MoRES/L3M: Initial Results and Lessons learned from Uganda

July 2012
Summary – MoRES/L3M in Uganda Country Office

At its heart MoRES/Level 3 Monitoring has a simple idea: bringing information to decision makers in a rapid and compelling way to accelerate progress for the most vulnerable children. UNICEF Uganda has been working for around a year on realizing this vision. We have developed and undertaken a bottleneck analysis with government across all of our programmes; we have programmed, including in our mid-term review, to alleviate priority bottlenecks; and, most crucially, we have begun the process of monitoring bottlenecks and feeding information back to decision makers, including through innovative monitoring technologies.

Summarising this work in a paragraph is a great reminder of how far we have come, but also masks the complexities, challenges and hurdles we have faced, and indeed those we are still thinking through. As is the case in all Country Offices it has been a process of relentless forward momentum. This document captures a moment of reflection, looking back at how we went about this work, the lessons we have learned and some of the innovations that have been crucial towards building a successful model.

Monitoring to leverage results for children

Of all the lessons learned perhaps the most important is that a step-change is needed in the collection and use of up-to-date information to leverage results for children. An excellent and well-owned bottleneck analysis or a thorough work planning process can be derailed by the fact that the quality and timeliness of data itself is a major bottleneck which cannot be simply overcome.

The phones, the networks and the people are now in place to make real time data collection a reality, and this is at the heart of UNICEF Uganda’s future strategy for MoRES/L3M. Of course, doing this successfully is more easily said than done and there are few key principles we have learned in developing our monitoring systems:

- To be actionable data needs to be rapidly available and accurate enough for decision makers to take seriously.
- To the extent possible decision makers themselves should be involved in designing data collection. This ensures they are receiving the data they need, and have ownership over both the indicators and the way in which they are collected.
- Community engagement and community monitoring can make a big difference. Providing decision makers with data is a start, but providing data that the community has been involved in both collecting and delivering to decision makers creates whole new approaches to accountability.

As you’ll see in this document these innovations are already making a difference in leveraging results for children. M-Trac has been an instrumental part in ensuring drug-stock outs are reduced; the
CODES project has institutionalized the use of bottleneck analysis and rapid data collection in its initial districts to improve child health; and U-Report has connected over 130,000 young voices to decision makers and has seen MPs advocating for increased immunisation budgets, and rules for the important ‘Youth Fund’ adjusted to young people’s priorities; edu-Trac is closer to its infancy but is already engaging district education officers in a completely different way on issues of teacher absenteeism.

Despite the incredibly rapid progress these approaches have made they are all relatively new and still growing. And as such traditional approaches remain vital: around two-thirds of the MoRES/L3M indicators come from sources such as paper based Management Information Systems and sector and project reports, but over time we expect this to shift. M-Trac will be in every district in the country by the end of 2012; CODES will in quarter of the districts districts with the highest mortality burdens by 2014; edu-Trac similarly will be around quarter of the country by 2013; and following current projections U-Report aims to have 200,000 reporters by the end of 2012, with an eye towards having a u-reporter in every village.

**Implementing MoRES/L3M in a CO context**

A question that we have frequently been asked around our approach to implementing MoRES/L3M is whether this is a new project that requires extra time and resources, or is integrated into ongoing work?

Our perspective in Uganda is that this is a core part of our work. This is simply because monitoring is the heart of UNICEF’s mandate. We are the only institution identified by name in the Convention on the Rights of the Child with the clear delineated responsibility of monitoring the situation of children. Wherever UNICEF has a presence understanding the situation of children is our first task. As such MoRES/L3M is not new, but offers a new approach to doing our core business.

In the Uganda country office MoRES/L3M has been led by the office’s senior management (Rep and Deputy) and become a core joint responsibility of the Social Policy and Evaluation section and the Monitoring section (separated in the Uganda set up). The sequence in Uganda has been a core investment (of staff time and core resources) on developing the bottleneck analysis and on the monitoring of the situation of children. While the innovative monitoring tools used often begin their development as part of core resources, as partners become interested in their use their funding can come from outside sources.

Overall, the Uganda experience shows not only the potential for real time monitoring of bottlenecks to improve decision making and the situation of children, but impacts are already being felt on the ground. And as the approaches reach national scale we see this as being a core part of how UNICEF and the Government of Uganda understand and take action to improve the situation of the country’s most vulnerable children.
Developing the bottleneck analysis

UNICEF Uganda moved quickly in developing its bottleneck analysis after the initial guidance was shared from HQ on Strategic Result Areas, as it provided an excellent analytical frame to support the Mid-Term Review and development of the second half of the country programme. Towards this end starting in May 2011 we began undertaking a bottleneck analysis across the key areas of our country programme, these were:

Keeping Children Alive
1. Under-five mortality
2. Nutrition
3. Prevention of Mother To Child Transmission (PMTCT)

Keeping Children Safe
4. Birth and Death Registration
5. Juvenile Justice
6. Violence Against Children

Keeping Children Learning
7. Child friendly and quality education
8. Early Childhood development

Developing the bottleneck methodology

At the start there was no ‘out of the box’ bottleneck methodology, and given our urgency to move forward quickly we began testing and developing our own approach. We drew principally from two sources in the development of the methodology: the Tanahashi approach that is the foundation of the marginal budgeting for bottlenecks and the MDG Acceleration Framework. In developing our initial methodology the key principle behind our thinking was an approach that could practically and relatively quickly be undertaken, and to the extent possible fit into our existing working procedures and modalities. This decision was informed both by the normal time pressures in a country office, as well as experience with the roll out of the MDG Acceleration framework in Uganda for maternal mortality, which while exhaustive was also time consuming.

Situation analysis

As outlined in the SRA framework, the heart of the analysis is a current situation analysis of children in the area in question. The focus on the situation analysis tries to cover the range of relevant areas including the current rights framework in place in the area in question, a statistical analysis on the situation children face, with a focussed component looking at the equity situation. The analysis also tries to assess institutional factors relevant to the bottleneck analysis, although these are also considered in more detail in the bottleneck analysis itself.

Intervention identification and areas of analysis

Our approach looked at four key areas identified in the MDG acceleration framework. As outlined below, the fifth area did not seem practically useful. The areas are as follows:

- Policy and Planning
- Budget and financing
- Service Delivery (supply)
- Utilisation (demand)

**Bottleneck prioritisation: three step approach to identifying bottlenecks.**

Again, this approach is very much in-keeping with the MDG acceleration framework, but was somewhat simplified to allow rapid analysis. The approach was as follows:

1. **Expected impact on children** in the SRA in question if the bottleneck was removed. **High impact (green); Medium Impact (yellow); and Low impact (red).**
2. **Difficulty of removing bottleneck.** This analysis looks specifically at the difficulty for UNICEF in removing the bottleneck, taking into account the organization’s ability and leverage and its work with partners.**Achievable (green); Challenges (yellow); and Difficult (red).**
3. **Overall bottleneck prioritisation**, in general:
   - **High priority**: high impact and achievable.
   - **Medium Priority**: high or medium impact and challenging to achieve, or medium impact and achievable or challenging.
   - **Low Priority**: low impact or difficult to achieve

**Undertaking the bottleneck analysis**

As with the Mid-Term Review process itself, developing the bottleneck analysis jointly with government leads to much stronger more system wide analysis and actions. However, without an appropriate and proven bottleneck methodology we sequenced our work to first design and test a bottleneck methodology in order to engage government and other partners from a stronger and better organised position.

In the Ugandan context UNICEF experts in the Strategic Results Areas considered have close relationships with government counterparts, and as such we were in a strong position to undertake the initial round of bottleneck analysis using in house expertise with informal discussions with counterparts as necessary, but before extensive verification and discussion with government and other partners.

This first round bottleneck process took around six weeks for all areas. The Social Policy and Monitoring teams who developed the methodology provided support in the development of the situation analysis, and facilitated the bottleneck development with staff. As such some internal staff resources were dedicated to this task. External consultants or additional funding were not used.

After the initial analysis the bottleneck analysis was reviewed and verified as part of the Mid-Term Review process. The most important review process was with government partners, including the Country Programme Management Team as well as Health, Education, Water and Environment and Social Development Sector Meetings. A meeting was also held with Government colleagues in Uganda’s Western Zonal office. Development partners were engaged in discussion both in sectoral development partner groups as well as a full development partner consultation on the SRAs, bottleneck indicators and the MTR. We held a similar consultation with civil society partners.
Key results and programming for bottlenecks

The full conclusions of the bottleneck analysis are available in “A bottleneck analysis of UNICEF Uganda’s Strategic Result Areas” November 2011. While it is difficult to adequately summarise the bottlenecks given the number of areas assessed, some key cross cutting bottlenecks that emerged were:

- The Scope of our programmes was not well attuned to the scale of the challenges children face in the country. We have to work beyond initial focus districts in a coherent way, and in a number of areas look to leverage progress nationally.
- An equity focussed approach in Uganda requires UNICEF to be working in the poorest districts as well as those with the largest number of poor children.
- Initial points of contact are high (e.g. ANC visits, Immunisation, school enrolment), but vulnerable populations are not being reached consistently. Reasons vary, but greater quality in service provision particularly through increasing the value at each point of contact and community engagement in services is key.
- In almost every SRA, the supply side was found to be vital, but on its own insufficient to achieve the results needed. Lack of demand for services is also a vital bottleneck.
- The process of collection, movement and use of actionable data can be extremely laborious, requiring collection on paper and movement in hard copy to final users through many institutions. This was a major bottleneck and there is room to radically alter this approach to decision making.

- One of the biggest challenges that emerged throughout the SRAs is the quality of local government services and the lack of accountability. Engaging communities and young people in particular is an essential strategy.
- Engagement in policy areas, and budgetary issues in particular, emerged as a bottleneck across many SRAs with the use of ground level observations and data a vital element in influencing policies and leveraging resources.

Programming for bottlenecks

In the first bottleneck analysis for each area an initial work plan through 2013 was developed, with the timing to be in line with demonstrating results by the 2015 UN MDG Summit. However, it became apparent that it would be more efficient to combine the work planning process with Uganda’s rolling work plans and development of new IRs and directions as part of the Mid-term Review. As such the bottleneck analysis become the key input into these processes, with the conclusions reflected in current IRs and underlying activities and indicators.

Lessons learned

The process of developing and implementing a bottleneck methodology as part of the Mid-term Review required perpetual forward motion to meet deadlines and keep the programme running smoothly. Assessing the work done a number of lessons have been learned about how the work could be done more effectively:

- The bottleneck analysis is an extremely useful tool as the basis for organising the work of the Country Programme. In general
it would make sense to do a comprehensive analysis at the development of the country programme and at the Mid-Term Review.

- The scale of SRAs assessed was not consistent across areas. Our analysis ranged from birth and death registration to much more general areas such as U5MR. In general the smaller the area of analysis the more useful the conclusions. In broader areas further bottleneck analysis was required at the stage of developing indicators.
- Having a bottleneck methodology in place will accelerate progress and facilitate engagement with partners. While the office had an extensive approach to consultation and development of SRAs, this was hindered at the beginning by developing a bottleneck methodology in which to assess the SRAs. Uganda CO found developing a practical methodology useful, not least when discussing our approaches with partners. Such a methodology could be useful for other countries.
- The development of 10 determinants by HQ greatly facilitates analysis. Much time was spent determining the specific areas of analysis, having agreed determinants will make work easier and more consistent.
- Guidance on number of bottlenecks to identify would be helpful. There was a tendency to identify more areas than could be effectively worked on as bottlenecks. While there can be no simple one size fits all, some guidance here (as for number of indicators to consider) would be helpful.

- Office capacity was sufficient and appropriate for undertaking the work. This work was in line with our core work on understanding the situation of children and key actions required. Making it an office led process built this knowledge in house and is an effective use of staff time.
- Time for reflection and lesson learning for the future should be built in. There has been limited time for reflection, and neither have we been updating previous documents as thinking has evolved (e.g. SRA document does not reflect updated thinking on bottlenecks coming from MoRES indicators). To an extent this is a natural part of the CP cycle and need to move forward, but time for reflection and lesson learning will be useful as this work is used in the future.

<table>
<thead>
<tr>
<th>Policy and Planning</th>
<th>Area of work</th>
<th>Situation</th>
<th>Impact of removal (High, Medium, Low)</th>
<th>Ease of addressing bottleneck (Achievable, Challenging, Difficult)</th>
<th>Bottle neck priority</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Development of comprehensive BDR Policy</td>
<td>Important to bring coherence, some work underway</td>
<td>High</td>
<td>Achievable</td>
<td>High</td>
</tr>
<tr>
<td></td>
<td>Resource envelope increased (actual revenue)</td>
<td>Rough estimates on cost of delivery are US$4m capital and US$2.2m recurrent needed, assuming existing setup and costing including rental estimates are needed.</td>
<td>High</td>
<td>Challenging</td>
<td>Medium</td>
</tr>
<tr>
<td></td>
<td>Increase district capacity through new human resources</td>
<td>This staff in rural posts including CDO, panels and subcountry chiefs from clerks. Now range is limited.</td>
<td>High</td>
<td>Difficult</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td>Service delivery</td>
<td>Currently zone 3 of the 33 districts have full eradication.</td>
<td>High</td>
<td>Challenging</td>
<td>High</td>
</tr>
<tr>
<td></td>
<td>Affordability</td>
<td>Long certificates currently cost up to US$500, short US$100;</td>
<td>High</td>
<td>Challenging</td>
<td>Medium</td>
</tr>
<tr>
<td></td>
<td>Utilisation</td>
<td>In practice not undertaken. More information needed on formal regulations</td>
<td>Low</td>
<td>Difficult</td>
<td>Low</td>
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Screen shot of BDR bottleneck analysis shared with partners. See resources for full document.
MoRES/L3M: developing a first set of indicators

During the development of the Mid-Term Review and creation of IRs based on the bottleneck analysis undertaken, initial indicators were already being developed as part of the work planning of the country programme. However, it was at the beginning of 2012 that full development of indicators to measure progress in alleviating bottlenecks was developed.

Process and methodology
A key moment in the development of the MoRES/L3M indicators was a visit by a Head Quarters and Regional Office team on latest global thinking and approaches to the development of indicators in early February 2012. This visit not only allowed us to share experiences, but also created a dedicated space where staff could focus on translating the bottleneck analysis into indicators we could monitor to check progress against alleviating bottlenecks. The process continued to be led by the Social Policy and Monitoring sections under the guidance of senior management, with the Monitoring section taking the lead on indicator development. No additional resources were used.

Refining the bottlenecks using the 10 determinants
When the indicators were being developed it had had been over six months since the bottleneck analysis was developed. During this time there had been further refinements in understanding key priorities within areas of work, although given time pressures these had not been fed back into the initial bottleneck methodology.

The 10 determinants proved an extremely useful basis for reviewing the bottleneck analysis and identifying key bottlenecks to be monitored. As outlined in the previous section the areas and determinants are extremely close to those used in the Country level bottleneck analysis making the process straightforward.

Choosing indicators
While the intention of the methodology had been to focus in on a limited number of priority bottlenecks, in a number of areas we had drifted towards a large number of bottlenecks to be addressed. This review and identification of what to measure offered an excellent second opportunity to increase our focus. Accordingly, a rule of thumb decision of the team (HQ/RO/CO) was to focus on two to three determinants and indicators for each of the IRs in the programme. The full list is available, and the diversity of challenges in Uganda makes a simple summary difficult, but across our areas of programmes indicators covered are:

Monitoring bottlenecks – Keeping Children ALIVE: Uganda’s Keeping Children Alive programme covers a broad range of areas and has 7 Intermediate results. Key bottlenecks include the enabling environment, particularly in the area of budgeting. However the major area of focus in alive are supply side bottlenecks, which across areas of programming are impeding progress towards the goals. There are also demand side bottlenecks in some areas.
Monitoring bottlenecks – Keeping Children SAFE: Uganda’s Keeping Children Safe programme has 5 intermediate results in the areas of violence, birth registration and justice for children. The lack of adequate enabling environment is the key bottleneck across areas with a focus on updates policies and improved coordination. Service delivery is also a major bottleneck, with focus going on rolling out a mobile vital registration system and creating functioning district systems for child protection.

Monitoring bottlenecks – Keeping Children LEARNING: Uganda’s Keeping Children Learning programme has 5 intermediate results, ranging from the overall enabling environment, keeping children in school, building the strength of ECD in Uganda and WASH in schools. Bottlenecks vary, but the quality of services – including teacher absenteeism is a key issue, along with with significant bottlenecks on the demand side.

The figures to the right give a breakdown of the numbers of bottlenecks and their areas for each PCR, and across each domain. With Keeping Children Alive being the largest programme it has the largest number of indicators with 20, with Keeping Children Safe and Keeping Children Learning with 7 and 6 respectively. The domains where the indicators fall also paint an interesting story, with Supply being by far the most important bottleneck in the Ugandan context. The range of indicators by domain also vary by programme, with Alive being heavily focussed on supply side bottlenecks, Safe with a strong emphasis on the enabling environment, and Learning having the highest focus on issues of quality.
**Data sources and thresholds**

As with all monitoring exercises data sources, quality and frequency are major constraints in the practical identification of indicators. With a new approach such as MoRES/L3M these problems are exacerbated by the need for data of high frequency and quality to feedback in government and other decision making processes. The experience in Uganda suggests that the future of monitoring lies in the use of SMS and other technologies that can improve quality and timeliness of data, as well as delivery to decision makers. However, while in some areas these approaches are well developed, in others they are still being honed and are new to government decision making processes. As such, the data in our first round of MoRES/L3M drew from the following newer and more traditional sources:

**Sector reports and management information systems (11 Indicators)** – often these data are collected annually and there are some concerns over veracity of data. UNICEF Uganda is working to improve quality and timeliness of systems.

**Project reports (12 Indicators)**– In key areas these can give up to date information on progress, there are however challenges in national representivness of bottlenecks, and so are only suitable in some areas.

**Innovations in monitoring (11 indicators)** – The slow movement and weak use of data emerged as one of the key bottlenecks identified in the overall bottleneck analysis, and the country office had already begun work on developing data collection methods that were faster and more accurate and that could easily be used in decision making.

UNICEF Uganda is developing a number of tools which can address some of these problems by providing real time data on the situation of children across wide geographic areas. These include U-Report (SMS survey tool covering 130,000 young people); M-Trac (Real time information on health indicators); Edu-Trac (real time information on key school indicators); and M-VRS (birth registration and real time updates on progress).

After indicator selection one of the challenges we faced was developing the thresholds. The goal was to set a challenging but achievable target, but it will take some iterations to fine tune these. Our approach was to categorise red as where we are presently; yellow what is achievable with resources available by mid period, and green where we plan to be by the end of 2014 (the end of the country programme)

**Initial results: Q1 (and a hint of Q2)**

After the completion of the MoRES/L3M Matrix in March 2012, the first round of data collection began covering Q1 focussing on quarterly available indicators, and at the time of writing the process has just begun to assess the Q2 information.

Overall 22 of our indicators were intended to be available quarterly (this includes termly available information on education), and in the initial round of data collection some data was available for 18 of the indicators. While this is very positive initial reporting rate, it is important to stress, that not all the data is complete with some data only representing a limited number of districts (for example teacher
absenteeism from eduTrac which is still scaling up – see below), and in
some areas we have numerators but not denominators hence the
grading of progress is not yet possible (for example, health staff
trained in new-born resuscitation). For some indicators where there is
no data available, biannual reporting is emerging as more realistic.

Of the indicators where we are able to clearly categorise in the Q1
review, nine were categorised as red, three as yellow and three as
green. Given our approach to defining the thresholds (red the starting
point and green the goal by the end of the country programme) these
seem to indicate appropriate thresholds and progress, with arguably
the need to raise the bar further in some areas. Certainly one of the
key conclusions that emerged (see lessons learned) is the need to for a
review of the indicator matrix, probably at the end of Q3, to improve
on the calibration of the thresholds.

More important than the thresholds, or perhaps better said the
purpose of them, is to spur UNICEF and government action to improve
progress in alleviating bottlenecks. Q2 data is only now being
compiled so we currently only have limited information on these
impacts. Of the four indicators with data for both Q1 and Q2 three
were initially red (national communications strategy on immunisation,
social mobilisation for family health days, and registration of ECD
centres) and one yellow (stock out reports). The social mobilisation
for family health days is now in full swing (green), and while the other
constrained areas remain constrained, progress is underway in both.
Drug stock outs remains as yellow.

Lessons learned

While the bottleneck analysis is in some sense more mature in the
country office, the development of MoRES/Level 3 indicators is
relatively new, with the first monitoring frame and results.
Nonetheless, in the development, collection and analysis of these
indicators a number of lessons emerged:

- Perhaps the most important lesson in our context, and likely in
  many others, is the need for new data sources to make Level 3
  monitoring a reality. An excellent co-convened bottleneck
  analysis does not make MIS data more accurate, project data
  more representative or either of these more quickly collected
  and of more interest to decision makers. In our experience
  new approaches to monitoring are essential for MoRES/L3M to
  fully function. UNICEF Uganda already has many of these
  underway, and such approaches may be useful to other
countries.

- There is more to MoRES than matrices. The updating of the
  monitoring matrix is essential to see progress being made and
  have an organised approach that can be shared with and
  owned by partners. But sometimes the spirit of MoRES –
  providing decision makers actionable information on
  bottlenecks – can have great life outside the matrix and
  UNICEF Reporting. Some of this is outlined in the MoRES in
  action section (below). Time will show whether our matrix
  indicators can be better refined to capture this on-the-ground
  use of data to support decision making for children.
- **Having bottlenecks as the basis for analysis was essential.** In Uganda we started the process by identifying bottlenecks in the programme, and throughout this proved an essential first step. This is a logical part of the overall process, but there may be a risk of seeing the monitoring element as more important or separate to the bottleneck analysis. For us these went hand in hand.

- **There was initially some confusion on the best way to move forward on MoRES indicators.** We benefitted enormously from an HQ/RO visit at the stage of selecting the final domains and indicators to measure. This gave both focus and clarity to how to move forward. While this will not be practical for all, guidance drawing from what has been learnt here and elsewhere would be extremely useful.

- **The rule of thumb of selecting 2 to 3 bottlenecks to measure per IR was a simple and very effective way of prioritising and focussing on key issues.**

- **Discussion is still ongoing on the level at which we should be monitoring.** The principle of MoRES is very clearly to identify national level bottlenecks and work towards and measure if they are successfully being alleviated. However, even after the bottleneck analysis some areas (for example WASH) action comes to sub-national implementation, and accordingly that is what we are measuring. More thinking in these areas would be useful.

- **Development of thresholds can be subjective, over time this should be revisited.** While the methodology for thresholds outlined above gave some objectivity, the speed and extent to which they can be relieved remains subjective with risks of low-balling progress or being overly ambitious. Over time more objective criteria could be developed, and clearer guidance on the need to seek ‘stretch’ type targets.

- **This is a different way of doing our core work.** In Uganda the work on MoRES/L3M as with the bottleneck analysis was done using internal capacity re-focussed on doing core work in this new way. This did not feel like a new project, but rather a new way of working.

- **Revising the matrix.** The process of collecting data for Q1 and starting for Q2 as well as developing work in the field in using data with decision makers outlines the need to refine our monitoring matrix. This would require both to look at indicators to ensure they capture the bottlenecks being addressed but also are realistically collectable, and whether thresholds can be better calibrated.

A pictoral example of CO confusion before HQ/RO visit of February 2012. Gary Larson. See resources for PPT presentation.
Data and decision making – MoRES in action

At its heart MoRES /Level 3 Monitoring has a simple idea, bringing crucial information to decision makers in a rapid and compelling way in order to improve the situation of the most vulnerable children. Of course, doing this successfully is more easily said than done and there are few key lessons we have learned in developing our monitoring systems:

- To be actionable data needs to be rapidly available and accurate enough for decision makers to take seriously
- To the extent possible decision makers themselves should be involved in designing its collection. This ensures they are receiving the data they need, and have ownership over both the indicators and the way in which they are collected.
- Community engagement and community monitoring can make a big difference. Providing decision makers with data is a start, but providing data that the community has been involved in both collecting and delivering to decision makers creates whole new approaches to accountability.

Regular data collection methods such as national Management Information Systems or sector reports rarely fulfil these criteria, and accordingly UNICEF is working with government to develop new approaches that take advantage of the wide penetration of mobile phones and mobile networks as well as the interest among government civil servants as well as young people and other members of the public to engage on the collection and sharing of data.

This section looks in more detail at some of the approaches we are developing based on these principles. The section looks at both specific approaches in the areas of health (M-Trac and CODES) and education (Edu-Trac), as well as our approach to community monitoring and engagement which is being used across sectors (U-Report).
**m-Trac: Working with health workers to rapidly bring information on stockouts and diseases to decision makers**

**The bottleneck and approach**
Malaria remains one of the most important diseases in Uganda in terms of morbidity, mortality and economic losses. Availability and use of ACTs, the first line medicine in Uganda to treat malaria, is an important ingredient to effective case management. Yet a major bottleneck in effective treatment are the challenges in supply chain management and pilferage. As a consequence Uganda suffers from regular stock-outs.

To address this situation, in partnership with the World Health Organization and DFID, UNICEF Uganda is supporting the Ministry of Health (MOH) in a nationwide roll-out of an SMS-based disease surveillance and medicine tracking system (m-Trac) at all 5,000 health facilities and through 8,000 medicine-distributing village health workers. The objective is to provide key health sector stakeholders with timely and accurate data for response, while monitoring health service delivery performance.

This initiative has two main components: (1) strengthening the existing Health Management Information Systems (HMIS) by providing real-time disease surveillance, ACT stock and logistics information via weekly HMIS reports coded for SMS, and (2) engaging the larger stakeholder community to report service delivery bottlenecks, generate dialogue and calls for action where failures occur, and strengthen accountability and governance around timely provision of ACTs.

The community engagement works through two main channels:
1. an anonymous SMS service delivery complaints hotline, and
2. leveraging existing UNICEF social monitoring initiatives including U-report, integrating a strong governance and accountability angle through public dialogue sessions.

The project is already rolled out in 57 Central, Southern and Western Districts. So far 3000 staff have been trained with data coming in from 1,000 Health centres.

While m-Trac is being used in a variety of ways, there are two key indicators that will be captured by M-Trac in our MoRES/Level 3 monitoring matrix. These are:
- % of facilities that report stock-outs
- % of households visited per VHT per quarter

**Results**
The Ministry of Health can now access weekly HMIS data in near real-time, including on the vital issue of stockouts. This data is being used as part of their fundamental systems for sharing information on drug availability and ensuring access is maintained. For example, m-Trac data is now incorporated into the Ministry of Health's Surveillance Unit’s weekly news bulletin, and reports of drug stock-outs. This recently showed, for example, that 14% of reporting facilities had complete stock-outs of ACTs. This information is then forward to the
National Medical Stores for follow-up to ensure drug availability is restored.

Information coming into m-Trac on reported disease cases is also proving extremely useful for districts to identify problems in service delivery. In January 2012 in Kotido district in the north of Uganda, for example, district officials noticed a spike in reported cases of fast breathing (a sign of pneumonia). On investigation the District Health Team realized that community health workers were misdiagnosing and mistreating pneumonia, and were able to conduct a retraining on the spot, and address a gap in the CHW training.

The m-Trac hotline has also proven extremely effective, with complaints ranging from drug theft to rape. UNICEF is working closely with the government’s Medicines and Health Services Delivery Monitoring Unit (MHSDMU) to follow up on complaints. Between February and May 2012, 191 cases were investigated and 90 cases acted upon. Additionally, community reports from suspected disease outbreaks have been forwarded to District Health Teams for further investigation.

Lessons learned and next steps
A number of lessons have been learned in the implementation of m-Trac. Most crucial has been that national ownership and full government participation critical to long term project sustainability. While the temptation can be to move ahead more quickly, this engagement has been fundamental. Secondly, regular monitoring and contingency plans must be made for mobile network failures, which were far more frequent than anticipated.

Full national scale up is now underway and should be completed with all health centres and VHTs in the country reporting by the end of 2012. We are also working to further incorporate m-Trac data into Ministry of Health planning and response, with a particular focus on the Malaria Control Programme and Pharmacy Unit. As m-Trac is now a core government system this integration should be straightforward, and will deepen as the programme reaches full national scale.
**U-Report: Bringing community monitoring and the voices of young people to decision makers**

**The bottleneck and approach**

In collaboration with the Scouts and other youth organizations nationwide, U-report uses SMS messages and traditional communication channels like radio, TV and a website to provide a platform for strengthening communication and dialogue around core development issues.

With over 130,000 young Ugandans now signed up for this service, these “social monitors” are sent weekly polls to gather data on community services and youth issues – in return they receive the results as well as useful facts for action and advocacy. Currently U-Reporters are 51% female, and the average age is 24. U-Report is widely geographically disbursed, with Reporters in all of Uganda’s districts, although there are fewer in parts of the country, such as the North East, where mobile phone penetration is lower.

Through U-Report youth from different parts of Uganda can compare how their region is doing in providing essential services, and they can share practical advice and advocacy information. The most critical U-report issues are featured in weekly TV and radio shows, and also in newspaper spreads. In addition, parliamentarians have begun to receive U-report updates that they can use in their work within Parliament, and they regularly answer questions that are sent in from U-report youth around the country.

The main objective is U-Report is to connect the voices of young people to decision makers. As part of this process the tool can also be used to get information on the status of service delivery in particular communities. We are currently working with one such indicators as part of our initial MoRES/L3 Monitoring:

- % of functional water sources in 28 districts

**Results**

Over the past 14 months over 10 million messages were sent and received showing the extent to which the approach is tapping into voices and opinions of young people in Uganda. This information is being used to directly inform upstream decision making in Ministries and in Parliament, and we are now beginning to use U-Report results in direct engagement with at the local level.

Through an engagement with the Uganda Parliamentary Forum for Children 350 members of parliament now receive monthly updates on key issues. U-Report also works directly with government Ministries on particular questions they would like to engage on with young people. Recent examples include discussions around the important “Youth Fund”, a government fund that provided start-up capital for young entrepreneurs. After engaging with U-Reporters the fund dropped its O-Level requirement for young people applying to the fund. U-Report has engaged parliamentarians on a number of national issues. A question on immunisation, for example, spurred great interest among parliamentarians as was part of the effort of advocating for increases in the immunisation budget.

The potential of U-Report at the international level is also being recognised by government, and a U-Reporter was invited to be part of...
Uganda’s delegation to the Rio summit, providing real-time information on the views of Uganda’s young people to input into the Uganda delegations’ positions and speeches.

Engaging communities in local level monitoring and accountability is also a crucial use of U-Report. A recent question surveyed over 11,000 unique villages on whether they had functioning water sources. While the data goes through a rigorous cleaning process, its use is most effective not as a statistically exact point estimate but to engage young people with local decision makers on service delivery problems in their districts. The table on the right shows the best and worst performing six districts in the country for water point functionality (in the ‘red’ in MoRES indicator thresholds), and we will soon be piloting the use of this data to engage local water engineers to improve water access. In a related initiative we are working with parliamentarians on asking questions of their local constituents and then discussing results and ways forward with them at constituency meetings.

Finally, through engaging young people there is also a great opportunity to share important information. U-Report has educated 15,000 people on the symptoms and treatment for nodding disease (a rare condition affecting children in the North which became a national priority), as well as on nutritional requirements for babies. And through engaging young people through Girls Education Movement Empowerment Movement clubs supported the return of over 1,500 children back to school.

### Top and Bottom three districts. Functional water points.
**U-Report, June 2012**

<table>
<thead>
<tr>
<th>Region</th>
<th>District</th>
<th>Villages Reporting</th>
<th>% of water points functional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern</td>
<td>Namutumba</td>
<td>28</td>
<td>82%</td>
</tr>
<tr>
<td>Eastern</td>
<td>Namayingo</td>
<td>35</td>
<td>74%</td>
</tr>
<tr>
<td>Eastern</td>
<td>Buyende</td>
<td>19</td>
<td>74%</td>
</tr>
<tr>
<td>West Nile</td>
<td>Maracha</td>
<td>32</td>
<td>31%</td>
</tr>
<tr>
<td>Western</td>
<td>Isingiro</td>
<td>45</td>
<td>31%</td>
</tr>
<tr>
<td>Central</td>
<td>Butambala</td>
<td>19</td>
<td>21%</td>
</tr>
</tbody>
</table>

**Lessons learned and next steps**

Through the development of U-Report a number of important lessons have been learned. One clear lesson is the huge demand of young people for their voices to be heard which has seen the number of U-Reporters grow rapidly. Working with local partners and young people has been an essential part of U-Report flourish, and keeping it as an independent rather than government focussed entity. Finally, one of the big challenges we face is that not everybody has access to a mobile phone; therefore we are working to build groups of young people through youth centres and clubs we work with to report jointly with a member who has a phone.

The priority for U-Report is to keep expanding the number of U-Reporters and we hope to have 200,000 by the end of 2012, with the ultimate goal of a U-Reporter in every one of Uganda’s villages. There is also growing international interest in U-Report, and it is an approach which could offer tremendous information on cross-country and cross-regional polls.
CODES (Community and District Empowerment for Scale-up): Using data from LQAS and other sources to support decision making and planning process at the district level

The bottleneck and approach
The CODES project has not initially been chosen as one of Uganda’s MoRES/L3M indicators as its initial roll-out is in 5 districts. Its focus is not to look at one particular bottleneck, but look at bottlenecks systematically. The project provides District Health Management Teams (DHMTs) with access to data and tools to identify and resolve systems bottlenecks that prevent achievement of high coverage of interventions for pneumonia, malaria and diarrhoea; the three major killers of children under five in Uganda. With access to real-time data and management tools, DHMTs can build their capacity to identify and prioritise bottlenecks in their district, and take management decisions to implement strategies to overcome them. It is a five-year effort funded by the Bill & Melinda Gates Foundation to reduce child mortality.

In selecting districts for CODES, the Ministry of Health gave consideration to districts with the highest absolute numbers of annual under five deaths, and a high poverty score. On this basis, 32 districts, which contribute 30% of the total annual under-five deaths in Uganda, were selected. 5 districts were selected for the Wave 0 (the initial round of work), and have undertaken the following CODES methodology:

Establishing the Baseline: Situation Analysis
Lot Quality Assurance Sampling (LQAS) surveys were conducted in the 5 Wave 0 districts at the household and a Village Health Team (VHT) survey was also undertaken. In addition to this health Facility Assessments and a qualitative survey on demand side barriers was also conducted. This formed a strong basis for conducting a bottleneck and causal analysis.

District Bottleneck Analysis
Using this information the five districts conducted a District Bottleneck Analysis to identify supply side and demand side bottlenecks. Given the high error margin at sub-district level, an innovative approach to classify the performance into three categories at this level using colour coded dash boards instead of point estimates was developed to guide the districts on intra-district prioritization. District Health Management Teams performed a causality analysis to identify the root causes of the bottlenecks, and developed corrective measures and strategies to overcome the bottlenecks. 30 district health management team members, across 5 districts, were trained on how to conduct a bottleneck and causal analysis.

District Health Operational Work Plans
Following the bottleneck analysis and causal analysis process, each of the 5 districts included corrective measures and activities designed to address their district’s priority bottlenecks in their Annual Health Sector Operational Work Plans for the financial year 2012-2013. Activities included in the annual work plan are operationalized using Government funds as well as through financial support of development partners.
Key results

The five initial districts have now completed the baseline LQAS surveys at the household level, and village health team survey was conducted in three out of the five districts which have an ICCM programme and health facility Assessments were also undertaken.

The Health Management Teams in all the districts have been trained in bottleneck and causal analysis, and are using the data in the identification and prioritisation of health system bottlenecks in the delivery of key child survival interventions. A major result has been that District managers have seen real value in the use of data and bottleneck tools, and there has been peer to peer learning with District teams sharing approaches and conclusions with each other. As a result teams have now identified and prioritised health systems bottlenecks in the delivery of key child survival interventions in 5 districts.

As a result District Health Operational Work Plans now include a number of new priorities to address bottlenecks. A crucial area that has emerged is improved training particularly in Integrated Management of Childhood Diseases (IMCI). Communication with the community was also established as a major bottleneck, and a number of means of improving accountability are now being established including raising the profile of VHTs, increased community dialogues, and providing name tags for health workers and signs to make sure community members are fully aware of their rights and can hold health workers accountable.

The challenges many districts face in improving child health is funding. Even when activities are identified as important the resources to implement them may not be there. An unanticipated result of the CODES project is the ability of districts to successfully advocate with development partners to provide coherent support for priority activities. In Mukono, for example, the District Health Team has successfully petitioned partners to provide for comprehensive IMCI training.

Lessons learned and next steps

Focus on district ownership has been key to the successful roll out of the programme. To ensure this a number of adjustments had to be made in simplifying the tools used by districts to undertake the bottleneck analysis. It has proven much more effective to have simple tools that can be widely used, rather than the initial complex tools which could produce more refined results.

CODES is an on-going project where LQAS and bottleneck analysis is repeated yearly and integrated into health plans. This will include mentoring of District Managers and Quality improvement support. Increasing community demand and accountability will also play an increasingly important role, including the production of Citizen Report Cards, utilising LQAS data results and community satisfaction measures, community dialogues between health care workers and caregivers. As well as deepening and improving the approach, however, the programme is designed for scale up. If the results from the first five districts are positive, CODES will be expanded to the full 32 districts.
**eduTrac: Working with heads, teachers, school management committees and young people to rapidly bring information on education bottlenecks to national and local decision makers**

**The bottleneck and approach**

A number of bottlenecks were identified that are preventing children from completing a quality course of education. Key issues include teacher and pupil absenteeism, violence against children, and functionality of water points and latrines.

**eduTrac**, housed in the Ministry of Education’s planning department, follows the model of m-Trac in creating an SMS based system of reporting. SMS reports are made by the following key actors in the primary education system: Headteachers (reporting on teacher absenteeism, budgets, lunches, recorded abuse cases and water and latrines), selected Primary 3 and Primary 6 teachers (attendance and curriculum progress), School Management Committees (headteacher attendance, SMC meetings, school lunch, fund disbursements) and GEM members (headteacher absenteeism, cases of abuse and violence).

The information is held in a central database that can be accessed by the District education officers, as well as the Ministry of Education and UNICEF. After a round of tests in 2011, the system is being rolled out in 14 Districts, covering over 1000 schools. There are two key indicators being captured by eduTrac in our MoRES/Level 3 monitoring. These are:

- Teacher absenteeism rate in schools
- Headmaster absenteeism rate in schools
- Functionality of water points (to be included in mid 2012)
- Functionality of sanitation facilities (to be included in mid 2012)

**Results**

eduTrac is still in its roll out phase, but in a number of districts where the system is fully running, district officials are already reporting reduced teacher absenteeism as well as fewer teachers starting late. The mechanism of change has been the use of eduTrac results by District Education to plan school inspections, focussing them on the schools and issues where problems are reported to assess the situation and initiate action on issues emerging through eduTrac results.

**Lessons learned and next steps**

The key next steps for eduTrac is improving the ownership of the system by MoES and expanding to more districts. Currently it is hosted by the Planning department and though EMIS data is also hosted in Planning, eduTrac would be better placed at the Basic Education Department as it directly and in real time provides information about primary schools.

Expansion to more districts is foreseen in late 2012/early 2013 to cover the 28 key districts identified as part of the equity strategy. Part of the broader expansion plan is also linking eduTrac with the USAid supported approach for district EMIS which has been on hold since 2010.
Resources, contacts and notes

**Bottleneck analysis and MoRES indicators**
MDG Acceleration Framework. February 2011. UNDG.

*Contacts* Sarah Kabaija ([skabaija@unicef.org](mailto:skabaija@unicef.org)) or David Stewart ([dstewart@unicef.org](mailto:dstewart@unicef.org)).

**M-Trac** ([http://cvs.rapidsms.org](http://cvs.rapidsms.org))
Weekly Reporting and Analysis for mTrac Indicators. Week 26: 25th June – 1 July 2012.

*Contact* Sean Blaschke ([sblaschke@unicef.org](mailto:sblaschke@unicef.org)).

**U-Report** ([http://www.ureport.ug](http://www.ureport.ug))
Using Community input to support Level 3 Monitoring: Water Access Uganda parliamentary forum for Children U-Report Newsletter (various)

*Contact* James Powell ([jpowell@unicef.org](mailto:jpowell@unicef.org)).

**CODES:**
CODES Project Brief
CODES Project proposal
Year 1 Progress Report to U.S. Fund for UNICEF

*Contacts* Flavia Mpanga ([fmpanga@unicef.org](mailto:fmpanga@unicef.org)) or Laura Macchione ([lmacchione@unicef.org](mailto:lmacchione@unicef.org)).

**eduTrac**
RapidSMS School monitoring Final report (Dec 2011)
eduTrac Pilot Recommendations (June 2012)

*Contacts* Emmie Pakkala ([epakkala@unicef.org](mailto:epakkala@unicef.org)).

**Notes**

1. Note, these reflect Uganda CO’s organizing structure of Keeping Children Alive, Safe and Learning.
2. As outlined in the full SRA methodology, the fifth cross cutting area did not seem practically useful.
3. It should be noted that these areas are extremely similar, although not identical with the determinant areas now available from HQ.
4. The difficulty also included a time dimension with the focus being on bottlenecks that can be removed in time to achieve impact by 2015. Narrative within the full analysis will often give more information on the temporal and sequencing aspects.
5. Resources available on MoRES site or available on request.