9. Measuring Success of *Taking Action* – Indicators and Approaches

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In Brief

Question: *Taking Action* **includes over 130 specific commitments for UK Government action. In the light of experience, are these still the most relevant targets against which to measure success of UK strategy? If so, how? If not, how should success be measured?**

A strategy needs a framework for monitoring and evaluation in order to track systematically the progress of implementation. *Taking Action* does not yet have such a framework. However, it does have a number of implicit and explicit indicators and targets within the narrative text.

From these, we have designed an evaluation framework for *Taking Action*. It is structured around the six priority areas of the strategy and includes indicators at four levels. DFID is not responsible for tracking the first two levels – international and country – although DFID does have some responsibility, e.g. under the Paris Declaration on Aid Effectiveness, for strengthening national statistical capacity and information systems. In most cases, these indicators are already being tracked, by UNAIDS and national M&E systems respectively. DFID will need to be responsible for tracking indicators relating to the UK contribution and a number of specific milestones. Some of these will be monitored regularly and some will be assessed in the final evaluation.

The working paper produced for this topic (SSS, 2006b) provides detailed descriptions of indicators, information on baseline data and details about who should be responsible for tracking each indicator.

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Monitoring and Evaluation Systems

9.1   *Taking Action* has more than 130 priority actions. Monitoring progress against these commitments has implications for DFID systems and those of other government departments. Performance targets and indicators, and proposals for monitoring and evaluation of *Taking Action*, are discussed in more detail in Working Paper 3 prepared for this evaluation (SSS, 2006b). Systems for tracking progress towards the spending targets for HIV and AIDS are discussed in more detail in section 3.5 of this report (p10) and in DFID's Evaluation Department's Working Paper 18, also prepared for this evaluation (SSS, 2006a).

9.2   Efforts to track implementation of *Taking Action* across the UK Government have been limited and there are practical problems in doing this. It is not easy to capture the contributions of other government departments to *Taking Action* as these are generally not included in departmental objectives and are therefore not monitored. For example, although reducing poverty through the MDGs is included under the FCO three-year sustainable development strategy, with FCO 'using its network of bilateral and multilateral posts to support DFID's work on poverty reduction', HIV and AIDS are not mentioned specifically, and the significant contribution of the FCO is not captured. In addition, the work of

other government departments is difficult to measure, either because it does not consist of discrete project activities, such as the work on policy dialogue done by the FCO, or is not specific to HIV and AIDS, such as work on international patent law by the DTI. It is difficult to identify the financial contributions of other departments, e.g. the proportion of FCO ODA or DH research spent on HIV and AIDS (see section 3.40, p20), or the contribution of Inland Revenue tax relief for vaccines research. These are therefore under-estimated. Staff of other government departments are unsure how they would quantify spend on work related to *Taking Action*.

9.3   The evaluation team found no evidence that the Cross-Whitehall coherence group is monitoring progress against the overall commitments in *Taking Action*. Staff in other departments view this as the role of DFID, as the lead department, although International Development Committee scrutiny goes beyond DFID. Table 16 summarises findings with regard to indicators in *Taking Action* that relate specifically to other government departments.

Table 16. Commitments in *Taking Action* Relevant to Other Government Departments

Description	Responsible	Comments
Every government department should develop policies to support coordinated and intensified efforts to fight the global HIV/AIDS epidemic	Cross-Whitehall Group	With the exception of the FCO, none of the other departments interviewed for this evaluation have developed separate or specific policies.
Cross-Whitehall monitoring of *Taking Action*	Cross-Whitehall Group	No evidence of any steps taken by the Group to do this. Other departments are unsure whether this indicator refers to: a) Cross-Whitehall Group monitoring of *Taking Action* overall or b) Monitoring contributions of different government departments. Departments are not clear how a) would be done. Monitoring b) would be difficult as *Taking Action* does not specify roles or deliverables for other departments.
Agreement to new IFF	HMT	HMT leads on this but would prefer a joint target.
UK Government staff in the UK and overseas are fully aware of HIV and AIDS and receive due care and treatment	FCO with DFID	The workplace policy adopted by FCO and DFID in 2002 includes treatment and care. No steps taken to review implementation in country. FCO includes orientation on HIV/AIDS in briefing for staff being posted overseas. DFID is developing new initiatives to promote staff awareness.
Adopt a progressive workplace policy on AIDS across Whitehall	FCO with DFID	Workplace policy not adopted across other UK Government departments, which are guided by UK legislation e.g. recent Disability Discrimination Act which includes HIV along with other chronic diseases. Recent Cross-Whitehall Group meeting agreed that all departments would review departmental policy against international best practice as set out by the ILO.
Action taken to strengthen the impact of the Code of Practice on the recruitment of health care workers to the UK, to prevent the use by the NHS of agencies that recruit health care staff directly from developing countries unless a bilateral agreement has been negotiated	DH	This indicator is reported to no longer be relevant due to surplus of UK doctors and nurses. The Code of Practice is voluntary, but compliance with the Code by NHS and recruitment agencies is monitored by NHS Employers. Further strengthening of the Code would require primary legislation. Recent Cross-Whitehall initiative to strengthen health system capacity in developing countries also relevant to this indicator.

9.4   DFID corporate performance systems and quarterly reports to the Management Board review progress against PSA targets, efficiency and effectiveness, financial management, human resources, reputational issues, partners[200] and building for the future. These reports do not measure progress with implementation of specific strategies or towards commitments in *Taking Action*, with the exception of the spending target. Following a specific request, the GAP team now prepares six-monthly progress reports for the Parliamentary Under-Secretary of State, based on country reporting, which are seen by the Management Board, but these do not report on progress against all the commitments in *Taking Action*. Progress is also reviewed in DDP and departmental reports.

9.5   DFID is a decentralised organisation and the nature of the commitment determines which division is responsible for monitoring. For example, International Division and UNCD monitor the performance of multilaterals, and Regional Divisions monitor the performance of country programmes. An NAO review of DFID engagement with multilaterals (NAO, 2005a) recommended increased focus in monitoring and evaluation on development results and ensuring that multilateral monitoring systems can provide DFID with the evidence to monitor progress against objectives. As discussed in section 3.22 (p16), DFID has recently taken steps to improve monitoring of multilaterals through a series of effectiveness summaries.

9.6   DFID monitors country programme performance through an annual review process and individual programme and project activities through Output to Purpose Reviews (OPRs) and Project Completion Reports (PCRs) (see section 5.36, p52). In addition, there are periodic country programme evaluations. There is no evidence to suggest that these processes systematically review implementation of policy priorities. A review of lessons from PCRs 2001/5 found that 'higher success ratings were more common for projects with MDG or PIMS[190(p115)] markers relating to HIV and AIDS, malaria, TB, income poverty and hunger' but also noted that 'There is surprisingly little comment on cross-cutting issues like HIV and AIDS and gender' (DFID, undated, b).

9.7   In keeping with the UK's commitment to country-led approaches, country offices increasingly rely on data from UN and government partners to monitor overall progress in delivering HIV and AIDS interventions and services. This creates challenges where information systems are weak and data quality is poor[201]. For example, as the Ghana country programme evaluation (Azeem et al., 2006) noted, 'the individual elements of DFID's performance reporting do not link together well enough to demonstrate how programmes and advisory work contribute to DFID's PSA'. In budget support countries, individual project and programme reviews are increasingly being replaced with joint assessments of pooled support. Adapting monitoring requirements to a harmonised environment is also a challenge.

9.8   Efforts have been made to strengthen country monitoring of progress against the priority actions in *Taking Action*. As noted above, country offices started to

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[200] Including across Whitehall

[201] DFID is taking steps to strengthen national M&E systems and this is discussed earlier in the report in section 3.45, p21.

provide progress reports from 2004, although different regions are using different reporting formats and the reporting timeframe varies. Africa Division has developed and piloted a new country office reporting format. Sections include country overview; DFID response to HIV and AIDS[202]; donor coordination and harmonisation; supporting country-led development; mainstreaming HIV and AIDS[203]; and implementing *Taking Action*[204].

9.9   An NAO review of DFID engagement with civil society noted that there had been improvements in PPAs, through the inclusion of measurable objectives linked to wider development priorities (NAO, 2006). Review of PPAs indicates that HIV and AIDS objectives have featured more prominently in agreements since *Taking Action* was launched in 2004. Less clear is how achievement of these HIV and AIDS objectives will be monitored and evaluated.

Indicators and Targets in *Taking Action*

9.10   In order to track progress in implementing any strategy, there needs to be a framework for monitoring and evaluation, including a set of agreed indicators. *Taking Action*, when it was developed did not include such a framework although the text did contain a number of explicit and implicit indicators and targets[205].

9.11   As part of this interim evaluation, we produced a working paper focused on indicators and approaches for measuring the success of implementation of *Taking Action* (SSS, 2006b). This identified explicit and implicit indicators and targets in *Taking Action*[206]. These included a number of global targets on HIV and AIDS, and commitments made under each of *Taking Action's* six priority actions.

Proposed Evaluation Framework

9.12   The proposed evaluation framework is illustrated diagrammatically in Figure 31 (p124). Within each of the six priority areas of *Taking Action* four levels of indicators have been identified. These are:

- *International* – indicators at this level are existing indicators which are already being monitored, for example, by UNAIDS. They provide information on the overall context within which the UK operates and give some indication of overall impact of the global response to HIV and AIDS, to which the UK is a significant contributor.

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[202] Including all activities that relate directly and indirectly to HIV and AIDS including GBS, SBS, SWAPs and projects; key activities in prevention, care and support, adult and paediatric treatment; impact mitigation; health systems strengthening and resources; women; youth; OVC; PLWHA; and other marginalised or vulnerable groups.

[203] Internal and external

[204] Achievements; factors facilitating and hindering implementation; guidance and support needs; issue requiring further attention

[205] Mostly in the form of various 'we will' commitments

[206] Based on the evaluation design document, in general, and tables A and B, in particular (see Annex 2, pA7)

- *National* – indicators at this level will be measured as part of a national monitoring and evaluation system for HIV and AIDS. They track the epidemic and response at country level. It is proposed that DFID collate information on these indicators for PSA countries only[207].

- *UK Government* – these indicators track specific contributions made by the UK. As lead agency responsible for the implementation of *Taking Action*, DFID would be responsible for monitoring these.

- *Milestones* - a number of time-bound processes are identified in *Taking Action*, many of them are one-off in nature. These have been grouped together under the heading of milestones.

Indicators

9.13 The main indicators within the framework are shown in Table 17 (p125). The working paper produced on this topic also gives details of:

- A number of time-bound milestones to be tracked.
- Each indicator in Table 17, including indicator number; indicator name; overall description; data source; frequency and responsibility within DFID for tracking; baseline data for each indicator.

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[207] These are the countries specified in DFID's public service agreement (DFID, undated, a) which is the document used to account to the Treasury for funds received.
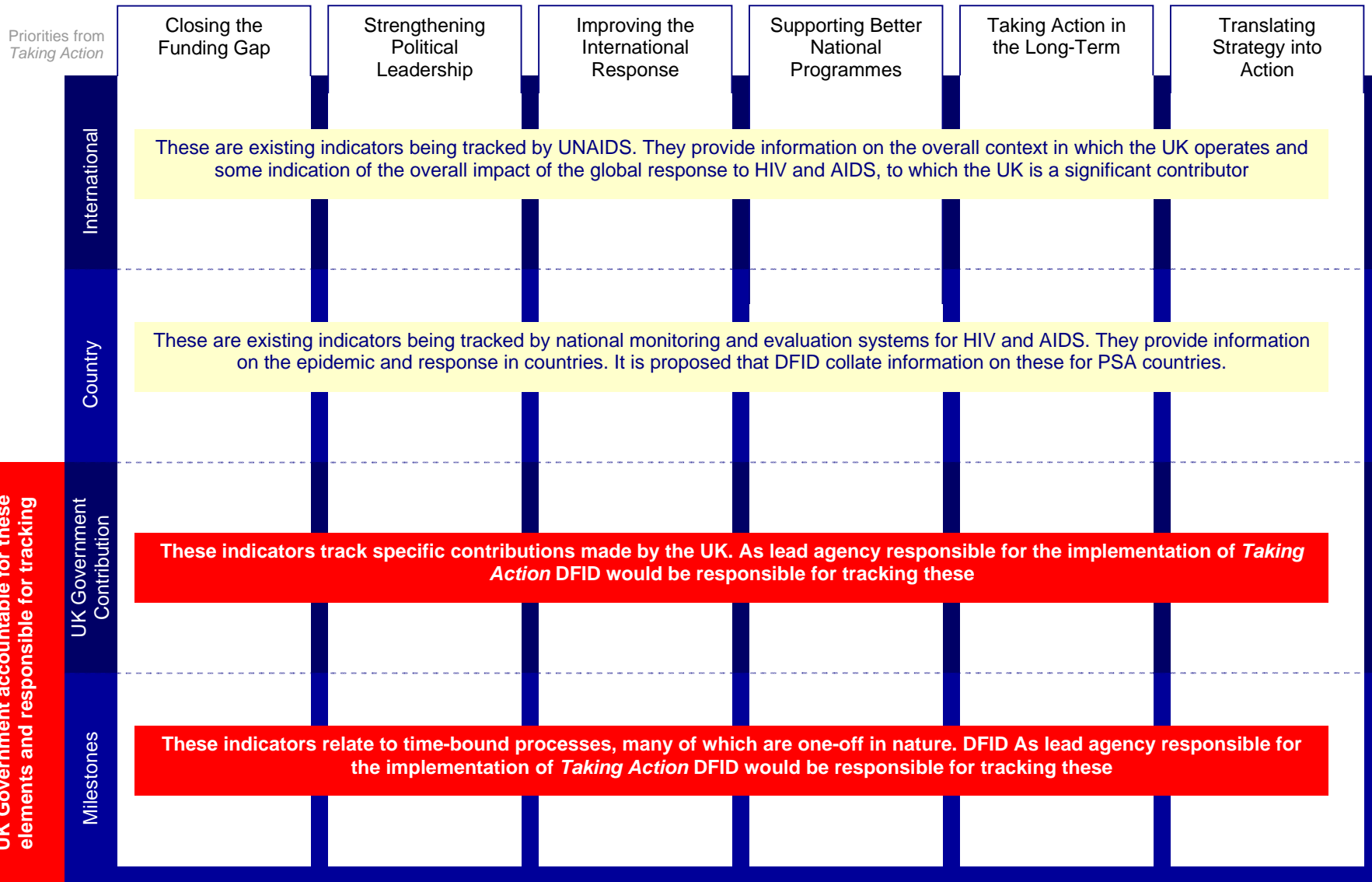
Priorities from *Taking Action*	Closing the Funding Gap	Strengthening Political Leadership	Improving the International Response	Supporting Better National Programmes	Taking Action in the Long-Term	Translating Strategy into Action
International	These are existing indicators being tracked by UNAIDS. They provide information on the overall context in which the UK operates and some indication of the overall impact of the global response to HIV and AIDS, to which the UK is a significant contributor					
Country	These are existing indicators being tracked by national monitoring and evaluation systems for HIV and AIDS. They provide information on the epidemic and response in countries. It is proposed that DFID collate information on these for PSA countries.					
UK Government Contribution	These indicators track specific contributions made by the UK. As lead agency responsible for the implementation of *Taking Action* DFID would be responsible for tracking these					
Milestones	These indicators relate to time-bound processes, many of which are one-off in nature. DFID As lead agency responsible for the implementation of *Taking Action* DFID would be responsible for tracking these					

UK Government accountable for these elements and responsible for tracking

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Table 17. Proposed Indicators for Tracking Implementation of *Taking Action*

Indicator No.	Indicator Title

1.TO BE TRACKED PRIMARILY THROUGH ROUTINE MONITORING[208]

A. Already tracked by UNAIDS, to be collated by DFID

I1[209]	AIDS funding requirements for low- and middle-income countries (Note: It is uncertain how UNAIDS plans to continue to track this; it is possible that countries' costed plans for achieving 'universal access' may be used)
I2	Amount of financial flows for HIV and AIDS for the benefit of low- and middle-income countries
I3	Percentage of young women and men aged 15-24 who are HIV infected
I4	Number and percentage of men, women and children with advanced HIV infection receiving combination antiretroviral therapy
I5	Annual global investment in microbicide and vaccine research
N1	Core UNGASS indicators
N2	Number of countries reporting each/all of Three Ones in place (including number of countries with functioning national monitoring and evaluation system for HIV and AIDS)[210]

B. Already tracked by UNFPA, to be collated by DFID

I6	Unmet need for contraception

C. To be measured by DFID

I7	Organisational effectiveness summaries for multilateral agencies[211]
U1	UK funding for AIDS-related work (including disaggregated figures for support to work with OVC; amount and percentage of UK AIDS funding through multilaterals[212]; amount of UK bilateral funding provided to each PSA country for HIV and AIDS; length and predictability of UK AIDS financing; UK annual investment in HIV and AIDS research; and AIDS financing provided through programme partnership agreements with NGOs)[213]
U2	Qualitative review of UK support to AIDS response
U3	Qualitative review of UK support to HIV and AIDS research

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[208] Although data collected through monitoring will be reviewed as part of the final evaluation

[209] The letter denotes to which level of the evaluation framework (see Figure 31, p124) the indicator belongs – I for international, N for national, U for UK contribution and M for milestone.

[210] UNAIDS is currently piloting a Country Harmonisation and Alignment Tool (CHAT) and is expecting to report on this in June 2007.This includes performance assessments of national and international partners in a number of areas relating to harmonisation and alignment (Gillies, 2006). Information from use of this tool could prove very useful for reporting on N5.

[211] This indicator is an exception to the rule that international indicators should be tracked by an international agency. Ultimately, this indicator might be tracked as a joint effort of bilateral donors but as DFID is currently pioneering this approach (DFID, 2006t), it is noted here as a DFID responsibility.

[212] There are concerns among DFID staff that spending figures rely on self-reported multilateral data. The view has been expressed that if this information is not verified or up-to-date, DFID would report bilateral data only. This would be a backward step and would only give a partial picture of UK spending. It would be preferable to take steps to improve the quality of data reported by multilaterals on this issue.

[213] As noted in section 6.43, p70 this will only give a partial picture of UK funding to HIV and AIDS through civil society. In particular, this will overlook funding through DFID country offices. However, there is currently no system in place for tracking this.

Indicator No.	Indicator Title

2.TO BE REVIEWED AT THE FINAL EVALUATION OF *TAKING ACTION*

I8	Length and predictability of international financing for HIV and AIDS
I9	Harmonised international system for monitoring and evaluation of HIV and AIDS
N3	AIDS funding requirements for individual PSA countries
N4	Number of PSA countries with harmonised funding for HIV and AIDS
N5	Qualitative review of national AIDS response (including length and predictability of financing to national AIDS response)
U4	UK influence a) at international events/with global institutions; b) in-country through both DFID and FCO; with key regional political institutions
U5	Support to multilaterals as reflected in institutional strategy papers
U6	Support to increase access to medicines
U7	Influence to strengthen monitoring and evaluation of HIV and AIDS