

8

CLUSTER PERFORMANCE MONITORING AND LESSONS LEARNED

Key points:

- ✓ Monitoring and evaluation should be an integral part of the response strategy.
- ✓ Health cluster partners should collectively monitor the implementation of the overall health crisis response strategy and ensure evaluation of the overall health cluster/sector response.
- ✓ When the Cluster Approach is fully implemented and participating health actors work together in partnership, the cluster may also organize joint monitoring and evaluation of individual projects.
- ✓ Monitoring and evaluation should be gender-sensitive and take account of other locally-relevant cross-cutting concerns. (A multi-partner working group may provide input and achieve consensus on gender-sensitive indicators and other aspects of the design and implementation from the early stages of response planning.)
- ✓ Monitoring and evaluation should be participatory, as much as possible. The more participatory the activities, the more likely they will represent the real situation and the opinions of health sector stakeholders including local communities.
- ✓ Monitoring should be initiated from the early stages of response and focus on a few key indicators. It may be refined and extended later. The start must not be delayed while waiting for a sophisticated monitoring system to be developed.
- ✓ Care must always be taken to not collect more data than will actually be used.
- ✓ A real-time evaluation (RTE) can be useful in the early stages of response and the health cluster should be ready to organize one or, better, to participate in an inter-sectoral RTE.

1

ROLE AND
FUNCTIONING
OF A HEALTH
CLUSTER

2

EFFECTIVE
COORDINATION

3

ASSESSMENT
AND
HEALTH
SITUATION
MONITORING

4

ANALYSIS AND
PRIORITIZA-
TION

5

STRATEGY
DEVELOPMENT
AND
PLANNING

6

STANDARDS

7

ADVOCACY
AND
RESOURCES
MOBILIZATION

8

CLUSTER
PERFORMANCE
MONITORING
AND LESSONS
LEARNED

9

STANDARD
SERVICES AND
INDICATOR
LISTS

○

ANNEXES

Expected Health Cluster outputs

- ✓ Joint field visits for monitoring; joint evaluations and lesson-learning.

Common “gaps” in relation to monitoring and evaluation findings from 10 country case studies (2004-07)	
Examples	Proposed remedies
<p>Monitoring</p> <p>Lack of monitoring of quality, outcomes or impact. Where monitoring does exist, focus is on coverage and inputs (particularly health promotion), and not linked to follow-up mechanisms.</p>	<p>Formalise responsibility for monitoring of quality control to one agency, with adequate dedicated budget. Ensure monitoring includes access by vulnerable groups and on the basis of gender and age. Publish agency activities and outcomes using standard indicators quarterly (long-standing emergency). Link programme funding mechanisms to performance.</p>
<p>Evaluation</p> <p>No evaluation of the sector wide impact of humanitarian health services from a population perspective.</p>	<p>Conduct an Interagency Health Evaluation.</p>

8.1 MONITORING IMPLEMENTATION OF HEALTH CLUSTER RESPONSE

Project/programme *monitoring* is an integral part of day-to-day project management. It provides information by which management can identify and solve implementation problems, and assess progress in implementing the planned activities. The HCC and health cluster are concerned with monitoring the implementation of the health crisis response strategy and the cluster partners’ collective contribution to the overall health sector response.

Arrangements are needed for *standard implementation reporting* by all cluster partners – by all health actors, if possible – and for receiving, collating and analysing the reports. This should be done in collaboration with the MoH (or other relevant national authorities). There should not be separate, parallel reporting to the cluster and the MoH!

Periodic joint *reviews* are essential. All concerned health actors should be involved and examine not only the progress of specific kinds of activity but also whether the cluster is meeting its objectives in terms of partnerships, standards and gap filling, and whether it is sufficiently responsive to changing needs. Reviews should examine data from both programme monitoring and situation surveillance (see section 3.4).

The mid-year reviews (MYR) of the consolidated appeal are important exercises but intermediate reviews every 2 or 3 months may also be useful in some cases.

SOME QUESTIONS TO BE ADDRESSED DURING MONITORING AND REVIEWS²⁹

- Which activities are underway and what progress has been made?
- At what rate are resources being used and how does usage compare with progress in implementation (outputs)? How do costs incurred compare with the budget? [efficiency]
- Are the desired results being achieved (e.g. quarterly update)? [effectiveness]
- To what extent are these results furthering the purposes of the health strategy (e.g. half-yearly analysis)?
- What changes have occurred in the overall context? Do the original assumptions hold true?
- Have response activities been sufficiently refined and adapted in the light of new information? [responsiveness]
- How has the health cluster itself functioned? What has been the quality of the relationship among partners?
- How effective has been the work with other clusters?

HCC and Health Cluster action

- Updated status of activities – and the who-what-where actor map – at every coordination meeting by getting partners to enter new information into formats provided (not lengthy statements in plenary!)

²⁸ *Manual Project Cycle Management*, June 2005, European Commission, ECHO

1
ROLE AND
FUNCTIONING
OF A HEALTH
CLUSTER

2
EFFECTIVE
COORDINATION

3
ASSESSMENT
AND
HEALTH
SITUATION
MONITORING

4
ANALYSIS AND
PRIORITIZA-
TION

5
STRATEGY
DEVELOPMENT
AND
PLANNING

6
STANDARDS

7
ADVOCACY
AND
RESOURCES
MOBILIZATION

8
CLUSTER
PERFORMANCE
MONITORING
AND LESSONS
LEARNED

9
STANDARD
SERVICES AND
INDICATOR
LISTS

○ ANNEXES

- ☑ Organize MYRs on the required schedule, and intermediate reviews if agreed by cluster partners to be useful.

Additional guidance

- 📖 IASC. *Guidelines CAP Mid-Year Review*. United Nations Office for the Coordination of Humanitarian affairs, April 2009.
- 📖 The Sphere Project. *Humanitarian Charter and Principles of Humanitarian Response*, revised edition 2010. Geneva, 2010.



8.2 ORGANIZING EVALUATIONS AND LESSONS-LEARNED EXERCISES²⁹

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 donors³⁰. An evaluation can be done during implementation (“mid-term”), at its end (“final evaluation”) or afterwards (“ex post evaluation”), either to help steer the project or to draw lessons for future projects and programming.³⁰

A widely-accepted OECD definition established five basic evaluation criteria: the relevance and fulfilment of objectives; efficiency; effectiveness; impact; and sustainability. ALNAP³¹ has suggested three more for the evaluation of humanitarian actions: connectedness, coherence and coverage.

Key principles for evaluations and lessons exercises

- ✓ Joint evaluations or lessons-learning exercises should be organized – usually separately – at appropriate moments. They must be organized at a time when it is feasible to generate information that is accurate, reliable and useful.
- ✓ They may be organized at national level or within particular operational zones. They must identify critical health and operational issues

²⁹ The Global Health Cluster has not (yet) developed specific guidance on this topic. The present section presents reminders of some well-established key principles and suggests how a country health cluster should approach evaluations and lessons-learning exercises.

³⁰ *Manual Project Cycle Management*, June 2005, European Commission, ECHO

³¹ ALNAP is the Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP) was established in 1997, following the multi-agency evaluation of the Rwanda genocide. See <http://www.alnap.org/>

and fine-tune the strategies to address them. Areas of weakness must be identified so that steps can be taken to rectify them. The findings should lead to policy, operational and technical recommendations.

- ✓ A real-time evaluation (RTE) may be appropriate during the early stages of a major humanitarian operation. The purpose will be to help ensure the best possible outcomes for the affected population by identifying – and suggestions solutions to – any problems in the coordination, planning and management of the response, and ensuring accountability.
- ✓ For any major crisis, a final lessons-learning exercise should be undertaken not later than one month after the end of humanitarian operations. It should cover both programme and operational aspects. This should be included in the work plan and budget of the Cluster/sector coordination group.
- ✓ The purpose of each evaluation or lessons exercise must be clearly defined, the terms of reference (ToR) drawn up with care – see box below – and an adequate budget established.
- ✓ Evaluations and lessons exercises should review performance not only against the defined health crisis response strategy but also against the goal of reducing avoidable mortality, morbidity and disability, and restoring the delivery of, and equitable access to, preventive and curative health care, and responsiveness to changes in the crisis situation.
- ✓ A key success factor in sector programme evaluation is the involvement of all sector partners, including the MoH, in the planning of the evaluation to ensure their ownership of the results. All the main health actors should be involved in planning the exercise and agree the ToR. (A sector programme evaluation is more complex than a single-intervention evaluation!)
- ✓ An evaluation manager must be designated for each evaluation or lessons exercise. S/he must be able to devote sufficient time to managing the process. Evaluation teams should include a mix of relevant skills and experience, and be gender-balanced.
- ✓ Reports, findings and recommendations must be promptly disseminated to all concerned and brought to the attention of the managers who need to know and take action.

1

ROLE AND
FUNCTIONING
OF A HEALTH
CLUSTER

2

EFFECTIVE
COORDINATION

3

ASSESSMENT
AND
HEALTH
SITUATION
MONITORING

4

ANALYSIS AND
PRIORITIZA-
TION

5

STRATEGY
DEVELOPMENT
AND
PLANNING

6

STANDARDS

7

ADVOCACY
AND
RESOURCES
MOBILIZATION

8

CLUSTER
PERFORMANCE
MONITORING
AND LESSONS
LEARNED

9

STANDARD
SERVICES AND
INDICATOR
LISTS



ANNEXES

- ✓ An action plan is developed to follow up on recommendations. The plan clearly specifies responsibilities for follow-up actions and its implementation is monitored.

Take care to ensure that “effectiveness” and “efficiency” are properly distinguished, and are assessed separately:

- *Effectiveness* is a measure of the extent to which an intervention’s intended outcomes (its specific objectives) have been achieved.
- *Efficiency* is a measure of the relationship between outputs (the products produced or services provided by an intervention) and inputs (the resources it uses).

HCC and Health Cluster action

Work with the MoH and other important health actors, as appropriate, to:

- ☑ Identify the appropriate timing for a joint evaluation or lessons-learning exercise, and get support for the proposal from the main stakeholders.
- ☑ Organize a consultative process to: (i) identify both the issues (the broad areas that need to be explored) and the specific questions that need to be answered; and (ii) agree on ToR and a plan.
- ☑ Ensure the designation of an evaluation manager and support him/her as needed.

DRAWING UP TERMS OF REFERENCE FOR AN EVALUATION OR LESSONS EXERCISE

Whatever the purpose and approach, well-thought-out ToR are important. They should be directly relevant to the decisions to be taken by intended users. The time and effort invested in preparing good ToR have big payoffs in terms of resulting quality, relevance and usefulness.

- ✓ The ToR should spell out the objectives (purposes) of the exercise, the methodology to be used, the steps to be gone through, and the roles and responsibilities of all concerned parties.
- ✓ Limit questions to the most important issues and ones that can realistically be answered in the prevailing circumstances; prioritize them.
- ☺ Do not overload the ToR! Overloading is a frequent problem when many people add their own questions, especially in joint agency evaluations. The need to focus requires a prioritization of the diverse needs of the various possible users or stakeholders.

- ☺ Be cautious about combining lesson-learning and accountability purposes in a single evaluation – the issues and the intended users are different and it may result in ambiguity in emphasis and approach.

ToR are as important for internal teams as they are for external teams, although external teams may require more detail on background context and on intended audiences and uses. ToR may need to be translated for in-country use. For a *sector-wide* evaluation, the ToR must be agreed among all stakeholders. The methodologies and tools to be used may need to be adapted/developed and piloted during an initial design phase.

ROLE OF AN EVALUATION MANAGER

The evaluation manager is part of the evaluation team, albeit with a special role and perspective. S/he must, amongst other things:

- ✓ *Ensure financial and logistical preparation:* careful budgeting and thorough logistics preparations are essential – don't under-estimate the cost, time and resources required, especially the field work component of an evaluation
- ✓ *Devote adequate time to the process,* be systematic (in planning and supervising), sensitive (to the needs of the team and others involved), and solutions-oriented (anticipate and respond promptly to the problems that will inevitably arise)
- ✓ *Ensure that sufficient time is given* to building the appropriate level of interaction and ongoing reporting back between the evaluation team, the evaluation manager, operational personnel and other stakeholders
- ✓ *Ensure follow-up* – that the report/findings and recommendations are promptly disseminated to all concerned and brought to the attention of the managers who need to know and take action.

Additional guidance

- 📖 Beck T. *Evaluating humanitarian action using the OEDC-DAC criteria*. An ALNAP guide for humanitarian agencies. London: Overseas Development Institute, March 2006.
- 📖 IHE. *Guidelines for implementing interagency health and nutrition evaluations in humanitarian crises*. Inter-Agency Health

1
ROLE AND
FUNCTIONING
OF A HEALTH
CLUSTER

2
EFFECTIVE
COORDINATION

3
ASSESSMENT
AND
HEALTH
SITUATION
MONITORING

4
ANALYSIS AND
PRIORITIZA-
TION

5
STRATEGY
DEVELOPMENT
AND
PLANNING

6
STANDARDS

7
ADVOCACY
AND
RESOURCES
MOBILIZATION

8
CLUSTER
PERFORMANCE
MONITORING
AND LESSONS
LEARNED

9
STANDARD
SERVICES AND
INDICATOR
LISTS

○ ANNEXES

and Nutrition Evaluations in Humanitarian Crisis (IHE) Initiative, August 2007.



Turner R, Baker J, Zaw MO, Naing SA. *Inter-agency real time evaluation of the response to Cyclone Nargis*. 17 December 2008.