtrep/mgtrepcustom/Pages/PrgImplParam.aspx](https://icon.unicef.org/apps01/mgtrep/mgtrepcustom/Pages/PrgImplParam.aspx). It should be noted that this figure is dynamic, however, and has already been increased since the time of drafting of the CPD.

sectors. The education sector (led by the Ministry of Education) has adopted an approach of Suivie décentralisée (decentralised monitoring) also for which MoRES L3 provides a close and timely fit. However, full integration of the MoRES approach across sectors to better meet the needs of the most disadvantaged of children remains constrained by both administrative and technical barriers.

Significant emphasis has been placed on Lot Quality Assurance Sampling (LQAS) in DRC as the basis for decentralised monitoring and a cost-effective methodology to accompany MoRES. Decentralised monitoring is seen to be an appropriate approach to planning interventions for equity. Nevertheless, the cost implications of scaling up LQAS for MoRES, and indeed MoRES activities more generally (particularly to finance corrective actions), are prohibitive for any one organisation. Financial and technical partnerships are needed if MoRES is to go to scale. There has been some early success in this regard within the health sector with both the EU and WHO supporting roll-out. More evidence may be needed of the relevance of MoRES to equity in all sectors before the funds and technical support to fully scale up MoRES can be realised.