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**Enhancing Learning in Monitoring and Evaluation:
Six Cases from Philanthropic Organizations Working in the
Health Sector**

**Centre for Socio-Economic Development
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This report is the result of the work carried out for the Capstone Project by Master degree students of the MPA programme of Sciences Po, Paris.

A Capstone Project is a requirement for all second year MPA students. It is a client-based consultancy whose subject is a concrete policy issue and that is carried out by small groups of students (between three to five students). It is based on a series of parallel and complementary activities: secondary research, mentoring & coaching, teamwork, field study visits, and a professional outcome or “deliverable”.

This project is a professional group experience that demands effective team work. Each group receives a collective grade. The learning experience of a Capstone Project consists of managing the sometimes difficult interaction within the group, as much as applying in practice the theory learnt in the courses.

A Capstone Leader supervises, advises and monitors the work of the students and their exchange with the representatives of the client organisation. Each Capstone Leader meets regularly with the students and guides them throughout the project: from the initial research, to the fieldwork, contact with the client, draft the report and final presentation.

The authors are responsible for the choice and presentation of the facts contained in this report and for the opinions expressed therein, which are not necessarily those of the MPA and do not commit the MPA Programme.

EXECUTIVE SUMMARY

How can monitoring and evaluation (M+E) promote learning in organizations? What tools, processes, and conditions in M+E are most successful in encouraging continuous project improvement? How are private philanthropic organizations funding health projects in low-income countries deploying M+E to draw lessons from the implementation process? This capstone report answers these questions in the following steps:

1. Mapping current M+E practices deployed and demanded by philanthropic organizations funding health projects in low-income countries,
2. Developing hypotheses concerning the possible strengths and weaknesses of the currently used M+E methods, and
3. Generating recommendations on how the current methods of M+E of six philanthropic organizations can be improved to promote learning.

Monitoring and Evaluation

Monitoring and evaluation (M+E) is a management process that is a regular feature of externally-funded development projects. Monitoring refers to a continuous process of collecting data to provide management and stakeholders indications of the extent of progress in a project. Evaluation is the assessment of an ongoing or completed project typically taking place at the end of projects to determine the relevance and fulfillment of objectives, development efficiency, effectiveness, impact, and sustainability. While monitoring provides continuous information tracking, evaluation takes a larger view of the achievements of a project.

This capstone is intended to contribute to the ongoing process of refining M+E in development assistance with a particular focus on M+E methods used by philanthropic organizations that fund health projects in low-income developing countries.

The Role of Philanthropic Organizations

Philanthropic organizations represent new and important actors in development assistance. In a context of financial crisis, a lack of consensus about the direction of aid cooperation, and a proliferation of new funding actors, official donors no longer provide the sole model for development assistance. Private foundations like the Bill and Melinda Gates Foundation or the Novartis Foundation or funds like the Global Fund and the GAVI Alliance now represent a large proportion of spending in health. These philanthropic organizations represent more than one-third of aid today, and are expected to outpace traditional official development assistance within the next twenty years.

The Context of the Health Sector in Low-Income Developing Countries

Global health in low-income countries is a major challenge for development assistance. While the past twenty years has seen advances in health at a global scale in areas like the incidence of child mortality and progress fighting HIV/AIDS, these gains have not been equally distributed. Low-income countries deviate from the global trend and still struggle to combat a range of diseases

including diarrhea, lower respiratory infections, meningitis, neglected tropical disease, malaria, HIV/AIDS, tuberculosis, newborn disorders, and nutritional deficiencies.

In this context of significant challenges in the health sector in low-income countries, philanthropic organizations play an important role in funding health projects. Private foundations and global funds operate with "a distinct comparative advantage" in development assistance in that their accountability constraints and risk tolerance differ from bilateral or multilateral donors who must answer to taxpayers.

Philanthropic organizations have responded to this need. The team identified 32 philanthropic organizations based in Switzerland, the United States, the United Kingdom, Mexico, and Ghana that operate in the health sector, funding projects in low-income countries. Actors involved in health projects are divided into a typology of funding organizations that provide funding, intermediary organizations that pool funding from official, development, and voluntary sources to direct to health projects, and implementing organizations within low-income countries that execute projects. This project is interested in how these three types of actors communicate through the M+E process. How might the M+E process enable these three organizations to continuously improve their health interventions?

Increased Interest in the Role of Learning in M+E

Through interviews and a literature review, the team identified learning in the M+E process as the focus for analyzing M+E deployed by philanthropic organizations. The purpose of monitoring and evaluation techniques can generally be divided into two large camps, which Andrew Blum describes as "accountability" and "adaptation." Accountability, which verifies that human and financial resources have been used as initially agreed, has traditionally received greater emphasis by funding organizations. Recently, however, the traditional approach to M+E for accountability is increasingly complemented by a new interest in adaptation. New project management techniques include protocols that build in time to reflect on lessons and actively incorporate lessons of project implementation through tight feedback loops. The academic literature suggests that M+E can be used for more than "upward accountability": it can also be used to improve processes and to inform decision-making.

The literature's interest in M+E as a learning and adaptation tool points to potential weaknesses in current M+E methods: the traditional approach emphasizing accountability could be strengthened with increased attention to learning in M+E. The team will contribute to this process by outlining the factors in the M+E processes of philanthropic organizations that promote learning. The capstone seeks to contribute to the conversation in the academic literature by providing concrete observations about tools, processes, and conditions that philanthropic organizations deploy to promote learning through M+E.

Findings

From the 32 philanthropic organizations active in the health sector in low-income countries, the team identified six for further analysis. The final sample included the following organizations: the Aga Khan Foundation, the Bill and Melinda Gates Foundation, the Global Fund, the Novartis Foundation, the UBS Optimus Foundation, and the WHO Global Polio Eradication Initiative.

Interviews with philanthropic organizations at headquarters, followed by field interviews in Tanzania with implementing organizations, as well as literature review and document analysis, allowed the team to identify four factors that contribute to learning in the M+E process. These four factors represent the four findings of the project.

What tools, processes, and conditions in monitoring and evaluation deployed by philanthropic organizations are most successful in promoting learning?

1. **A flexible authorizing environment.** The "authorizing environment" is the area where managers at implementing organizations have control over decision-making. When philanthropic organizations allow the managers they fund more flexibility, by, for example, permitting them to make small adjustments to projects based on M+E findings, there is more room for learning at the implementation level.
2. **Open-ended reporting templates.** Simple reporting requirements that are not overly burdensome but which encourage implementers to reflect on lessons learned can promote learning during the M+E process. Informal reporting, through telephone conversations or exchange with headquarters, can also advance learning.
3. **Quality data that responds to implementers' needs.** M+E indicators that are designed with implementers' needs in mind, and with attention to quality, are more likely to be useful to inform decision-making at the implementation level. This allows learning from M+E to feed back into project planning more quickly.
4. **Processes for knowledge preservation and transmission.** The first three factors promote learning at the implementation level. But in order to ensure that knowledge from the M+E process has a lasting impact at a higher level, learning from M+E must be captured at headquarters. Processes that actively incorporate M+E learning into the philanthropic organization's future planning and strategy promote the longevity of lessons learned.

Recommendations

A review of the M+E practices of six philanthropic organizations suggests that the four findings are evident in current project management practices. Yet there is room for improvement.

Authorizing Environment

Generally speaking, the authorizing environment for private foundations is more flexible than for multilateral funds like the Global Fund, or for official development assistance. Implementers in Tanzania noted the relative freedom they have in working with private philanthropic organizations as opposed to official donors or multilaterals, which they see as allowing them to focus more on the actual implementation of health projects. The flexible authorizing environment also gives implementers increased satisfaction. Organizations receiving official funds have different accountability constraints, but there could be greater flexibility for implementers to make minor adjustments to programs based on M+E findings.

Reporting Requirements

Simpler reporting requirements could benefit both headquarters staff and implementers. In the case of one foundation, staff are sometimes overwhelmed by the amount of information arriving in reports. Asking for select information and a focus on lessons learned in reports could reduce the

burden for implementers in the field, but also streamline the amount of information coming to the small staff at headquarters.

Data

Promoting quality data with the specific purpose of serving implementers is a challenge for many philanthropic organizations. Developing indicators in cooperation with implementers is the first step. More training for data collectors could improve data quality. Continuing to encourage implementers to use data throughout the project is another lesson for philanthropic organizations to make sure that data does not "sit on the shelves."

Preservation and Transmission of Lessons Learned

Translating learning at the implementation level to headquarters is a final challenge. For philanthropic organizations with a smaller portfolio and a more decentralized system, more could be done to integrate lessons across projects. Adopting a process similar to the Gates Foundation's Strategy Lifecycle which incorporates M+E into future strategy for the foundation as a whole, could be one way to improve the preservation of learning.

The team's analysis suggests that learning in M+E, a process that is valued by the academic literature on monitoring and evaluation, is already incorporated into project management by philanthropic organizations. The project points to best practices for M+E based on the current successes seen in philanthropic organizations. The four findings -- flexible authorizing environment, open-ended reporting templates, quality data that is used, and preservation of lessons learned -- are evident in the six philanthropic organizations sampled, although there are points for improvement. Learning from M+E helps implementers do their jobs better. If lessons are adequately preserved and transmitted to the headquarters level, the learning can also inform other health projects funded by the organization or even larger organizational strategy. Through information-sharing across organizations, this learning even has the potential to resonate throughout the philanthropic sector and beyond. This report sought to advance this cross-fertilization by highlighting tools, processes, and conditions in M+E that promote learning.

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1. INTRODUCTION

What are the pressing health challenges prevalent in low-income developing countries? Who are the actors intervening to improve health in these countries? How are health projects assessed and measured to meet the needs of donors, beneficiaries, and healthcare providers? This section lays out the context of this project, and the team's approach to drawing conclusions about the Monitoring and Evaluation (M+E) processes of philanthropic organizations funding projects in low-income countries. The capstone is intended to contribute to the ongoing process of refining M+E tools used for development assistance, with particular focus on private philanthropic organizations as new and important actors in the health field.

The Global Burden of Disease: Particular Challenges in Low-Income Countries

In the past twenty years, the landscape of global health has undergone significant changes at an unprecedented pace. Advances in areas like child mortality and HIV-AIDS treatment have increased the lifespan of millions of people worldwide.ⁱ Yet the gains in health have not been equally distributed. The fight against HIV-AIDS provides one telling example. The World Health Organization (WHO) reports that the number of people dying from AIDS-related disease decreased from a peak of 2.2 million in 2005 to 1.8 million in 2010. However, many people are living in middle- and low-income countries are unaware that they are living with HIV.ⁱⁱ The Director General of the World Health Organization has referred to the gap between high-income countries and lower-income countries as a “dangerous and unacceptable imbalance” of health status in the world.ⁱⁱⁱ

In this global context of significant but unequal gains in health, the Institute for Health Metrics and Evaluation¹ identified the following major trends in health since 1990:

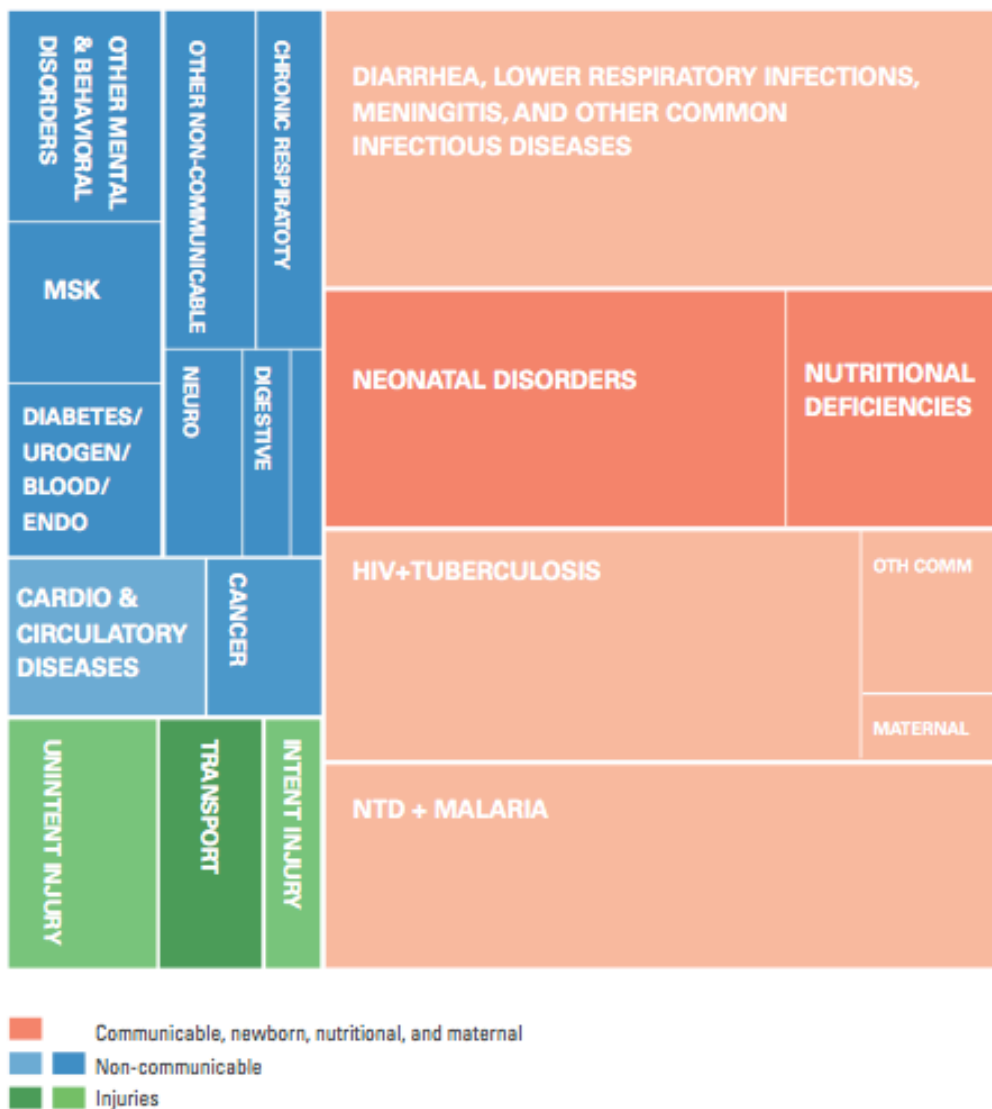
- The world's population is living longer, with the average age of death globally increasing by 35 years since 1970.
- On a global scale, non-communicable diseases like heart disease and diabetes are now the leading causes of death. Meanwhile, communicable disease, newborn, nutritional, and maternal conditions have decreased.
- In middle- and high- income countries, risk factors that cause health loss have shifted from communicable diseases to other factors related to non-communicable disease, such as high blood pressure. Disability is increasingly linked with longer life expectancy.
- Low-income countries face markedly different challenges and are deviating from global trends. Although there has been “tremendous progress” in the region, communicable

¹ The Institute for Health Metrics and Evaluation is an independent global health research center and coordinating body for a collaboration between the University of Queensland School of Population Health, Harvard School of Public Health, the Johns Hopkins Bloomberg School of Public Health, the University of Tokyo, Imperial College London, and the World Health Organization. In 2010, the collaboration produced the Global Burden of Disease Study to measure the most important health problems and evaluation strategies to address them. The project is funded by the Bill and Melinda Gates Foundation.

diseases are still top causes of disease and disability in sub-Saharan Africa. The following diseases still plague low-income countries: diarrhea, lower respiratory infections, meningitis, and other infectious disease, neglected tropical disease, malaria, HIV/AIDS, tuberculosis, newborn disorders, and nutritional deficiencies.^{iv}

The chart below, from the Institute for Metrics and Evaluation, highlights the causes of the burden of disease and disability, measured in Disability Adjusted Life Years (DALYS). The chart shows that in low-income countries, the landscape diverged from the global norms of the past twenty years. While middle- and high-income countries now face increased prevalence of non-communicable disease and disability connected with longer lifespan, low-income countries still have progress to make in the areas of communicable disease.

Figure 21: Causes of DALYs, both sexes, all ages, sub-Saharan Africa, 2010



Source: Institute for Metrics and Evaluation

Health Assistance in Low-Income Countries: Mapping Philanthropic Organizations

Providing adequate health service remains a major challenge in low-income countries. The World Development Report (2004) describes a complex set of constraints that block health services from reaching poor people in low-income countries: a lack of public spending priorities in health, funds rarely reaching the frontline workers where allocations are needed, weak incentives for service delivery providers, and a lack of demand from users.^v Given inadequate resources and underdeveloped service delivery systems, low-income countries have relied on external assistance to improve healthcare. A variety of external actors, including philanthropic organizations, provide resources for health projects in low-income countries.

Grants from donor countries represent a major funding mechanism for health projects in low-income countries. The Kaiser Foundation reports that Official Development Assistance (ODA) by bilateral and multilateral donors gave \$18.4 billion for health projects in 2010, a four-fold increase in real terms since 2002.^{vi} Forty-three donors provided health ODA in 2010, and almost two-thirds of giving was distributed bilaterally. Disbursements were divided into major categories including management and workforce, basic health, nutrition, infectious disease, malaria, tuberculosis, family planning and reproductive health, and HIV/AIDS, with spending on HIV/AIDS taking up nearly forty percent of all ODA directed for health.^{vii} According to the OECD's statistics for donor giving for health, sub-Saharan Africa, followed by South/Central Asia were the regions that received the most ODA funding for health projects, reflecting the fact that low-income countries are a priority for government donors.^{viii}

Yet development cooperation is undergoing significant changes. In a context of financial crisis, a lack of consensus about the direction of aid cooperation, and a proliferation of new funding actors, official donors no longer provide the sole model for development assistance.^{ix} Picciotto (2011) refers to this shift as the "emerging aid architecture," where new private actors are reshaping development assistance. Philanthropic organizations like the Bill and Melinda Gates Foundation or the Novartis Foundation, and "vertical" funds like the Global Fund and the GAVI Alliance that bring together official, private, and voluntary funds, represent a massive proportion of funding in development generally, and health in particular. Although it is difficult to pinpoint the total flow of aid from private sources, new donors already represent more than a third of aid, and one estimate from the Brookings Institute forecasts that non-traditional funders will provide more than half of all development assistance in the next twenty years.^x

This report defines philanthropic organizations to include private foundations such as the Gates Foundation as well as global funds like the Global Fund and the GAVI Alliance which pool private and official assistance. Some observers suggest that increasingly active philanthropic organizations have operated with a "distinct comparative advantage" in development assistance.^{xi} Private organizations, as opposed to official assistance, have different constraints in terms risk tolerance and accountability requirements. Whereas donor countries must account for spending tax dollars of citizens, private philanthropic organizations could be funded by a single or few individuals, as is the case of the Bill and Melinda Gates Foundation. The relative freedom under which philanthropic organizations operate potentially allow for more creativity and innovation in providing development assistance.

Which philanthropic organizations are active in the health sector? What are the characteristics of these organizations? In order to map the field of philanthropic organizations, the team conducted an internet search that yielded sample of 56 philanthropic organizations established in Switzerland, the United States, the United Kingdom, Mexico, and Ghana. The first three countries were selected

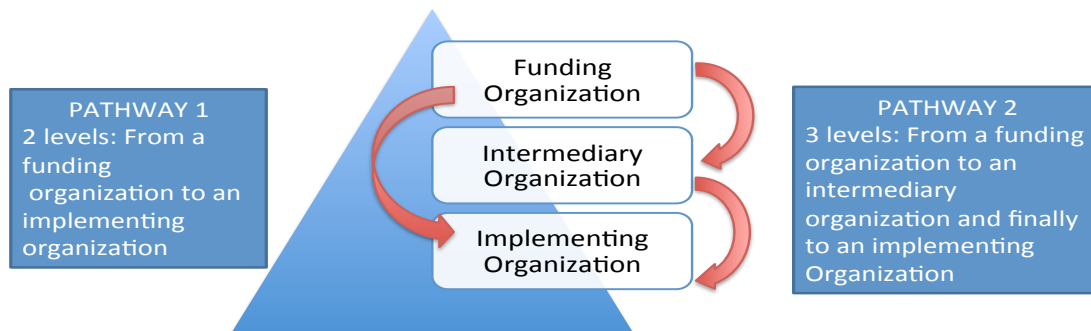
because of their long tradition in philanthropy. Mexico and Ghana were selected as examples of developing countries with early participation in philanthropy.

After reviewing the initial 56 philanthropic organizations, the team identified that 32 meet the criteria of 1) working in the health sector; and 2) funding projects in low-income developing countries. The table below shows the mapping of the 32 philanthropic organizations meeting the criteria of the project.

	Country	Philanthropic Organization	Country	Funding Organization	Intermediate Organization	Implementing Organization
1	Ghana	The Rhodes Foundation	Ghana	X		
2	Mexico	Carlos Slim Foundation	Mexico	X		
3	Mexico	Telmex Foundation	Mexico	X		
4	Switzerland	Aga Khan Development Network	Switzerland	X		
5	Switzerland	Novartis Foundation for Sustainable Development	Switzerland	X		X
6	Switzerland	The GAVI Initiative	Switzerland	X	X	
7	Switzerland	UBS Optimus Foundation	Switzerland	X	X	
8	Switzerland	WHO Global Polio Eradication Initiative	Switzerland	X	X	
9	Switzerland	Winds of Hope – Piccard Foundation	Switzerland	X	X	
10	UK	Absolute Return For Kids	UK	X	X	
11	UK	Against Malaria Foundation	UK	X	X	
12	UK	Children’s Investment Fund	UK	X		
13	UK	Elton John’s AIDs Foundation	UK	X		
14	UK	Islamic Relief	UK	X	X	X
15	UK	The Roddick Foundation	UK	X		
16	USA	CARE	USA	X	X	X
17	USA	Conrad Hilton Foundation	USA	X		
18	USA	Elma Foundation	USA	X		
19	USA	Ford Foundation	USA	X		
20	USA	Gates Foundation	USA	X		
21	USA	Hewlett Foundation	USA	X		
22	USA	MacArthur Foundation	USA	X		
23	USA	Open Society Foundation	USA	X		
24	USA	Packard Foundation	USA	X		
25	USA	Partners in Health	USA	X		
26	USA	Rockefeller Foundation	USA	X		
27	USA	Save the Children	USA	X	X	
28	USA	The Atlantic Philanthropies	USA	X		
29	USA	The Carter Center	USA	X	X	
30	USA	The Clinton Foundation and The Clinton Initiative	USA	X	X	
31	USA	The Global Fund	USA	X	X	
32	USA	United Nations Foundation	USA	X	X	

Mapping the 32 philanthropic organizations active in health in low-income countries provided information about how philanthropic organizations carry out development assistance. The disbursement mechanism varied depending on the philanthropic organization. The team observed two distinct pathways for how funding is distributed from philanthropic organizations:

1. The philanthropic organization provides funds **directly** to a local organization in a developing country, typically a Non-Governmental Organization (NGO) that implements the health project. Philanthropic organizations sometimes also provide direct funding to governments.
2. The philanthropic organization provides funds to an **intermediary** organization that are pooling money from official, private, and voluntary sources. Funds are then allocated to local NGOs or government.



Source: Capstone team

The different pathways of funding created a need for distinguishing between the actors involved in carrying out a health project. The project differentiates between philanthropic organizations that give to either local organizations or intermediary organizations, philanthropic organizations that pool money that is then directed to local organizations, and the local organizations themselves that execute health projects. The following typology is used to define the actors involved in health projects:

- Funding organizations – “The Money”*
 Funding organizations provide funds either to local organizations executing health projects or to intermediary organizations. The team identified two kinds of foundations at this level: family foundations (i.e. Gates Foundation and Aga Khan Foundation) and private foundations (i.e. Novartis Foundation). However, for the purpose of our work, both kinds will be identified as funding organizations.
- Intermediary organizations – “The Aggregators”*
 Intermediary organizations bring together funds from official, development, and voluntary sources. The organizations in the study are organized to fight a specific disease in what is referred to as a “cross-country challenge format,” meaning that the same disease is combatted in different countries, with execution initiated by local entities.^{xii} The GAVI Alliance, the Global Fund, and the Global Polio Eradication Initiative are examples of intermediary organizations.
- Implementing organizations—“The Doers”*
 Implementing organizations are local organizations in low-income countries that execute health projects. Implementers take a variety of forms and can be government agencies (often units within a government responsible for implementing a particular project) or

NGOs. The organizations often receive funding from a variety of sources, including intermediary and funding organizations, as well as money from the national government.

The three types of organizations involved in health projects all play important roles. Whether providing backing, gathering support from multiple sources, or actually carrying out a project, each type of organization contributes to the success of health interventions. But how do these organizations, with their different functions, communicate among themselves? What tools allow them to track progress in a project and ensure that interventions are successful? The next section discusses the role of monitoring and evaluation in communication between these different actors.

Monitoring and Evaluation: A Communication Tool in Development Assistance

Monitoring and evaluation (M+E) has become a regular feature of development assistance by many organizations. The OECD (2002) provides the following definitions for M+E:

Monitoring is a continuous function that uses the systematic collection of data on specified indicators to provide management and the main stakeholders of an ongoing development intervention with indications of the extent of progress and achievement of objectives and progress in the use of allocated funds (p 27).

Evaluation is the systematic and objective assessment of an ongoing or completed project, program, or policy, including its design, implementation, and results. The aim is to determine the relevance and fulfillment of objectives, development efficiency, effectiveness, impact, and sustainability. An evaluation should provide information that is credible and useful, enabling the incorporation of lessons learned into the decision-making process of both recipients and donors (p 21).^{xiii}

Monitoring and evaluation thus is used both during the course of implementing a project (through monitoring) and to assess the final results of the project (with evaluation). The traditional understanding of M+E stresses accountability and transparency in project implementation.^{xiv} In this conception, M+E serves an important purpose of providing external funders – the funding or intermediary organizations in this project – with information to assess the work of implementing organizations.

There is general consistency across organizations for the framework used in M+E. The World Health Organization (2004) suggests that the most common framework for M+E in health and other development projects is the **input-process-output-outcome-impact** framework.^{xv} The M+E process tracks the *inputs*, such as funding or human resources, which are used to generate *outputs*, such as increased supplies of drugs or counseling for patients. The activities and *processes* of the health project, for example staff training or providing more medicine, allow for the immediate *outputs*. The outputs should in turn contribute to positive short-term *outcomes*, such as a patient's increased adherence to a drug regimen or higher number of facilities with adequate stocks of medicine. Ideally, short-term outcomes lead to more lasting and longer-term *impacts*, such as fewer cases of a given disease, or improved quality of life for patients. Both private and official organizations funding health projects in developing countries rely on this framework for M+E to measure the results of a health project or program. M+E thus serves as a communication tool between implementing organizations and the funding or intermediary organizations that provide resources for projects.

The Project

This introduction has outlined the pressing issue of global health in low-income developing countries, introduced philanthropic organizations as important actors funding health projects, and discussed monitoring and evaluation as a tool for different actors to communicate about results. Designing and carrying out M+E that serves the needs of funding organizations and implementing organizations alike is a critical management task. This capstone intended to contribute to the ongoing process of refining M+E in development assistance and to focus on the M+E methods used by philanthropic organizations that fund NGOs working in the health sector in low-income developing countries.

A team of five Sciences Po students collaborated with the Centre for Socio-Eco-nomic Development (CSEND) to carry out the project. The client representative was Dr Lichia Yiu, president of CSEND and Raymond Saner acted as advisor and tutor for the project. CSEND is an independent fieldwork research organization based in Geneva, Switzerland, a city known for its strong tradition of international cooperation and home to many global non-profits, civil society, and multi-lateral organizations. CSEND aims to promote equitable, sustainable, and integrated development through multi-stakeholder dialogues, institutional learning, and the free flow of information. Its mission is to serve as a center of knowledge and innovation in socio-economic research and development. The capstone team worked with CSEND to draw conclusions about M+E practices used by philanthropic organizations.

In cooperation with the client, the team identified the following objectives:

- To map current M+E practices deployed and demanded by philanthropic organizations working with NGOs in low-income countries,
- To develop hypotheses concerning possible strengths and weaknesses of the currently used M+E methods, and
- To generate recommendations on how the current methods of M+E of a number of philanthropic organizations can be improved.

Methodology

In order to achieve the objectives detailed above, the team developed a work plan to guide the research process. From the 32 philanthropic organizations based in the Switzerland, the United States, the United Kingdom, Mexico, and Ghana, identified as funding projects in the health sector in low-income countries, six were selected for in-depth case studies. The following table shows the six philanthropic organizations that were the focus of the study, as well as the type of data collection the team used for each organization (See Annex 1 for a list of all interviewees). Different data gathering points reflect the different availability of organizations for interviews.

Organization	Interview with Headquarters	Interview with Implementers	Document Analysis
Aga Khan Foundation	X		X
Bill and Melinda Gates Foundation		X	X
Global Fund	X	X	X
Novartis Foundation	X	X	X

UBS Optimus Foundation	X	X	X
WHO Global Polio Eradication Initiative	X		X

The methodology for this project included five stages: desk research, interviews with funders, synthesis and feedback, interviews with beneficiaries, and final analysis.

Research Method	Literature Review	Interviews with 6 Philanthropic Organizations	Synthesis and Feedback/ Engagement with M+E Technical Advisors	Interviews with Implementing Agencies
Information Sought	<ul style="list-style-type: none"> -M+E techniques -Major challenges in global health -Main players funding global health -Development cooperation and aid effectiveness -Trends in M+E over time -M+E methods focused on learning -Map philanthropic organizations active in health sector 	<ul style="list-style-type: none"> -Focus of health programming -M+E practices in their organization: who, how, when, what -What information headquarters needs from M+E -Challenges and constraints of M+E 	<ul style="list-style-type: none"> -Strengths and weaknesses of M+E -Trends in M+E -Reflections on M+E practices in ODA vs. philanthropic organization projects 	<ul style="list-style-type: none"> -Role of beneficiary in carrying out M+E -Critical incidence (most important element of M+E) -Tools used to advance project improvement, learning, and adaptation -How M+E can be used to improve programs

The team began with **desk research** on the current state of M+E methods used by philanthropic organizations in developing countries. Throughout this process, we looked for indications of the strengths and weakness of the different methods used to analyze what works and what does not. As part of the desk research, the team looked at broad questions such as the progression of M+E over time, the common practices used, as well as general trends in this field. Further, the team mapped philanthropic organizations active in the health sector in developing countries and

established a typology of organizations.

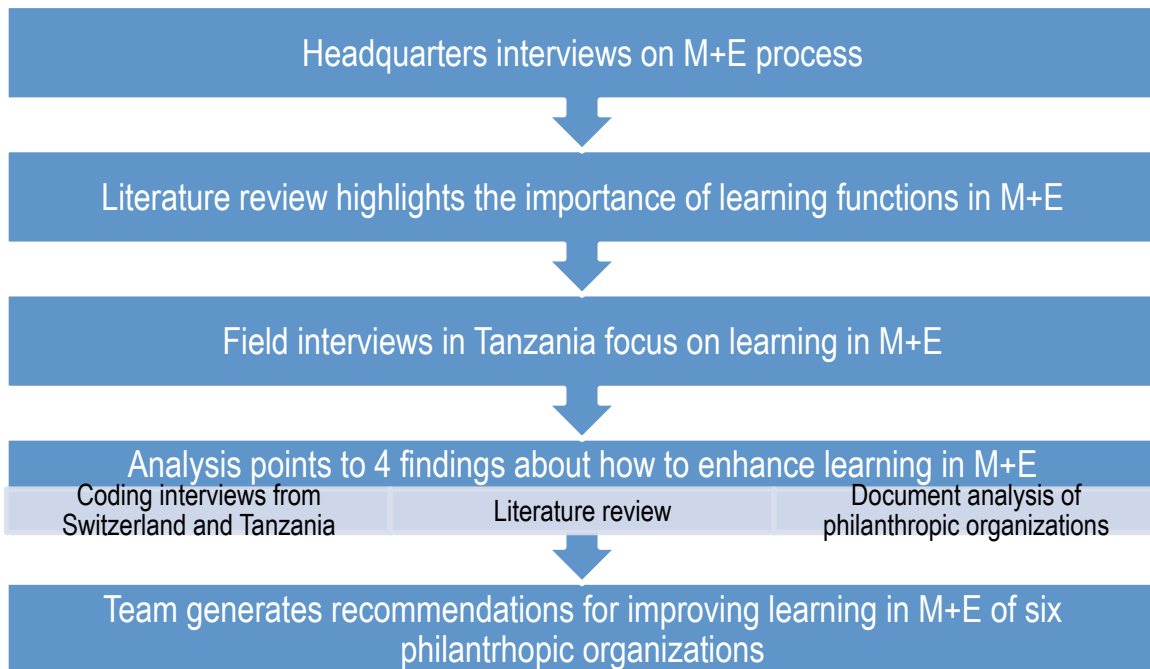
The first **field trip** to Switzerland included interviews with the following organizations: WHO Polio Eradication Initiative, the Philanthropy Centre, Novartis Foundation, UBS Optimus Foundation, and the Global Fund. The team traveled to Geneva, Basel, and Zurich in the course of the trip and conducted five interviews, as well as a debrief with the client. Through a series of interviews with philanthropic organizations, the team gathered information from the funder perspective. Interviews focused on how organizations approach health interventions, the focus of their health programming, and how the M+E process takes place. Initial reflections on M+E gave the team a starting point for considering the purpose of M+E for the organization, both for accountability and program improvement. It also provided a “headquarters” perspective on what information funding organizations need as part of making decisions around programming and developing organizational planning.

Synthesis and feedback after the first field trip allowed the team to focus on the *learning aspects* of M+E. This approach will be outlined in greater detail in the next section. The team began with a draft compendium on M+E practices used and identified initial commonalities within the sample. A final component of the synthesis and feedback portion of research was through interviews with M+E experts and the OECD Paris Declaration Evaluation team also provided a broader perspective on the relationship between M+E and learning, and the differences between ODA and private funding.

The second **field trip** to Tanzania turned to the role of the implementing agency in M+E. The team conducted twelve semi-structured interviews with implementing agencies carrying out health projects in Dar es Salaam and Iringa. Funders for the projects included the Gates Foundation, UBS Optimus Foundation, Novartis Foundation, the Global Fund, and USAID. Interviews focused specifically on the learning process of M+E, reflecting the team’s new focus. In addition, the focus was on trying to understand how the M+E process could be improved from the perspective of the implementing agency carrying out projects. The second field trip revealed new findings about the relationship between the funding organization and the implementing agency and how this relationship impacts learning in the M+E process. The true value of the field trip was to help the team understand the mechanisms that allow implementers to learn during the course of the M+E process. Interviews directly with implementers were crucial in uncovering the factors that they perceived to be important to allow for learning during M+E. This served as the basis for the findings of the project.

The **final analysis** combined information from the previous stages of the project to highlight four factors that were seen as promoting learning during the M+E process by the six organizations in the study. The 27 interviews with philanthropic organizations, implementing organizations, and M+E experts were coded to identify conditions, processes, and tools in the M+E process that allow for learning. The four findings were then supported with more literature review and document analysis of project management tools from the philanthropic organizations. These four findings were used to develop recommendations for areas where the six organizations can enhance the learning in their M+E.

The process to generate recommendations for six philanthropic organizations:



The combination of literature reviews, interviews with funders and implementing agencies, and synthesis and reflection with other experts in the field, allowed the team to identify learning in M+E as a key issue and to understand perspectives on the M+E process from both the funder and implementer position. The next section goes into further detail about the team’s approach to learning in M+E.

2. THE APPROACH: FOCUSING ON LEARNING IN MONITORING AND EVALUATION

The purpose of this project is to draw conclusions from M+E used by philanthropic organizations to offer recommendations for six philanthropic organizations in our study. Through interviews and literature review, the team identified learning in the M+E process as the focus of inquiry for this project. This section summarizes the new trend in the literature about M+E as a learning tool, and argues that more information is needed about how philanthropic organizations use M+E for learning.

Current Theoretical Approaches for Learning in M+E

M+E can serve different functions within organizational management. The introduction provided basic purposes and tools for carrying out M+E. This section underscores the focus of this report on the adaptive, learning-oriented aspects of M+E, and outlines the literature that treats this learning.

The purposes of monitoring and evaluation techniques can generally be divided into two large camps, which Andrew Blum delineates as “accountability” and “adaptation”.^{xvi} The two purposes are both important elements of project management for externally-funded development projects. The first focuses on ensuring that human and financial resources are appropriately used and that a

project is carried out as expected. The second uses the M+E process to glean lessons for program management and constant improvement of the project.

While the two purposes of accountability and adaptation represent key functions of M+E, accountability has traditionally received greater emphasis from funding organizations. Beginning in the 1950s, evaluation implemented by organizations like the World Bank, the UN, or USAID used evaluation to measure outputs for the purposes of measuring an end product.^{xvii} Evaluation became more professionalized in the following decades, and increasingly the focus turned to shaping M+E to be useful for decisions around resource allocation and ensuring resources were spent wisely in addition to the original “appraisal” function. Thus accountability has long been the primary purpose of M+E processes, and remains a core aspect of project management. The table below outlines strengths and weaknesses of the traditional approach to M+E, as reflected in the literature.

Strengths and Weaknesses of the Traditional Focus on M+E for Accountability

Strengths	Weaknesses
<ul style="list-style-type: none"> • Tracks progress made in implementation • Generates information and reports on inputs, activities, and outputs • Compares outcomes and impacts against expected results • Identifies causal impact • Accounting of financial and human resources 	<ul style="list-style-type: none"> • Limited understanding of variables contributing to results • Lack of intermediate lessons • A passive process of verification • Burdensome for implementing agencies • Focused on headquarter needs: not always useful for implementers

Sources: Adapted from Fukuda-Parr, Lopes, and Malik 2002, p. 11, and Pritchett, Samjee, and Hammer 2011, p. 6.

The traditional approach of M+E for accountability is increasingly complemented by a new interest in adaptation. M+E that accounts for outputs and outcomes, although critical to decision-making and resource allocation, does not in and of itself ensure a mechanism to improve projects. A passive process, which serves as a verification of actions undertaken, is markedly different from a proactive process designed to improve programming. M+E is “still too often used as an approach to account for the results achieved by development projects or programs rather than for reflection on lessons learned.”^{xviii} Although recognizing the crucial role that accountability plays, this report focuses on the other important function of M+E and has chosen the learning and adaptation element of M+E as the point for analysis.

Learning

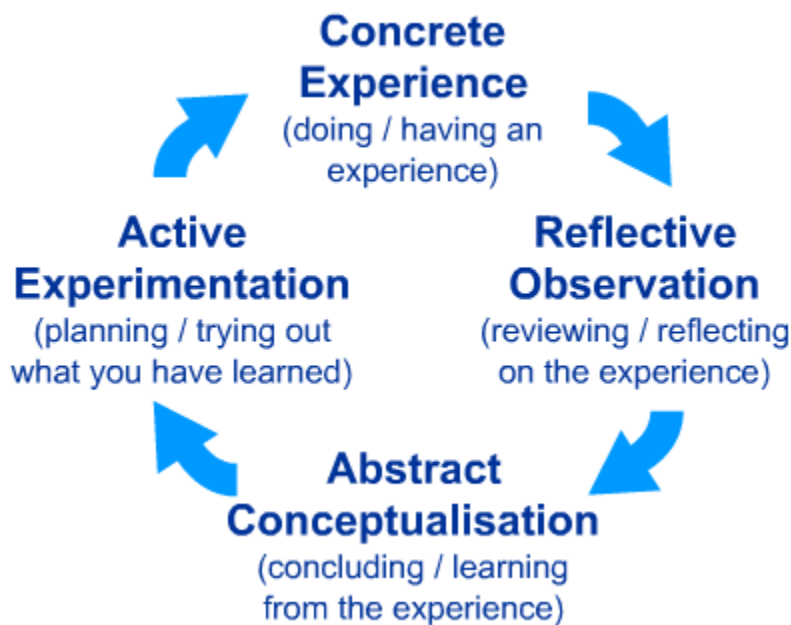
Learning represents a key concept for understanding the adaptation function of M+E. Literature on

learning through organizations provides a starting point for understanding the transformations linked to learning within a process like M+E.

In the context of project management, learning is defined by David Kolb as:

the process whereby knowledge is created through transformation of experience.^{xix}

Kolb develops a learning cycle that emphasizes the adaptation element of M+E, in that it highlights how concrete experience is translated into new outcomes within a particular project. Based on the concrete experience of carrying out a particular action, the model shows that structured reflection can lead to new understanding and conceptualization. Ultimately the cycle allows for the learner to “develop theories for performance improvement” through active experimentation.^{xx} Applied to M+E, Kolb’s model of learning suggests that experiential data from experience, in this case project implementation, can be gathered through M+E practices and then have the potential through reflection and conceptualization, to feed into project change and improvement.



As illustrated above, the Kolb’s theory presents a cyclical model of learning consisting of four stages: concrete experience; reflective observation; abstract conceptualization; and active experimentation. Kolb further developed the learning style inventory which highlighted the four learning styles accompanying experiential learning: diverging, assimilating, converging and accommodation.

<i>Kolb’s Cycle Stages</i>	<i>Description</i>
Concrete experience (CE)	Learner actively experiences an activity such as fieldwork. For this project, information collected during the M+E represents the source of experience.
Reflective Observation (RO)	Learner consciously observes, reflects back on

	that experience. At this stage, stakeholders might gather and brainstorm on the findings from M+E and try to find key details to improve the program.
Abstract conceptualization (AC)	Learner attempts to conceptualize, learn and conclude from previous experience and information collected. At this stage, the learner has an idea of what needs to be done to improve the program.
Active experimentation (AE)	The final stage of Kolb's learning cycle, where the learner acts upon conceptualization, trying out what has been learned, through new program activities, for instance.

Learning and M+E

How M+E facilitates adaption through learning has had a central place in the literature, as this section will demonstrate. This section examines both learning in project management generally, which is sometimes framed to include the M+E process and go beyond, as well as work on M+E and learning specifically.

For project management generally, different approaches are put forward as ways to include an adaptive, learning component to the work. The Integrated Planning, Assessment, Reporting and Learning Approach for Continuous Improvement (IPARLS) conceived at iScales suggests that structured activities should be built into the project process to reflect on lessons.^{xxi} These lessons are then tied to strategy development within the organization to ensure that learning that is achieved is then translated into new actions.

The Problem-Driven Iterative Adaptation (PDIA) method developed by Andrews and Woolcock emphasizes both the importance of knowledge closely tied to the context as well as the importance of adaption. Project design begins with “locally nominated and defined problems” rooted in the context, rather than best practices. An “authorizing environment” permits project implementers to use experimentation and “positive deviance” in the course of carrying out the project. These learnings and outcomes are then incorporated into the project through tight feedback loops.^{xxii} Like IPARLS, PDIA emphasizes the importance of reflecting on lessons as part of decision-making in the course of project implementation. PDIA adds to the framework by highlighting the importance of experimentation in the process of adaptation, as well as the necessary authorizing environment that allows experimentation to take place.

In addition to project management theories on learning, there is a literature specifically on the role of adaptation and learning in M+E. Evaluation 2.0 and 3.0 conceived by Blattman notes the trend in evaluation from a focus on accountability to adaptation. He suggests that there is increasing interest in using evaluation for improving processes and making decisions about scaling up or targeting, as opposed to simply “upward accountability.”^{xxiii} Further, his message is to “constantly tinker and experiment,” and to incorporate more research in the M+E process in order to understand what interventions are most effective in a given context, and ultimately improve programs.^{xxiv} Like PDIA for project management, Blattman highlights the importance of

experimentation or tinkering, as well as the need to adapt programs. His presentation suggests that M+E has a crucial role to play in the learning process that leads to project improvement.

Patton adds to the discussion an emphasis on the end users of evaluation information. He suggests that M+E techniques must consider the primary intended users – that is, those actors carrying out the project -- in the process of data collection and utilization.^{xxv} M+E should be an opportunity to benefit implementing agents by helping them gain greater clarity of purpose and objectives. Data use is more likely to lead to constructive adaption in projects if implementing agents are singled out as important players in the M+E process.

To summarize the elements of learning for project management and M+E, the literature points to the importance of experimentation in discovering lessons triggered by an M+E process. The new knowledge gained must then be incorporated into decision-making, meaning that lessons will be activated to adapt programs. Implementing agents play an important role in the M+E loop and should receive consideration to encourage data use to accomplish the goals of adaptation.

A final paper on learning and M+E absorbs many of the concepts appearing in other parts of the literature, and represents the jumping off point for the team's own conceptual framework. "MeE," or "structured experiential learning" is a framework that promotes experimentalism as part of the M+E process, as well as feedback loops to understand the lessons of experimentalism.^{xxvi} The method, developed by Pritchett, Samji, and Hammer extends the principles of Randomized Controlled Trials (RCTs), which take a "diagnostic" approach to understanding success in a project, inside the implementation process for a project. This entails systematized, nearly constant reviews of the project during the course of implementation. The authors refer to the reviews as "crawling the design space," meaning that a protocol would be established to examine each possible design variant for a given project, and the expanded understanding of M+E would systematically examine each of these variables as the project is underway. At each decision juncture, the design variables would be assessed against performance objectives. In this way, the protocol essentially tests which of the variants are at an ideal level, which should be adjusted, and are through the protocol pushed to make more rapid decisions to change course and experiment. The MeE approach thus suggests that experimentalism plays an important role in adaptation and learning, and should be formalized into a protocol that allows for fast feedback for decision-making at the implementation level. These factors of implementation level learning, experimentalism, protocol, and decision-making all prove crucial.

A review of the literature highlights a new emphasis in using M+E as a learning and adaptation tool, to complement the traditional function of providing needed accountability to funding organizations. In light of the literature's interest in M+E's ability to promote learning, the team decided to focus on this aspect to meet the project's objective's of developing hypotheses concerning possible strengths and weaknesses of the currently used M+E methods, and generating recommendations on how the current methods of M+E of a number of philanthropic organizations can be improved. This report endeavors to contribute to the ongoing process of refining M+E for development assistance by providing information about learning in M+E practices specifically in philanthropic organizations.

Research Question

A focus on learning motivated by the literature, and a knowledge gap about current M+E practices deployed by philanthropic organizations led the team to the following research question:

What tools, processes, and conditions in monitoring and evaluation deployed by philanthropic organizations in the health field are most successful in promoting learning?

The team answered the question by reviewing current practices of philanthropic organizations, drawing conclusions about which factors were instrumental in allowing learning during the M+E process, and then suggesting areas where learning can be improved in the six philanthropic organizations in the study. Learning, for the purposes of this study, allows for constant project improvement at the implementation level but also inform project planning at the headquarters level. Thus, some M+E practices encourage philanthropic organizations and implementing organizations to draw lessons for future projects.

M+E Practices of 6 Philanthropic Organizations

The last section described the learning component of M+E that will be the primary focus of the analysis. This section outlines the current M+E processes of the six philanthropic organizations in the study. Later, the team will offer recommendations for how each of these organizations might make improvements to their M+E protocols.

The Aga Khan Foundation

Most projects undertaken by the Aga Khan Foundation (AKF) are evaluated by independent professionals, in many cases in partnership with the agencies that co-fund them. International teams, together with the implementers, conduct reviews at agreed intervals in the project cycle. Their conclusions are made available to Foundation affiliates, to grantees, and to other interested governmental and non-governmental organizations. AKF measures its success by what its grantees achieve (outcomes) and the importance of what they have learned from projects.

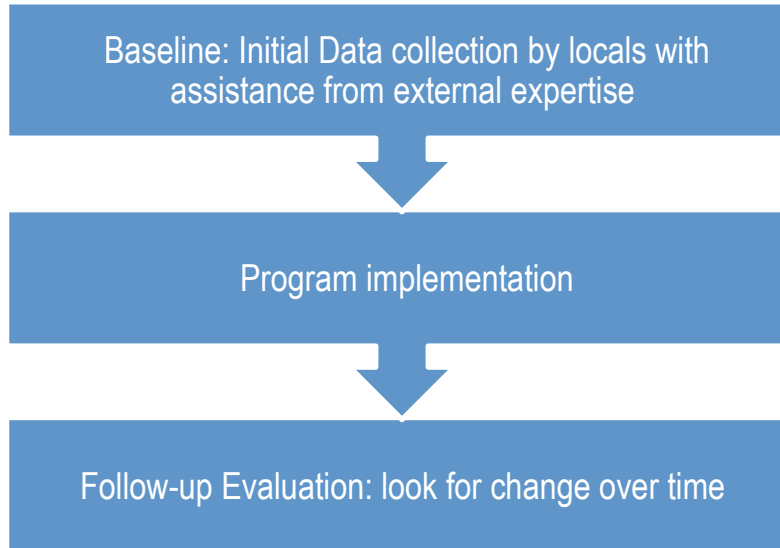
AKF's M+E usually begins with a baseline assessment in the areas where they work. The baseline is the initial collection of data that records the conditions in place, and the conditions the organization is trying to change or improve through the project being implemented. For instance for a project on maternal health, they are interested in collecting data indicators on mortality rates, women's attitudes on anti-natal care, family planning, support for vaccinations, etc. Once they have this information, they orient their interventions toward these indicators. The baseline has two objectives:

1. To collect data on the areas where they will be working and,
2. To enhance the capacity of local teams they work with.

External experts are brought in to lead the development of the baseline exercise and to support the local in-country teams who are responsible for M+E on an ongoing basis. Following baseline,

usually between 3-5 years, there is a follow-up team that conducts an evaluation at the end of the project to assess changes over time.

AGA KHAN M+E PROCESS CHART



The Bill and Melinda Gates Foundation

The Gates Foundation philosophy and approach on M+E methods emphasize measurement done for a specific purpose. Their strategy points out that, evaluation is only meaningful if its findings are used to inform decisions and strengthen their work to improve people’s lives. Thus, their M+E practices involve an important learning process. This process is described in what they call “Actionable measurement” and the “Strategy Lifecycle”.

The M+E strategy at the Gates Foundation is called Actionable Measurement, this means “measurement that has the potential to be acted upon, or is designed with action in mind.” With this strategy the Foundation recognizes that the collection, analysis, and synthesis of data and experience are critical first steps toward informed action and decision making. However, these alone are not sufficient for action. Organizational process also needs to allow time for teams to reflect and develop insight, as well as to support a willingness and ability to change and adapt. Together, these elements provide the basis for Actionable Measurement, leading to informed decisions and actions.

The actionable measurement framework takes the form of a matrix based on two hierarchies: one of strategy and one of results. Three areas are highlighted within the matrix; at the strategy, initiative, and grant levels. Cells not shaded represent areas in which measurement is not likely to be actionable within the foundation.

	Inputs	Activities	Outputs	Outcomes	Impacts
Strategy				Measure changes in populations and systems	
Initiative	Measure progress toward targets, test assumptions, identify what works, how, and why				
Sub-Initiative					
Grant	Track implementation and progress toward targets				
Sub-Grant					

The top shaded area represents the Gates Foundation Strategy which is the plan for achieving a goal in a specific area of focus approved by the co-chairs. It represents the results that come about through the long-term and sustained efforts of the organizations, governments, donors, and communities. The main activities at this level are the following: revise the theory of change, modify strategic aims and set new impact targets.

The cells at the initiative and sub-initiative levels represent the results teams set out to accomplish directly with foundation activities and investments. An Initiative is a key area of action within a Strategy and a Sub-Initiative is a component of an initiative that might include major grants, contracts, convenings, knowledge-sharing, or other activities related to achieving impact. The main activities at these levels are the following: prioritize new investments to demonstrate delivery of successfully developed products, advocate for others to fund and carry on approaches demonstrated at scale, focus investments based on what has worked, what has not, and what may be promising.

In this stage, Gates Foundation works with grantees to develop, and ask them to report on, a limited set of relevant common indicators that they can aggregate to advance learning at the initiative level. Also, they use independent evaluation at the end of each project for greater certainty, third party credibility, particular skills, or improved efficiency.

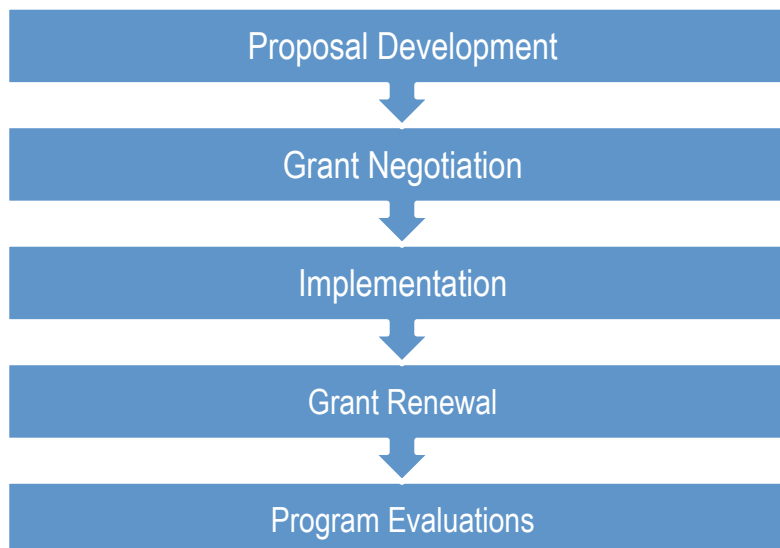
The bottom cells in the matrix represent the results most useful to track grant implementation and achievements, primarily as measured and reported by grantees. This stage is particularly relevant because it establishes the communication mechanism between the Gates Foundation and the Implementing Agency.

The Actionable Measurement Guidelines mentions that The Gates Foundation hold its grantees accountable for implementing their work according to plan, meeting critical milestones, and reporting to the foundation on their challenges, successes, and learning. Also, it points out that grantee progress reports are not an adequate substitute for independent evaluation, but they can be a useful tool for accountability and learning about the challenges and successes of implementation and achieving results. Finally, it is important to mention that these guidelines do not mention how many times implementing organizations must send a progress report. However, it makes clear that because of the different types of the project they manage, they just set very general guidelines that can be adapted to each initiative.

The Global Fund

The M&E process and requirements of the Global Fund during the grant life cycle are described on their “Monitoring and Evaluation Toolkit” and has the following steps:

M+E PROCESS FOR THE GLOBAL FUND



1. Proposal Development

The grant cycle starts with the development and submission of a proposal to the Global Fund Secretariat. Grant proposals should clearly define the planned goals, objectives, service delivery

areas and activities. As part of grant negotiations and before a grant is signed, implementers are required to provide an M+E plan. The M+E plan is an essential document for a country because it provides detailed information about the national M+E system, including indicator descriptions, data management, data quality assurance, evaluations, M+E coordination and capacity-building for M+E. The core monitoring tool for reporting programmatic results to the Global Fund is the performance framework. This document, which is also developed by countries during the proposal stage, outlines the programmatic, outcome and impact indicators and targets over the lifetime of the grant.

The grant proposal to the Global Fund must have the following components:

- a) Proposal, which includes:
 - Program Goals, Objectives and Service Delivery Areas.
- b) M+E Plan, which includes:
 1. Description of the mechanisms used by implementers to coordinate with other stakeholders involved in M+E.
 2. Establishment of specific indicators for which data are collected (Indicator definition, baseline values with dates and relevant source of data, data collection method for each indicator, frequency of data collection, person responsible of data collection).
 3. Routine data collection, how the country will collect data for each indicator in a timely manner.
 4. Data Management; how data and reports are managed at central and sub-national levels (including data collection, storage, processing and analysis).
 5. Data Quality Assurance Mechanisms, description of the mechanisms and tools to be employed for assessing quality of data and frequency and schedule of data verification processes.
 6. Program review, evaluations and surveys; description of the schedules/plans for conducting program reviews and major surveys conducted in the country in the past five years.
 7. Human resources capacity building; description of the strategy to improve M+E human resource capacity over the plan's life span.
 8. Costed M+E Work plan and Budget
- c) The Performance Framework, which includes:
 - Selected indicators and targets to be achieved by the implementing organization.

2. Grant Negotiation

Once a proposal is recommended by the Technical Review Panel and approved by the Global Fund Board, negotiation of the grant agreement begins. This process includes revisions to and finalization of the performance framework and the M+E plan and identification of M+E-related systems strengthening activities.

3. Implementation

During the implementation of grant activities, the Global Fund reviews crosscutting program areas, including data quality, quality of services, equity and contribution to broader health goals. The Principal Recipient is required to regularly report to the Global Fund on results achieved against targets, expenditures against budget, and any deviations from, or corrective actions to, program activities. These results feed into the performance-based funding model where programmatic results from each reporting period (typically every three to six months) guide the disbursement amount.

4. Grant renewals

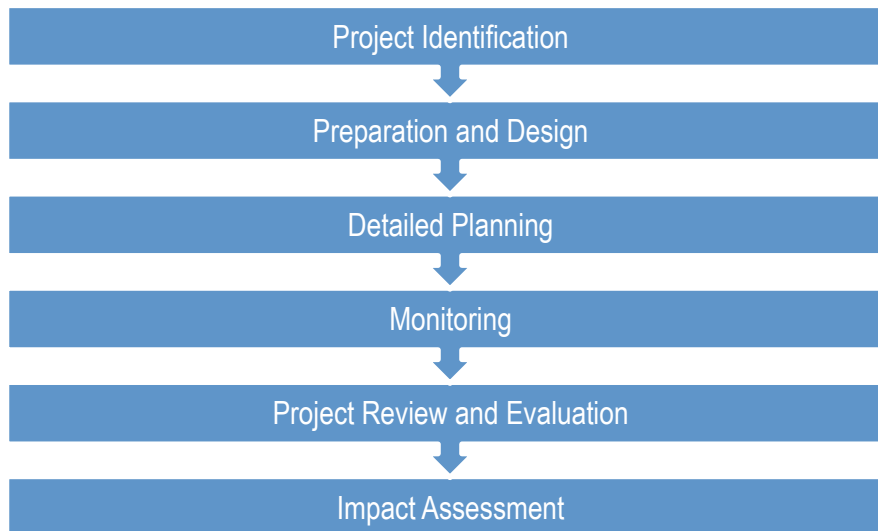
While proposals are typically for a five-year period, grant agreements are signed for one implementation period, which last for two or three years. Before the end of the first implementation period, the Global Fund conducts a review to inform its grant renewal decisions and additional financial commitments for the next implementation period. This review occurs in addition to routine reporting to assess whether the expected results have been achieved, grant funds are being managed effectively and to make funding recommendations for the next implementation period. Evaluation and program reviews provide information that is valuable for understanding the impact and broader effects of programs.

The Novartis Foundation

The Novartis Foundation conducts continuous monitoring and several evaluations throughout the implementation in order to improve the quality of the program. According to the 2013 project management handbook, M+E activities are deployed for four reasons: accountability, improvement of performance, learning and communication. The M+E process in the Novartis Foundation includes an ex-ante evaluation before implementation begins, data collection during monitoring, annual reporting, and an ex-post evaluation following completion of the project. After the termination of the project, a longer-term impact assessment is used.

The evaluation is required to be carried out in cooperation with beneficiaries, to help these stakeholders play into the lessons learned from M+E. The foundation believes that beneficiaries offer important information about strengths and weaknesses of the project. Thus, the Novartis Foundation puts more emphasis on the internal evaluation by the project team itself –external evaluators only play a role at the end of the project. In terms of reporting, progress toward outcomes and possible impacts of the project are covered, but external factors that affect the effectiveness are also identified. The documentation of such learning is shared between all the stakeholders for the greater dialogue and within the organization as the institutional memory so that other works can refer to the lessons.

M+E PROCESS FOR THE NOVARTIS FOUNDATION



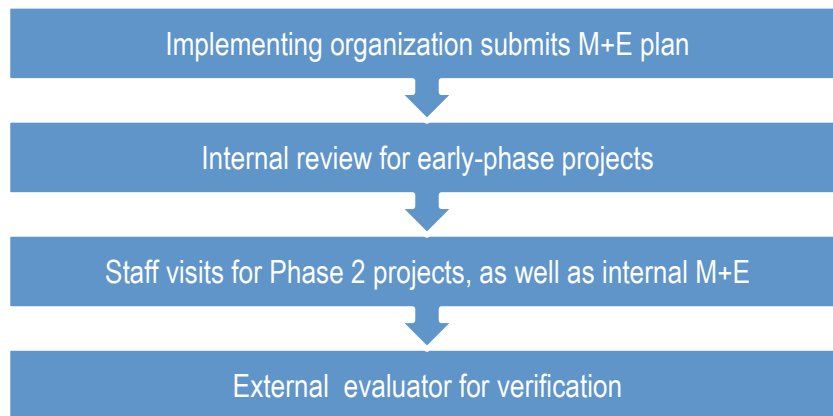
The UBS Optimus Foundation

The UBS Optimus Foundation utilizes M+E as a tool to enable an iterative communication process between grant maker and grantee and to make them learn from the experience. The principal method of UBSOF projects is to follow a 'value chain' model. In Phase 1, where beneficiaries propose a project to the foundation, only implementing agencies do monitoring and evaluation to figure out the baseline and anticipated impact through the proposed program. From Phase 2 to 3, both M+E officers at the implementing agencies and external evaluators sent by the foundation carry out M+E separately, in which the former address the progress by the implementation by relying on its own 'logical framework,' whereas the latter verifies the performance at the field and provide the feedback on which areas to improve.

The UBS Optimus uses findings from the M+E to augment program effectiveness and to achieve the organizational goals as well as to disseminate the information to relevant organizations or world communities. For experiential learning, the headquarters staff emphasizes that partners in the field are "the experts" and takes seriously the reflections beneficiaries have on a project. Interviews suggest that in addition to the M+E process, informal conversations, staff impressions, and visits with beneficiaries also play a key role in the learning within the organization.

UBSOF's emphasis on innovative projects points to the fact that gaining knowledge from "risky" projects is valued within the organization. New methods are tried, and are given continued support if they are successful in proving impact, maturation, or generalizability. Thus decision-making and future planning indeed takes into account learning taking place at the implementation level.

M+E PROCESS FOR THE UBS OPTIMUS FOUNDATION



WHO Global Polio Eradication Initiative

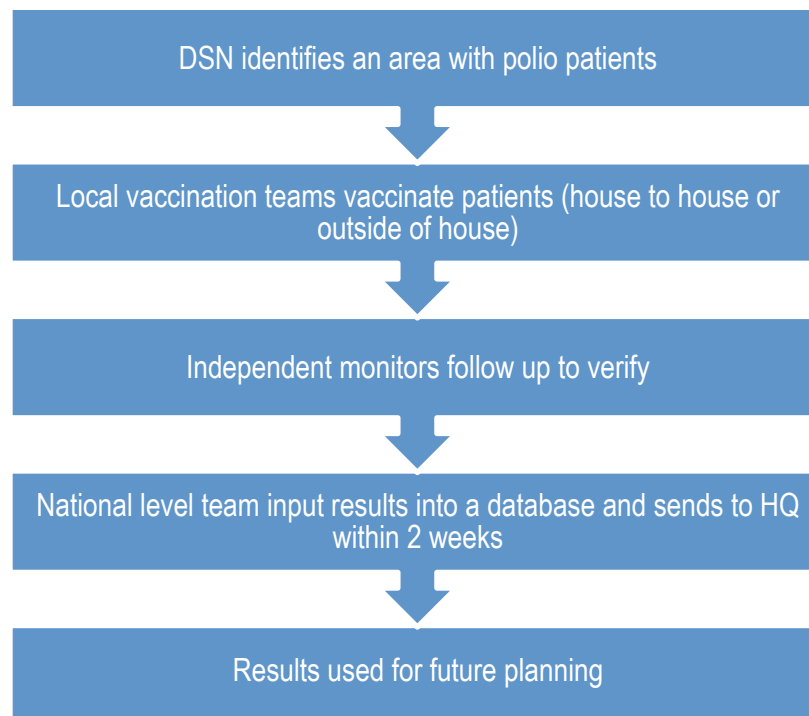
The Disease Surveillance Network (DSN) forms a major part of the M+E for the Global Polio Eradication Initiative (GPEI). It helps identify and record the basic elements of data related to program activities. The DSN helps take stock of where patients with polio are located, how many need a vaccine, the number of children that have received the vaccine, the number of vaccines used, districts served, etc. It helps collect data on a wide range of indicators needed for the specific intervention, in this case polio.

M+E for GPEI starts with a baseline data collection via the DSN and looks at several indicators, such as weaknesses in the current implementation plan. For example it asks questions such as whether or not vaccine campaigns are of good quality and making a difference (outcomes, impacts). It also measures the number of polio patients reached.

The baseline data collection via the DSN is the first step in the M+E process, identifying areas with cases for polio. Once patients are identified, local vaccination teams are sent out to vaccinate patients. This can take place in two ways; teams can either go house-to-house knocking on doors and giving vaccination, or vaccines are given outside of patients' home during a community campaign week.

Independent monitors follow up after vaccination teams to double-check the work done. They knock on the same houses to check the finger marks of patients and verify that with the tally sheets submitted by vaccination teams, making sure the tally sheets matches what was really done in reported households. A team from the national level inputs this information into a database. The database is sent to Geneva within fifteen days. The point is to have the results in Geneva as soon as possible to guide mid-course adjustments if gaps exist.

M+E PROCESS FOR THE WHO GLOBAL POLIO ERADICATION INITIATIVE



3. FINDINGS

The purpose of this project was to draw lessons from M+E employed by philanthropic organizations in the health sector. The previous section outlined learning in M+E and the current M+E processes of six philanthropic organizations. This section presents the findings from the project about which factors are instrumental in allowing learning through M+E, drawing on the current literature, document analysis, and interview transcripts. Returning to our research question:

What tools, processes, and conditions in monitoring and evaluation deployed by philanthropic organizations in the health field are most successful in promoting learning?

Table 1: A Summary of Findings

Findings
1. A more flexible <u>authorizing environment</u> for implementing agencies allows for greater experimentation and learning
2. Open-ended <u>reporting</u> templates encourage the flow of knowledge
3. Quality <u>data</u> that responds to implementers' needs can advance learning goals
4. Processes for <u>knowledge preservation and transmission</u> are critical to linking knowledge from the implementation level with headquarters.

Finding 1: A more flexible authorizing environment for implementing agencies allows for greater experimentation and learning

This section turns to Andrews, et al.'s concept of the "authorizing environment" for decision-making that allows for experimentation.^{xxvii} **The terms of relationship between the funding organization and the implementing organization emerged as a key factor in program adaptation.** The level of autonomy and constraints permitted to the implementing organization by the funder plays a key role in how implementers learn from experience through the M+E process. This finding suggests that philanthropic organizations generally bestow a broader authorizing environment for their implementers. Interviewees repeatedly referred to "flexibility" of philanthropic organizations. Within this authorizing environment, there is room for experimentation and informal decision-making.

What is an authorizing environment?

The authorizing environment is understood to be a delimited domain in which managers have control of decision-making.^{xxviii} In the context of this project, authorizing environment refers to the area where implementing organizations can take and enact decisions without formal permission

from funding or executive organizations. Behind the idea of an authorizing environment is that increasing power or authority in the implementing organization allows managers to carry out experiential learning along the Kolb's learning cycle. Andrews, et al., refer to this as "positive deviance," which aligns with this project's emphasis on experimentation. Thus the authorizing environment is the space in which implementing organizations exercise their permitted discretion, and the implication of an increased authorizing environment affects implementers' ability to experiment or make changes to programs without the express permission of funding organizations.

What evidence did the team find of an expanded authorizing environment in projects funded by philanthropic organizations?

According to interviews with implementing organizations, a larger authorizing environment allows them freedom to make decisions on the ground about project implementation, without expressed authorization from the funding agency. This project focuses on the M+E process, and thus it highlights an authorizing environment linked to M+E practices.

Ex-post informing of project adjustments is one indication of an expanded authorizing environment. For example, one of the interviewees working for a health surveillance program told us of an experience where the implementer had a broader authorizing environment by not requiring ex ante reporting. This means that he was able to take decisions before sending a formal report. The project was funded by a foundation, with the objective of monitoring the prevalence and symptoms of malaria in the region. Volunteer data collectors were used to interview patients. In the course of the project, the implementer realized through monitoring that volunteer data collectors were not reliably collecting data, which reduced the validity of the project's finding. In response, the implementer shifted the mode of data collection to randomized cluster analysis of health outcomes. In a surveillance project, this represents a significant change in methodology, which was enacted without ex ante authorization from the funding organization. Instead, the implementer informed the funder of the change ex post facto. This shift in program implementation from the original data collection method based on implementer monitoring and decision-making, is an example of an expanded authorizing environment.

What are the implications of a more flexible authorizing environment?

The literature on learning in M+E supports findings from interviews in the field. Interviews with implementing organizations suggest that a more flexible authorizing environment allows implementers greater room for **experimentation** in their work. With less rigidity or burden to gain permission to change programs, implementers are able to adapt programs in the course of carrying them out in an effort to improve programs. This finding aligns with the M+E literature on learning, which has devoted particular attention to **experiential learning**. In this sense, flexible M+E allows a broader authorizing environment to adapt program design and hence to learn.

Implementing organizations in Tanzania discussed the importance of experiential learning, and pointed to the authorizing environment that allows for this as being important. In one project that tracks the effectiveness of malaria transmission-reduction interventions, a manager referred to the flexibility he was given in experimenting when working with a foundation. There was room to make changes to the project design when he as a researcher observed a problem. He suggested this was especially important in research-oriented projects, where adjustments are inherent in the work. Rather than focus on complying with the original plan of the project, the priority was to meet the

overall objective of successfully monitoring malaria transmission. **“You are not limited to your first idea,”** explained the researcher. In this example, a more flexible authorizing environment allowed the researcher to deviate from the original implementation of the project; so long as experimentation served the ultimate objective of effectively tracking malaria transmission.

How do authorizing environments differ between philanthropic organizations and official development assistance agencies?

Interviews suggest that philanthropic organizations allow a more flexible authorizing environment than official development assistance (ODA) organizations. Implementing organizations referred to “trust” and “flexibility” in their relationship with funders, whereas ODA were sometimes considered to be “bureaucratic” or “rigid.” One implication of a limited authorizing environment in ODA is that these projects face difficulties in incorporating experiential learning to project planning.

While philanthropic organizations allow an expanded authorizing environment for implementers to experiment, interviews suggest that there is little *support* from ODA for this type of experimentation. This is not to say that experimentation does not take place in the context of ODA projects. Data collectors in one ODA-funded HIV surveillance project recounted that the original method of carrying out the project shifted. Originally data collection took place when HIV-positive community members were gathered separately from the rest of the community, but data collectors realized this resulted in stigma by non-infected community members, and shifted data collection to take place in the community as a whole. While the method of collecting data has shifted, the ODA organization has not adjusted its requirements for data collection. Compared with this example with a philanthropic organization, at the point of recognizing this shift, a philanthropic will go further with making changes in the program requirements to accommodate this shift either by sharing it with other teams working on similar project in a different country or by watching the trend closely over time and incorporating it into an institutionalized project strategy. For the ODA project, experimentation has effectively not been allowed because learning about the data collection methodology did not lead to adaptation of the project as a whole. This example, taken in contrast with the philanthropic example where findings in data collection led to a more formal change in project methodology acknowledged *ex post*, points to the difficulty of experimentation in ODA projects.

ODAs are focused on specific indicators, project design, and formal decisions are generally made at headquarters. Implementing agencies have specific sets of activities to develop and just inform the different levels the information required from the headquarters. Respondents from implementing agencies reported they are able to “change little things” meaning more operational things such as the way they organize themselves to collect data. However, “big changes like indicators” remain at the prerogative of the headquarters ODA. This does not mean that implementing agencies funded by ODA are not learning. However, the process to formalize decision making regarding any change in project design, takes a lot of time and hence the changes never happens. Thus, this process does not encourage learning regarding project design.

Flexible authorizing environments created by philanthropic organizations permit greater experimentation and real-time adjustments. In effect, experiential learning is incorporated into the project very quickly. In ODA projects, implementers are also learning in the process of carrying out a project, but the learning does not regularly feed into the larger project implementation plan. The

evidence suggests that in the case of ODA, there are greater difficulties in learning moving up the chain.

Box 1: Key Takeaways about the Authorizing Environment

This section has underscored the connection between a more flexible authorizing environment and experiential learning. The following points are drawn from both interviews and the literature review:

- An authorizing environment is the area where implementing organizations can make adjustments to programs without formal permission from funders. We see evidence of a larger authorizing environment given to implementing organizations by philanthropic funders through ex-post informing of project changes.
- An enhanced authorizing environment may be one feature that distinguishes philanthropic organization-funded projects from their ODA counterparts, which face different accountability requirements and risk aversion.

Finding 2: Open-ended reporting templates encourage the flow of knowledge

Reporting is an important communication process between funders and implementing agencies. Information gathered from M+E provides a common ground to discuss the performance of projects. Based on facts and analysis of data, reporting to a higher organization is aimed at fulfilling the main objectives: accountability and adaptation. In other words, when communication occurs, the reporting agency is expected to demonstrate how and where the fund went as well as to share findings during the implementation. **Reporting methods can emphasize accountability and adaption to a greater or lesser extent**; while it is understandable that funders face different challenges and accountability requirements, philanthropic organizations have shown one path for how to encourage learning through the reporting process.

There are several communication methods used between funders and implementers. These methods have been categorized into two categories. The first is reporting via formal methods that mainly consist of financial and technical reports. The second is informal reporting consisting of phone calls, emails or meetings.

What information is required in reporting?

The target audience as well as data available shape reporting requirements. ODA and philanthropic funders share a common understanding where they both want aid to impact beneficiaries; however, there is a discrepancy when it comes to how it should be done. ODA tends to focus more on the exact use of funds by requiring the implementing organization to follow a specific requirement while **philanthropic organizations focus more on effectiveness of the contribution to the areas of intervention**. Thus ODA requires implementers to report more operational data, which are usually strengthened by a variety of input and output indicators, whereas philanthropic organizations provide a template in which the questionnaire requires the explanation of an output change. It can also be confirmed by the proportion of narrative explanation and statistical data in the reports of these two funders. One funder, for example, puts an emphasis

on the learning process and impact assessment in M+E by itemizing them in its annual and final report.

What kinds of templates are used for formal reporting?

Reporting templates, divided into financial and technical reports, represent one form of communication between funders and implementers. Philanthropic funders have found ways to leverage these templates to encourage implementers to reflect on experiential learning in the field. These learning from implementers in turn can trigger reflection about larger program strategy and funding decisions at the funder organization, which will be covered in greater detail in Finding 4 about organizational memory.

The table below describes an example of templates required by one philanthropic organization, according to information in their project management handbook. The case reflects the kind of reporting templates common in private funders that encourage implementers to reflect on learning.

Table 2: Reports required by the UBS Optimus Foundation

Name of Report	Type	Purpose of the report	Information requested that Promotes Learning
Progress Report for Innovation Funding projects ➤ Early-stage, smaller “innovative” projects	Technical	➤ Demonstrate proof of concept, that these “risky” projects can be scaled up	➤ Description of an “unconventional” or new approaches used ➤ Evidence of lessons learned ➤ What would you do differently next time? ➤ Unexpected problems and how they were resolved
Application for Core Funding ➤ Transition from “innovative” to longer-term funding	Technical and financial	➤ Demonstrate proof of concept, feasibility for maturation, potential impact	➤ Project history ➤ Requires a Logical Framework of how inputs and activities lead to outputs, outcomes, and ultimately the overall objective
Progress Report Core Projects	Technical and financial	➤ Reports on Core Project’s progress as a promising innovation project at a larger scale	➤ How stakeholders view the project (as success, providing important information, etc.) ➤ Changes to the program strategy ➤ Changes to the project methodology ➤ Problems encountered and measures to address them ➤ Potential risks in the future ➤ Achievements within the Logical Framework ➤ How partnership with funder could be improved ➤ Lessons learned
Project Visit Report ➤ Foundation staff visit to Core project	Technical	➤ Become familiar with the project, evaluate its current status	➤ Potential for sustainability and scale-up, and their feasibility
External Evaluation ➤ External expert	Technical	➤ Verification of M+E methods by	➤ Lessons learned ➤ Considerations for scale-up

conducts evaluation of Core Projects		implementing organization	<ul style="list-style-type: none"> ➤ and replicability ➤ Suggested changes to strategy, methodology of project ➤ Cooperation with other stakeholders ➤ How the project fits with UBSOF objectives
Closing Report Core Project <ul style="list-style-type: none"> ➤ Final project report at the end of a Core project 	Technical	<ul style="list-style-type: none"> ➤ Demonstrate replicability in another setting, scalability, and actual impact 	<ul style="list-style-type: none"> ➤ Coordination with UBSOF ➤ How internal and external evaluation could be improved ➤ Changes to project strategy and methodology ➤ Best practices that have been developed ➤ Synergies developed with local actors ➤ Feasibility of scaling up and replicability

Source: Adapted from UBS project management handbook.

Two characteristics of the UBS Optimus Foundation templates are worth noting. **First, the reports are relatively simple and not overly burdensome.** Even the Program Report for Core Projects is only ten pages, with ample space to write in responses of 200 words or so. Sometimes the questions ask for bullet-point responses. In general, the reports seem to be designed to achieve the accountability and adaptation purposes required by the foundation, but not appear overly burdensome for the implementing organization. **Second, all of the reports encourage implementing organizations or evaluators to reflect on learning in the project.** “Lessons learned” are requested throughout the implementation of the project. Further, there is room to experiment and change the project methodology or strategy, so long as the change is justified in the report. Another feature of the learning is a consistent request for analysis of cooperation and feedback of other stakeholders. Much like the brainstorming sessions mentioned in the previous section, the reporting templates push implementers to consider other stakeholders’ feedback during the reporting process.

What is the role of informal communication as a reporting mechanism?

From interviews conducted in the field, informal communication is used for either urgent or minor proposal or changes to programs via email, phone, or through casual conversations. It takes place because those changes require quick action or are not of central importance. Later, these forms of alteration in a program are reported via official documentation. Contrary to the informal, the formal method, such as an official report, occurs regularly following the routine procedure in the manual.

Having observed this, it is easier to see that the preferred way of communication and reporting by each funding organization can affect the flexibility and burden that beneficiaries have to deal with when conducting M+E. In addition, the complex stratification between funding and implementing agencies, where sometimes the intermediary agencies- agencies such as Global Fund - get involved as the middle man, can affect the rigidity in requirements for reporting, especially with several webs of stakeholders involved.

Box 2: Key Takeaways about Reporting

- Formal reporting of technical and financial reports can encourage learning through simple reporting requirements as well as encouraging implementing organizations to reflect on learning during the project.
- Informal communication, in addition to formal reporting, plays an important role for communication between philanthropic organizations and implementing organizations.

Finding 3: Quality data that responds to implementers' needs can advance learning goals

Data are at the core, and sometimes the most important element of M+E. Data are collected for indicators following the logical framework used for management: input, process, output, outcome and impact. Each step requires specific indicators for which data is collected. Data requirements are given to implementing agencies by funders to define the terms of M+E. Our findings suggest that the success of M+E depends strongly on the data quality, capacity of the data collector, data use, and relationship building with the community. This section outlines the factors that mitigate the usefulness of data collected during the M+E process in promoting learning.

Table 3: Examples of health data indicators requested by funders

Indicator	Type	Target
HIV seroprevalence among all TB patients	Output	Prevention
Treatment of latent TB infection (percentage or number)	Outcome	Prevention
Number of malaria patients receiving correct diagnosis and treatment	Output	Treatment
Children under 5 with access to prompt effective treatment	Outcome	Treatment
Large companies that HIV work policies (number and percentage)	Output	Supportive Environment
Number of support groups fighting discrimination	Output	Supportive Environment

Source: Adapted from WHO M+E Toolkit 2004

How do actors promote data quality?

The quality of the data to be collected is related to the quality control that is built into the data collection and analysis. Our research found different strategies to ensure data quality. For example, it is common for a philanthropic to require the implementing agency to lay out a plan for project evaluation. The components of the plan would include **naming objectives, indicators to assess progress toward meeting objectives, and the underlying assumptions that influence the ability of the organization to attain its objective**. Funding organizations may also require a schedule for the frequency of the data to be collected, as well as a vetting process of which data

would ultimately be included. To this end, an external evaluator is hired by the philanthropic organization to assess the quality of these data independently. Another example is from a Project Manager interviewed, that required a review and data cleaning for all data collected from local community level all the way to the headquarters of the agency. Review and cleaning takes place at each intermediary level of the process and data is sent as quickly as possible to the headquarters in order to preserve the quality of the data collected. Interviews and project management handbooks suggest that both philanthropic organizations often have a protocol from the implementing organization to control data quality.

Box 4: Strategies to Ensure Data Quality

- Project planning using a causal chain or Logical Framework
- Guidelines for implementing organizations to construct indicators
- External evaluators to verify indicator relevance
- Data cleaning
- Capacity building for data collectors
- Building trust with local groups

Data related to health issues pose a particular challenge as they can be quite sensitive. Patients are sometimes skeptical and reluctant in sharing private information about their health. This poses a challenge for data collectors as they have to devise new ways to ensure that data collected is of the highest quality. For example, one interviewee recounted difficulties in gaining trust of HIV-positive patients who were reluctant to share their health status with data collectors. One technique used by data collectors to overcome this challenge is by building trust with patients over time. This is done in many ways but mostly through a series of visits to patients, checking on their health and asking several questions that can induce answers to questions asked. **Quality control mechanisms, routine surveillance, and building trust** are some strategies used to improve data quality.

Relationship building with the community

A finding worth mentioning under data collection is the implementing organization's continuous reliance on local communities for data collection, information sharing, and reflection. Beyond the ownership aspect of the project, funding organizations encourage the involvement of beneficiaries and other stakeholders in data gathering to sharing information and reflecting together on findings. Our findings indicate that both philanthropic organizations encourage participation of different stakeholders throughout the M+E process. For instance, one organization requires a request for funding to include input from academics, civil society leaders, civil servants, and others actors present on the ground. Beyond holding the implementers accountable to both the funding agency and the actors that helped secure the grant, this approach ensures that beneficiaries are effectively involved in the process and are collaborating in implementing programs. ODAs as well consider relationship building with the community an important aspect in health intervention programming. An interviewee from ODA clearly mentioned this approach as a best practice. This particular ODA encourages beneficiaries to share data amongst themselves even before reaching out to the donor agency.

Funding organizations emphasize this approach because it helps the community to rethink and build ownership for programs. However a common challenge is the difficulty in reaching beneficiaries in remote areas – relating to communication and which hinder the participation of

such communities. This generates communication concerns for those collecting the data but also funding agencies, as some of these data collectors lack the ability to communicate to their supervisors exactly what is happening on the ground.

For what purposes and for whom is data intended?

Once quality data has been secured, findings suggest that organizations are increasingly concerned that implementers are able to effectively mobilize data for project improvement and learning. Data use is relatively new but a growing field in health activities in low-income developing countries. Nutley, et al., (2013) suggest that too often data “sits on shelves,” meaning that reports are produced, but are not actively used in decision-making by implementing organizations.^{xxx} One problem might be that organizations do not see the value of the data collected during M+E (data does not respond to a specific demand by the implementers). Another possibility is that these organizations do not understand how to interpret the data at hand.^{xxx}

The Novartis Foundation offers one guideline for how to prepare indicators in a way that addresses some of the challenges in data use. The table below presents the guidelines for how to develop “SMART” indicators. Of particular note are the “relevant” and “timely” requirements for indicators. The framework acknowledges that indicators will have different levels of utility by different actors – the data needs of senior managers are different from field staff—and indicators should be tailored to the needs of those who will use them. The “timely” requirement also reinforces data use at the implementing level by suggesting that indicators should be taken into account “at the right time to influence management decisions.” Encouraging both relevant and timely indicators are two ways that the Novartis Foundation seeks to promote data use for project adaptation.

Table 4: Novartis Foundation SMART-Method for formulating indicators

Specific	Key indicators need to be specific and must relate to the conditions the project seeks to change.
Measurable	Quantifiable indicators are preferred because they are precise, can be aggregated and allow further statistical analysis of data. However, development process indicators may be difficult to quantify, and qualitative indicators have to be used in these cases.
Achievable	The indicator (or information) must be achievable at reasonable costs using an appropriate collection method. Accurate and reliable information on such things as household incomes, for example, is notoriously difficult and expensive to actually collect.
Relevant	Indicators should be relevant to the management needs of the people who will use the data. Field staff may need particular indicators that are of no relevance for senior managers, and vice-versa
Timely	An indicator needs to be collected and reported at the right time to influence management decisions. There is no point choosing (performance) indicators that can only tell you at the end of a project whether you succeeded or failed in meeting the objectives. They may be lessons learnt but the information comes too

late for project personnel to act on.

Source: Novartis Foundation Project Management Handbook

Box 5: Key Takeaways about Data:

- Funders promote several measures to improve the quality of indicators and methods of data collection by implementing organizations in the M+E process.
- Data use focuses on how the data collected is relevant to implementing agencies, as well as how to mobilize data for project adaptation and improvement.

Finding 4: Processes for knowledge preservation and transmission are critical to linking knowledge from the implementation level with headquarters.

How is learning taking place through the M+E process captured to make meaningful changes beyond a specific project, to impact strategy or future programming? This section points to mechanisms that philanthropic organizations use to take learning from a specific health project and then mobilize it in other areas of their work.

What is the purpose of preserving learning?

Preservation and transmission of lessons learned refers to the process by which information is stored and then shared within the philanthropic organizations. This information is collected during the M+E process at the implementing level. The data collected feeds back into the headquarters level of the philanthropic organization to impact future decision-making.

How is information transmitted to the funding organization?

Our research indicates that information is transmitted to the funding organization by the implementing agencies through the multiple reports and updates on the program. One philanthropic organization for instance requires the implementing agencies to report back on the progress and adjustment made to the program as a result of the M+E. More importantly, details about the changes that have been made and their impact on the project should also be briefly explained. External evaluators also feed into headquarters-level learning, and are stored into the organization database for consideration for future decisions making regarding further disbursement or similar project funding.

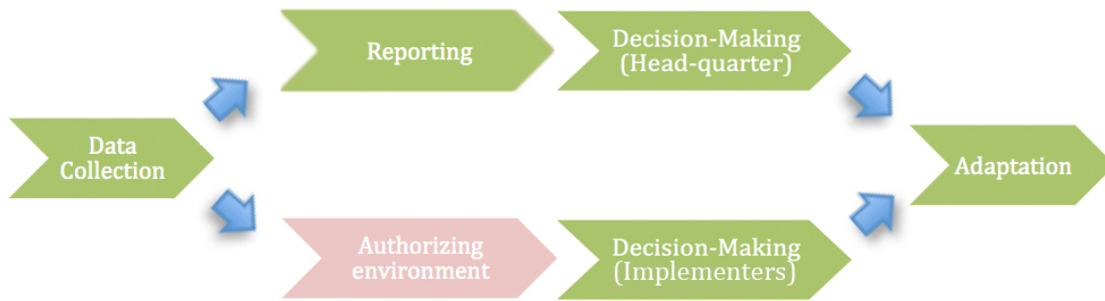
How is learning from the M+E process incorporated by funding organizations and intermediary organizations into future planning and strategy?

Philanthropic organizations have chosen different ways to incorporate learning into decision-making at the headquarters level. One example is using M+E findings in future planning for projects. The UBS Optimus Foundation explicitly uses M+E results to guide decisions to scale up or expand a program. The Value Chain approach used by UBSOF funds for risky projects that are scaled up if they prove their viability, and thus decisions for next-stage funding based on learning during implementation. For example, a visitor report asks the evaluator to provide comments on how the evaluation is relevant to global trends or UBSOF funding priorities. Another question asks whether the project might be replicated elsewhere and achieve a multiplier effect. Thus, learning through the M+E process is intended to guide decisions for how to scale up projects and direct resources.

The Gates Foundation offers one example of how learning from M+E is directly fed into organizational strategy development. The Foundation's strategies identify the causal pathway to impact; outline the investments and programmatic activities aligned with that pathway; measure the results of these investments and activities over time; and can be adjusted based on results, experience, and lessons learned. As the Foundation's emphasis on the "Strategy Lifecycle" suggests, strategy development, execution (through grant making and other programmatic work), measurement, and strategy adjustment are part of a continuous cycle. The implication is that funding priorities and strategy are continuously adjusted, based on findings from projects.

The Gates Foundation effectively encourages a process similar to the Kolb's experiential learning through its cycle of strategy development, grant-making, capture and data share, followed by reflection on lessons learned and course corrections. The process through which the foundation adjusts its strategy at the foundation level mirrors the cycle of experience – reflective observation – abstract conceptualization – active experimentation in the Kolb's cycle. Indeed, the Gates Foundation provides an example of how experiential learning from the implementing level is then fed into another learning cycle at the headquarters level, to ultimately adapt larger strategy within the foundation.

The figure below shows the pathway of learning through monitoring and evaluation. Implementers within a flexible authorizing environment are able to use data to experiment and make minor decisions about projects at the implementation level (the lower path). This data also informs reporting which is transmitted to the headquarters level (the upper path). When headquarters levels make use of the reporting information from the implementers to make decisions for future funding or organizational strategy, the path has been completed: knowledge has been transferred and preserved. When learning from M+E has been mobilized at both the headquarters and the field level, the project has achieved adaptation at multiple scales.



Source: Capstone team's depiction

Box 6: Key Takeaways about Knowledge Preservation and Transmission

- Preserving and transmitting knowledge refers to the process where learning from the M+E process can be captured in one project and transferred to other projects.
- Mechanisms at the headquarters such as strategy building and decision-making for scaling up linked to learning from M+E are two ways of preserving learning throughout the organization.

4. CONCLUSION AND RECOMMENDATIONS

The question at the center of our research is how philanthropic organizations working in the health sector in low-income developing countries might best encourage learning during their M+E processes. The research focused on identifying best practices for M+E as a learning tool based on actual practices of philanthropic organizations. Gleaning from literature and interviews from the field, we have given an overview of the burden of disease in low-income developing countries and described the role of philanthropic organizations responding to global health challenges. We have also analyzed philanthropic organizations as new actors in the health aid architecture, and how they are using M+E as a tool for learning and adaptation.

It should be noted that the team conducted in-depth research on only six philanthropic organizations. Our research has generated insights and recommendations that should hence be seen as initial -- more research needs to be done. Additional research and interviews with a broad range of philanthropic organizations will help confirm the generalizability of our findings. It is also important to consider how M+E tools for learning can work alongside tools for accountability, the other function of M+E. What's more, these general insights provide ideas about best practices for organizations, but do not outline a specific action plan. Organizations might consider these principles but must go further to translate the principles into concrete management strategy for the M+E processes. Despite these limitations, **we offer some recommendations below which we hope will assist philanthropic organizations in using M+E as a tool for learning and adaptation in their health programs.**

Recommendation 1: What philanthropic organizations can do to promote learning

We know that a more flexible **authorizing environment** has allowed philanthropic organizations to promote experiential learning. Experiential learning allows organizations to:

- Identify problems early and address them
- Experiment with different techniques to address the problem
- Adapt programs as needed
- Boost trust and collaboration between them and implementation agencies

A more flexible authorizing environment to allow experiential learning, philanthropic organizations can:

- A. **Establish more flexible guidelines for communication** between the funder and the implementing organization. Ex post informing is one strategy used by philanthropic organizations in their interface with beneficiaries. Allowing implementers to make necessary adjustments on an ongoing basis, rather than requiring explicit authorization to make a change, gives implementers freedom to make changes to programming as needed. It also allows more room for experimentation.

Recommendation 2: Call for an enhanced design in reporting system

Reporting requirements during M+E has shapes communication between different stakeholders. It plays several roles in:

- Demonstrating accountability to the funder
- Delivering performance information

- Identifying which factors are attributed to a result and
- Providing lessons and feedback acquired during the implementation

From the empirical analysis conducted, five elements below are found to be critical to achieve effective communication:

- Less paperwork.** Simpler reporting templates remove some of the burden from implementing organizations and allows them to devote more time to the project.
- A “Learning and Feedback section’** in a report template. Systematized accumulation of lessons through formal templates should be useful for philanthropic organizations.
- Openness to informal communication line.** Informal reporting like phone calls and emails can complement formal reporting.

Recommendation 3: Maximize data quality and use.

The effectiveness of M+E depends to a great extent on the data collection. This operation provides:

- Information to enable project implementers to monitor and consequently learn and improve project effectiveness, efficiency, and thus outcome.
- Room to hold shareholders accountable to one another.
- An opportunity for rigorous impact assessment at the end of the project life cycle.

To improve the quality of data and then to ensure that data has relevance for implementation-level decision-making, philanthropic organizations can improve the capacity of data collectors, build deeper relations with the community within which the data is collected, and align data requirements with implementer needs.

- Capacity building.** Training sessions with data collectors will improve their ability to perform their work effectively and build commitment to the project.
- Relationship building with the community.** Fostering relationships with the beneficiary community can help implementing organizations collect more reliable data.
- Shape data requirements around implementer needs.** Developing indicators in cooperation with implementing organizations, with attention to what information will be needed at different decision points, will help ensure that data collected is useful for implementers as well as funders.

Recommendation 4: Promote knowledge preservation and transfer to ensure that learning lasts

Knowledge preservation and transmission is to mobilizing learning. This important last step in the learning process of M+E does the following:

- Encourages continuity which results in efficacy and effectiveness
- Systematically links learning to designing strategy and future decision-making at the headquarters level

Organizational memory is and continues to be an asset for organization; however, it can be difficult to preserve as most of this knowledge lives in the memory of humans. To make sure organizational

memory is well-preserved and transmitted to encourage learning during M+E, philanthropic organizations can:

- A. **Develop protocols for incorporating M+E findings into strategic planning.** Using lessons from M+E about what worked well and less well in a project is important for designing future programs. M+E could be reflected upon beyond the program officer level, up to strategy and funding priorities.
- B. **Share findings across projects through a knowledge bank.** An organizational database with key findings across projects can be a useful resource for developing new projects or improving current projects.

Learning for what purpose?

This report has outlined the capstone findings about best practices for philanthropic organizations deploying M+E as a learning tool. The team identified a flexible authorizing environment, data standards, flexible reporting templates, and mechanisms for knowledge preservation as being key components to promote learning. These four factors were then used to provide recommendations for the six philanthropic organizations that were part of the study. In the end, learning through the M+E process is a way of capturing knowledge that is generated during the implementation of health projects. By using the four factors described here, M+E can be used to systematically improve projects at the implementation level. What's more, M+E findings can have a larger impact when they are incorporated into philanthropic organizations' future planning and strategy. Therefore, M+E plays a central role for an organization's development, both at the field level and at headquarters. Promoting learning could have positive impacts throughout the organization and beyond.

Annex 1: List of Interviewees

NAME	ORG.	POSITION	FUNDED BY	INTERVIEWED ON
Dr. Nico Govella	IFAKARA Health Institute	Project lead, MTC project	Bill and Melinda Gates Foundation	March 08, 2013
Prosper Chaki	Ifakara Health Institute	Entomological Surveillance System	Bill and Melinda Gates Foundation	March 08, 2013
Abdul Salim	IFAKARA Health Institute	Chief Executive Director	Oversees projects funded by Gates Foundation, Novartis and WHO	March 04, 2013
Oliver Rosenbauer	WHO, Global Polio Eradication Program	Communications Officer, GPEI	Gates Foundation, CDC, and Rotary International	November 14, 2012
Eveline Geubbels	IFAKARA Health Institute	Project Director/MZIMA project	Global Fund	March 08, 2013
Beatrice Bernescut	The Global Fund to Fight AIDS, Tuberculosis and Malaria	Communications Officer, Production, External Relations and Partnerships Cluster	Global Fund	November 15, 2012
Flora Kessy	IFAKARA Health Institute	Project Director/ ACCESS Project	Novartis Foundation	March 04, 2013
Dr Alexander Schulze	Novartis Foundation for Sustainable Development	Access Program & Research Manager	Novartis Foundation	November 16, 2012
Christophe Cox	APOPO	Chief Executive officer	UBS Optimus Foundation	March 04, 2013
Alisha Myers	M2M	Senior M&E Technical Advisor	UBS Optimus Foundation	March 14, 2013
Ann-Marie Sevcsik	UBS Optimus Foundation	Program Director, Health	UBS Optimus Foundation	November 16, 2012
Charles A. Gardner	UBS Optimus Foundation	Program Director, Health	UBS Optimus Foundation	November 16, 2012
Dr. Karen Foreit	MEASURE Evaluation	Senior Fellow, MEASURE Evaluation	USAID	February 28, 2013
Dr. Scot Moreland	MEASURE Evaluation	Principal Evaluator	USAID	February 26, 2013
Dr. Florence Nyangara	ICF and Associates	Sr. Research & Evaluation Specialist	USAID	February 28, 2013
Herbert Mugumya	Africare/Pamoja Tuwalee	Chief of Party Africare	USAID	March 08, 2013
Mbruno Mpauno	Karibuni Clinic/ Africare	Field Data Collector	USAID	March 06, 2013
Fatoma	Karibuni Clinic/ Africare	Field Data Collector	USAID	March 06, 2013
M+E Officer	Africare/Pamoja Tuwalee	M+E Officer for Iringa (town level)	USAID	March 06, 2013
Deogratius Rwisuka	Africare/Pamoja Tuwalee	Regional M+E Officer	USAID	March 06, 2013
Evance Milasara	Africare/Pamoja Tuwalee	Regional Capacity Building Officer	USAID	March 06, 2013
Aloyce Mkangaa	Africare Regional Office	Regional Team leader	USAID	March 06, 2013
Dr. Honorati Masanja	IFAKARA Health Institute	Project Lead	WHO and Gates Foundation	March 08, 2013
Dr Don DeSavigny	Swiss Tropical and Public Health Institute	Professor and Head of Health Systems		November 15, 2012
Dr Georg Von	Centre for Philanthropy Studies (CEPS), University of Basle	Director of CEPS		November 16, 2012
Hans Lundgren	OECD Development Cooperation Directorate, Evaluation Unit	Head, Evaluation Unit		December 13, 2012
Megan Grace Kennedy-Chouane	OECD Development Cooperation Directorate, Evaluation Unit	Policy Analyst, Evaluation Network		December 13, 2012

Annex 2: Insights for Six Philanthropic Organizations

1. Aga Khan Foundation: Focus on data

A major aspect of AKF M+E is the focus on capacity building for local teams that is done through the collaboration of external M+E experts with in-country teams during the process to encourage knowledge transfer. However, in-country teams have a steep learning curve in developing M+E expertise. Teams have to translate questions into the local language. During this process, some pertinent information might be lost, affecting the results obtained.

To improve the **quality of data** collected, AKF can make sure that data collectors are asking the right questions, and that questions are properly translated into the local language while maintaining its original content. Most importantly, they can train data collectors to test these translations to make sure the community understands the question being asked.

To improve **data use** by the country team, the AKF can focus some of their capacity building training on helping in-country teams understand how the data collected can be used for their intended purposes and how they can be measured to improve accuracy of interventions. Implementing organizations can be taught how to use the information collected for their purposes but also for the purposes of reducing health interventions. Once teams know the importance of the data they are collecting, they will ensure its ability to answer questions pursued.

2. Bill and Melinda Gates Foundation: The “gold standard”

The Gates Foundation in many ways represents a gold standard for M+E that encourages learning. Here is how the M+E process incorporates the four findings into their work:

1. Data collection. Data collection takes place at the implementing organizations level. According to “The Actionable Measure Guidelines” implementing agencies only collect useful data to improve project implementation. This data is focused on indicators and learning.
2. Authorizing environment at the implementing organization level. Communication is encouraged at the initiative and grant level. Together they construct indicators and reporting templates which are subject of changes if needed. Implementing agencies are able to learn from their experience implementing the projects and they are able to transmit this to the Gates Foundation.
3. Flexible Reporting Templates. Reporting Templates at the Gates Foundation are designed to reflect “challenges, successes and learning”. The Foundation only cares about useful information that can be used to improve project implementation. Even though the reporting templates are not included in “The Actionable Measurement Guidelines,” it is possible to suggest that the information they require is not burdensome for implementing agencies.
4. Preservation and Transmission of Lessons Learned. The Foundation is interested in improving their strategies and initiatives that is why they have established the “Strategy Lifecycle”. It encourages the flow of knowledge from lessons learned during implementation and after evaluation to the strategy level. This information is used for future decision-making and scale-up projects.

3. The Global Fund: Different Constraints Require M+E for Accountability

The Global Fund M+E process has different stages, very specific instruments, templates and requirements that implementing agencies must fulfill in order to have the right to have a grant renewal. There is less flexibility in reporting requirements or the authorizing environment than in other organizations observed in this study. Although the Global Fund receives some private funding, it faces different constraints from other philanthropic organizations. This is mainly due to its multilateral nature. This means, the Global Fund must comply with the various official donor's demands. Since it has many donors, it does not have the same freedom to act than philanthropic organizations and this is also reflected in his relations with implementing agencies. The moment when they learn and adapt strategies comes after the evaluation's results, rather than during the process. In this sense, it is not possible to identify a learning process having an impact on project design in the implementation stages. Experimentation is not a feasible in this setting. **However, greater flexibility for informal reporting could help implementers make minor adjustments on the ground and transfer learning more quickly into action.**

4. Novartis Foundation: Improvement in Data Quality

The Novartis Foundation has improved M+E as a learning and dialogue tool for the effectiveness of a program. It has shown many of good examples about a streamlined communication line between donor and beneficiaries and a learning-inducive environment with an efficient reporting system and an institutional practice to share the findings within the organization.

However, there are still shortcomings in the quality of data collection, according to implementers. On one hand, the beneficiaries often hire local employees to gather true data, as local people are able to easily interact with recipients and obtain genuine outputs from them. Due to the insufficient training to them, there are sometimes some invalid or inappropriate data collected from them. On the other hand, beneficiaries encounter the hardship in standardizing the data collected, because either the indicators are interpreted differently among different data collectors or there's no common yardstick provided by the organization, in order to filter the data. As the significance of Monitoring and Evaluation relies on the quality of data, the current problem in data collection may reduce the impact of M+E as a learning tool. **Thus, regular training of data collectors and the standardization of indicators are indispensable to the development of M+E.**

5. UBS Optimus Foundation: Reporting and Data

Foundation staff note that the number of reports sometimes exceeds their need, and it is possible to be "overwhelmed" by the amount of information coming from the reports. Further, there is pressure on the staff to report quickly when an inquiry is made from a client about a specific project; the staff needs to have ready access to information, but they need the right information. Given the small staff size and relative discretion they have in selecting projects, exhaustive M+E is not necessary to establish accountability. Thus, it is recommended to **reduce the burden in reporting and to make data collection standardized in an efficient and concise manner.**

6. WHO Global Polio Eradication Initiative:

Like the Global Fund, the WHO Global Polio Eradication Initiative faces different constraints by pooling both private and official funding. M+E has been effective in helping identify polio cases and respond to them quickly – 90% of polio cases have been eradicated since the inception of the initiative. Staff note that political considerations, particularly in conflict areas, will determine the organization's ability to completely eradicate the disease. Given the particular challenge of working in conflict areas, and more attention to political rather than technical considerations, it might be useful for GPEI to allow **a more flexible authorizing environment for monitors who carry out verifications**. Greater discretion for field workers could allow them to use professional judgment in a dangerous situation. This might be one way to improve the M+E process to allow for more learning about the political contexts in which GPEI operates.

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