



# Assessing Aid-effectiveness: A case study of post-conflict northern Uganda

*Researchers' Forum Webinar 28<sup>th</sup> September 2017*

Freddie Ssenooba,  
Makerere University School of Public Health

1

## Outline

- Brief introduction to issues about Aid for Health and post-conflict settings
- Study objectives and frameworks
- Methods and their alternatives
- Main findings by objectives
- Concluding remarks
- Q&A



2

## Issues about aid for health

- Pooling resources – GHIs:
  - Aid commitments and flows;
  - Health diplomacy
- Aid Effectiveness:
  - Allocation and selection of recipients;
  - Results, ownership, alignment and accountability;
  - Additionally or displacement of national obligations;
- Aid transition:
  - When and how to transition from aid or btn aid projects;
  - Aid as pilots for innovations Vs Aid as catalysts for scale-up

3

## Health Aid in Conflict Situations:

- Mobilization and response:
  - Timely mobilization of aid;
  - Humanitarian (short-run) responses;
- Steering of a pluralistic set of actors:
  - Short-term Vs long-term programming;
  - Govt-based Vs Non-Govt frameworks
  - Project-based Vs System-wide governance;
- Aid flow and effectiveness:
  - Extent of aid alignment to community needs;
  - Extent of state building and capacity development;
  - Extent of results: humanitarian Vs health system development

*“Developing country governments will take stronger leadership of their own development policies, and will engage with their parliaments and citizens in shaping those policies. Donors will support them by respecting countries’ priorities, investing in their human resources and institutions, making greater use of their systems to deliver aid, and increasing the predictability of aid flows” (Accra Agenda for Action (2008)*

4

## The Governance Problem of Aid in Conflict Settings

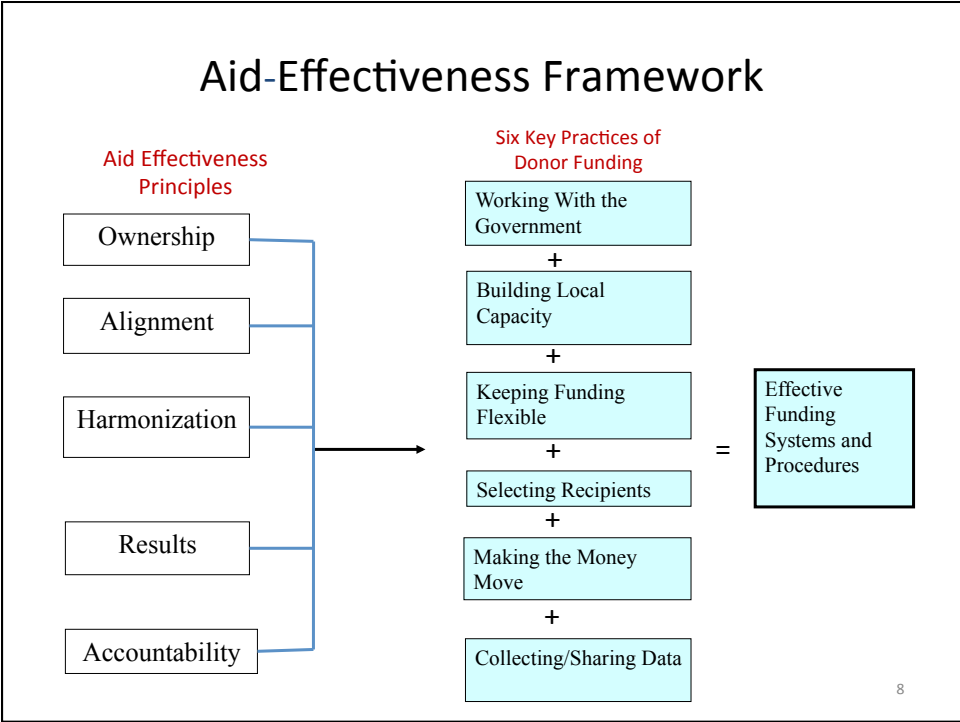
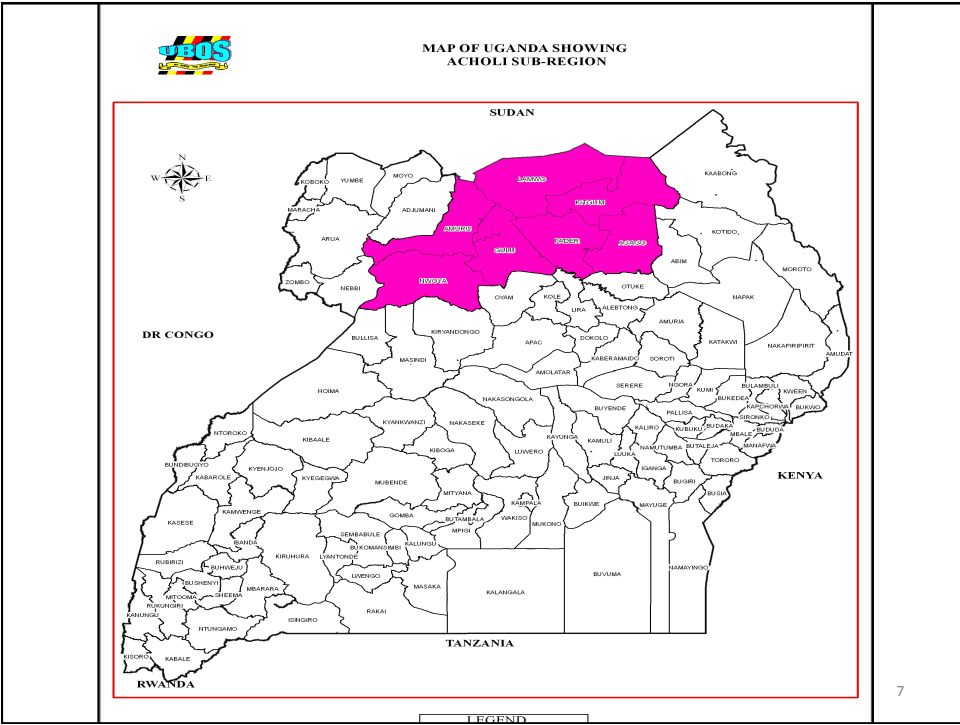
- Emergence of multiple actors with non-uniform vision:
  - Proliferation of non-state actors in the health system;
  - Influential donor agencies and different mandates;
  - Private sector entrepreneurs - International and local NGOs;
- State capacity to manage a pluralistic system:
  - Trust & capacity enjoyed by the state may be low;
  - Powerful actors – funders, NGOs, expatriates etc
  - National and sub-national Governance capacity to coordinate is usually inadequate.
- Decentralized service delivery models:
  - Sub-national governance systems as key levers for steering aid effectiveness agenda.

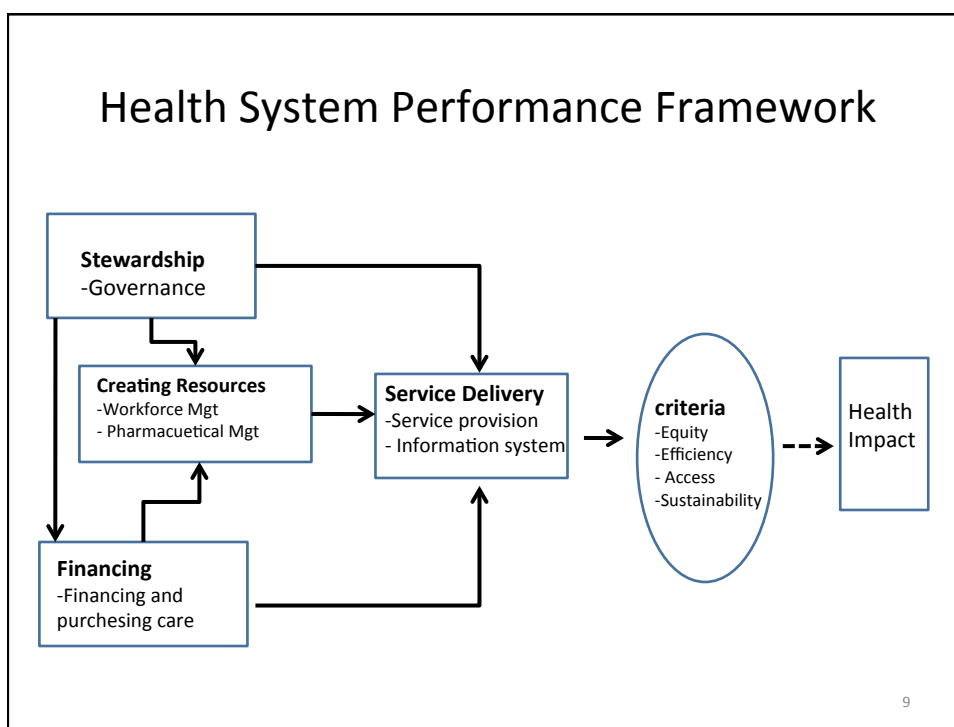
5

## Main study questions

1. Which agencies are involved in aid and its effectiveness sub-national level (districts)?
2. What links exist between these agencies?
  - Which agencies are central for service delivery?
  - How do the networks differ across districts?
  - To what extent do the service networks change over time?
3. What resources are being exchanged in the networks?
4. What is the pattern of practice with regard to aid-effectiveness?

6





## Methodology – Mixed methods

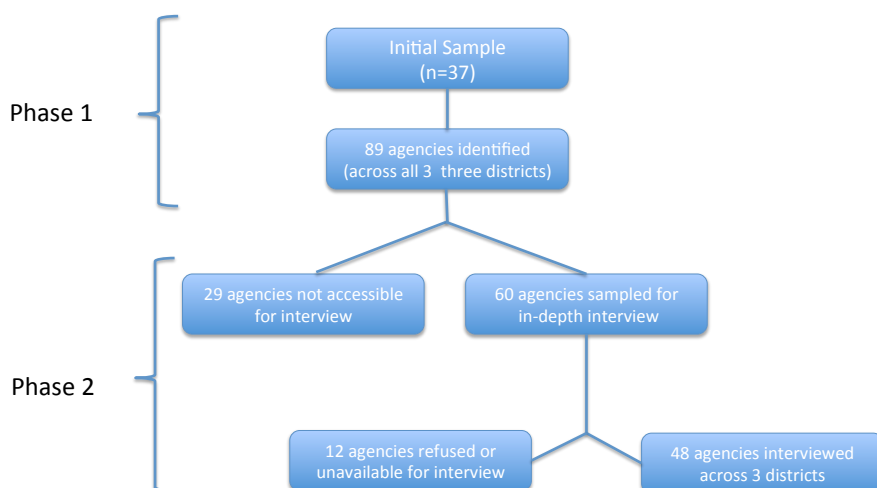
1. Social network analysis - 3-stage snowball approach
  - 1<sup>st</sup> Order: DHO, Hospital and Health Centers (level IV & III);
  - 2<sup>nd</sup> Order: Nominees from 1<sup>st</sup> order listings (within district);
  - 3<sup>rd</sup> Order: Nominees from 2<sup>nd</sup> order listings (out of district);
  - **Main question** – which agencies do you relate with for provision/support of service X, Y Z. (Name generator questions)
2. Instrument development:
  - Structured indices bench-marked to the Paris Declaration;
  - Likert-scales tool developed and tested for reliability;
3. Survey of aid-effectiveness among the service network
  - In-depth interview to explain the perceptions/rankings

## The Scope of the Study

- Service Provision Networks:
  - Three services in the district (network boundary)
    - HIV treatment, Maternal Delivery and Workforce
- Structure of the network:
  - Agencies & their linkages (service provider, fund holders, civil society organisations and administrative organisation)
  - Three districts selected:
    - Mature Districts (Gulu and Kitgum)
    - Young district (Amuru)
  - How the networks evolve over 24 months: 2 phases: 2013 and 2015
- Comparison (3 Services and 3 District)
  - Network centrality measures
  - Aid effectiveness parameters

11

## Data collection

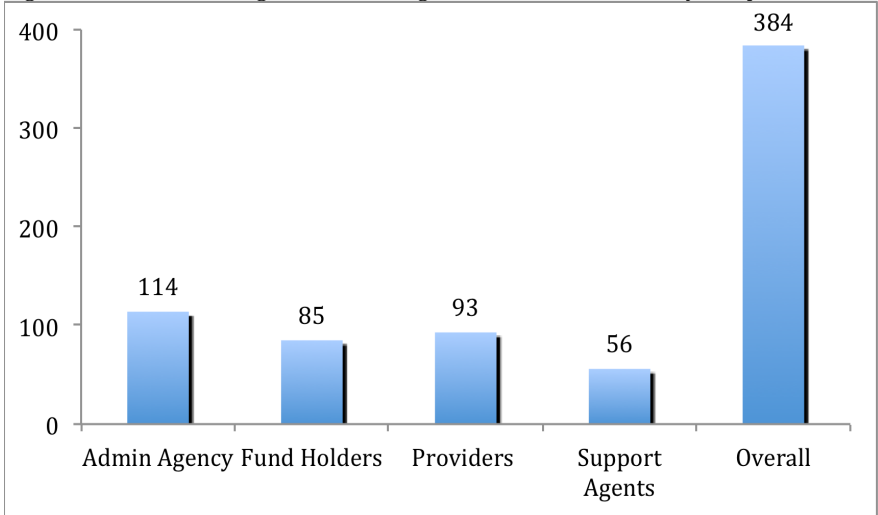


12

# FINDINGS

## Sample characteristics

Figure 2 Functional categorization of organization ties in the study sample



## Centrality Measures: Degree (n=87) (Freeman's Degree Centrality)

Networks function	No. active agencies	Mean Degree	Std Dev
Maternal Services – Gulu Dist	52	3.5	5.0
Maternal Services – Kitgum Dist	34	2.5	4.5
Maternal Service – Amuru Dist	24	0.9	2.0
HIV Treatment Services – Gulu District	54	4.0	6.2
HIV Treatment Services – Kitgum District	39	2.7	4.4
HIV Treatment Services – Amuru District	24	0.8	2.0
HRH Services – Gulu District	23	0.9	2.0
HRH Services – Kitgum Distrit	24	0.9	1.9
HRH Service – Amuru District	18	0.5	1.2

15

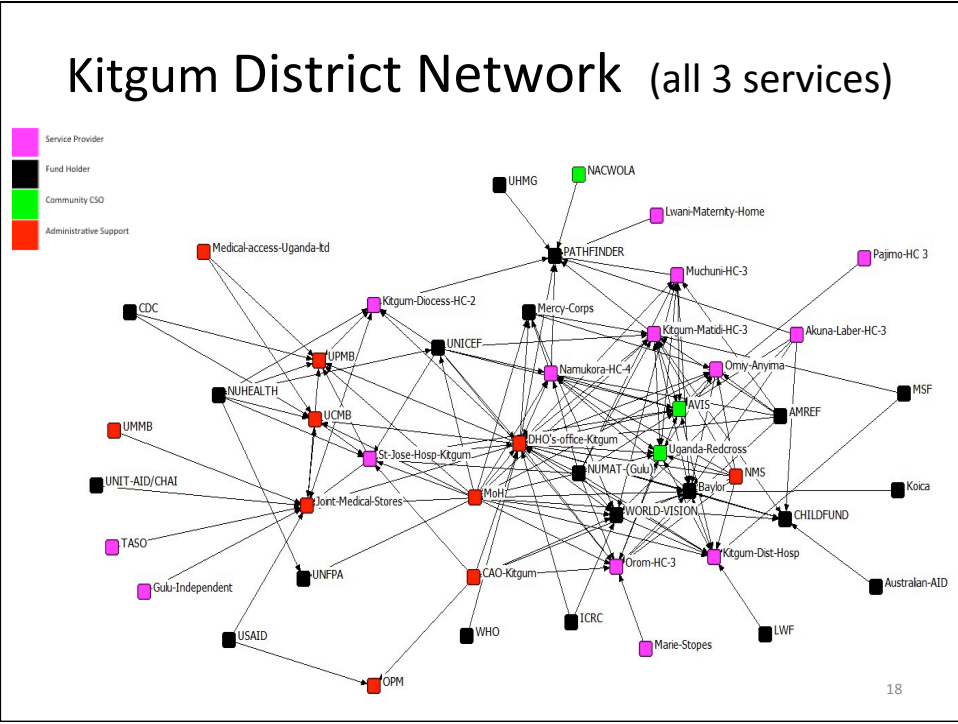
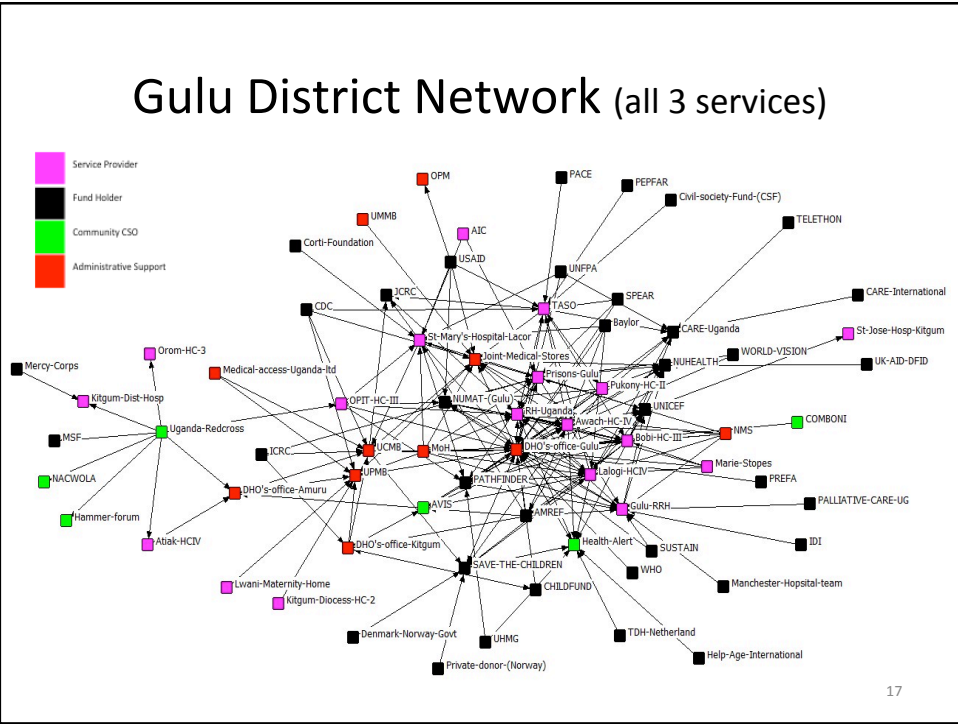
## Network Centralization (Freeman's Degree Centrality)

Networks function	Network Centralization	Blau Heterogeneity
Maternal Services – Gulu Dist	31.0%	3.6%
Maternal Services – Kitgum Dist	22.4%	4.7%
Maternal Service - Amuru Dist	11.03%	7.4%
HIV Treatment Services – Gulu District	34.0%	3.9%
HIV Treatment Services – Kitgum District	20.0%	4.2%
HIV Treatment Services – Amuru District	9.8%	7.1%
HRH Services – Gulu District	10.9%	6.7%
HRH Services – Kitgum district	9.8%	7.1%
HRH Service – Amuru District	5.4%	7.3%

- Networks for HIV and Maternal Services are more centralized in Gulu and Kitgum.
- Networks for HRH are scanty and more so in Amuru District

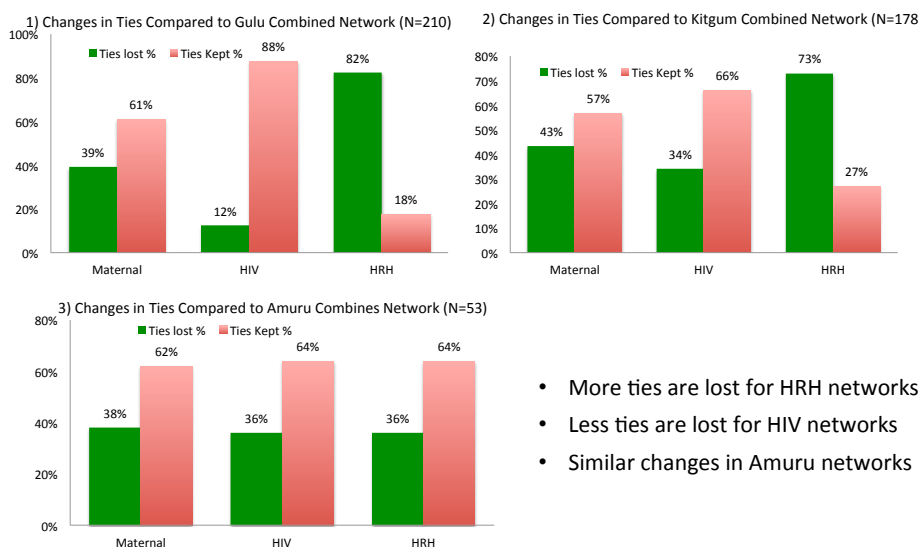
16







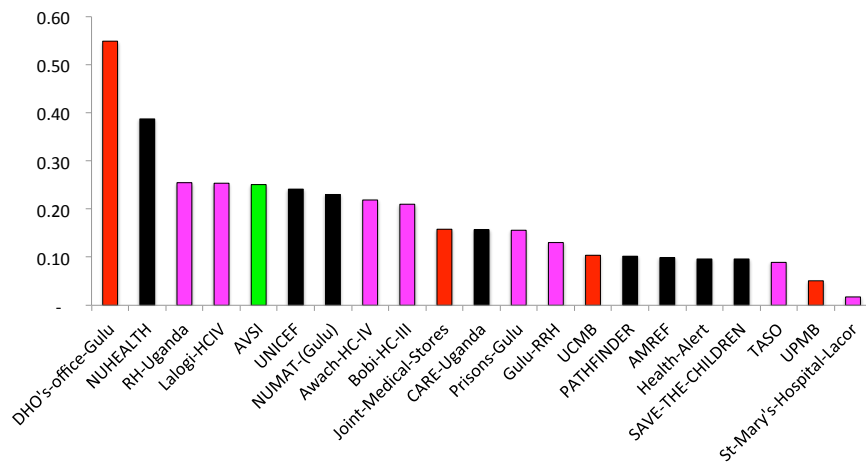
## Changes in Ties Across services



## Size and Densities of Networks

Gulu HS		Kit HS		Amuru HS	
CAO-office Gulu	2.62	DHO's-office-Kitgum	3.73	Baylor	6.06
DHO's-office-Gulu	2.57	Baylor	2.89	Akuna-Laber-HC-3	2.84
Akuna-Laber-HC-3	2.50	CARE-International	2.79	Lalogi-HCIV	2.54
DHO's-office-Amuru	2.38	CARE-Uganda	2.71	Help-Age-International	2.09
Bobi-HC-III	2.29	Awach-HC-IV	2.12	Kitgum-Dioecess-HC-2	1.83
Awach-HC-IV	2.26	DHO's-office-Gulu	1.99	Atiak-HCIV	1.56
Civil-society-Fund-(CSF)	2.13	Akuna-Laber-HC-3	1.97	Koica	1.53
Australian-AID	2.04	Denmark-Norway-Govt	1.61	Lacor-Amuru-HCIII	1.22
AIC	1.92	AIC	1.57	Kitgum-Dist-Hosp	1.17
AMREF	1.87	AMREF	1.51	COMBONI	1.12
AVIS	1.86	Corti-Foundation	1.49		
CHILDFUND	1.83	COMBONI	1.46		
Corti-Foundation	1.63	Australian-AID	1.40		
Atiak-HCIV	1.61	DHO's-office-Amuru	1.23		
COMBONI	1.49	Atiak-HCIV	1.17		
CARE-Uganda	1.21	AVIS	1.06		
DHO's-office-Kitgum	1.02				

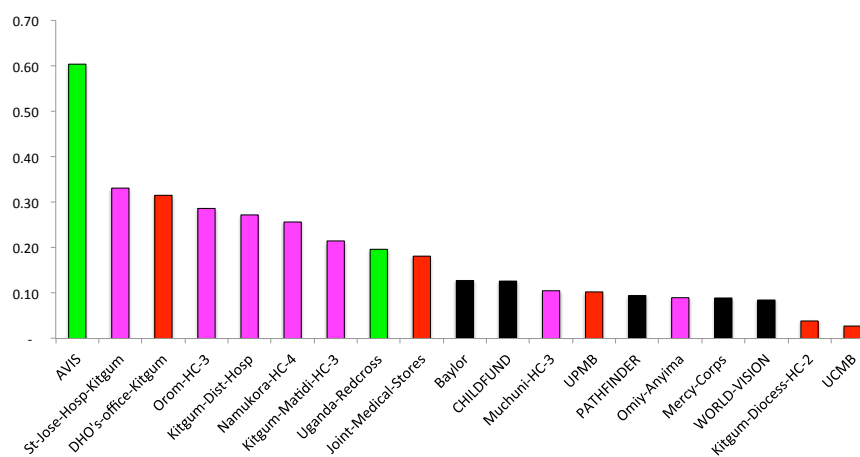
## Agencies central to Service Provision in Gulu district



Core-Periphery Routine UCINET on Combined Service Networks

23

## Agencies central to Service Provision in Kitgum district



Core-Periphery Routine UCINET on Combined Service Networks

24

Table 5: Relational objectives by core network agencies in Gulu and Kitgum

Relational Objectives	Service Providers	Fund Holders	Community CSOs	Admin. Agencies
<b>Maternal Health</b>				
1. Service provision for family planning	++++	+	+	-
2. Support logistics - drugs, transfusion	++	++++	+	+
3. Funds for support supervision	+	+++	+	+
4. Support maternal delivery services	++++	+	+	++
5. Provides Funds for operational expenses	-	++	+	+
6. Support PMTCT services	++++	++	+++	+
7. Provide transport/communication	+	++	+	+
<b>HIV Treatment</b>				
1. Support service provision in HIV	++++	++++	+	++
2. Provide tech assistance to the district	-	++++	+	++
3. Supports logistics, ARVs & guidelines	+	++++	++	++++
4. Health information and records	+++	++++	+	++
5. Coordinate district health programs	+	+		+++
6. Supports infrastructure/building	-	++	++	++
7. Support laboratories e.g. CD4 Machines	-	++++	+	++
8. Provide food for HIV infected persons	-	++	++	-
<b>Support to Health Workforce</b>				
1. Support recruitment of laboratory staff	-	+++	+	+
2. Support capacity building /training	++	++	+	+
3. Pay Salary/incentives for retention	++++	+++	+	+++
4. Training of workers in HIV/Maternal	++	+++	++	++
5. Recruitment of Midwives	++	++	+	++

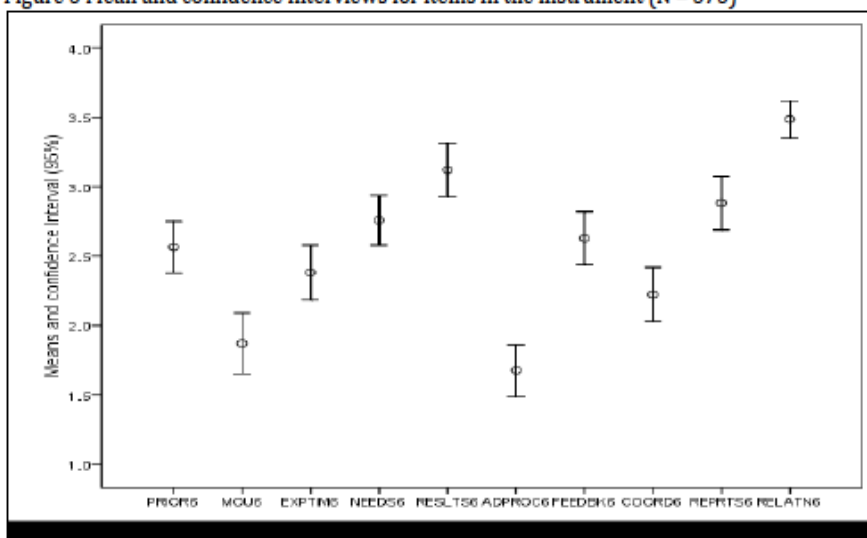
## Aid Effectiveness Measurement

## Tool developed for assessing Aid effectiveness at the sub-national level

AE Domain and definition	District level concerns	Questions developed to assess the domain at sub-national level
<b>Ownership/Alignment</b> • Developing countries set their own strategies for poverty reduction, improve their institutions and tackle corruption • Donor countries align behind these objectives and use local systems.	Respectful relationship that addressing local needs. Burden of diverse reporting requirements and delays in resource disbursements;	1. To what extent did resources received from XX address the main priorities of your organization? (PRIOR6) 2. To what extent was the organization able to negotiate with XX about the priority needs of your organization? (NEED6)
<b>Harmonization</b> Donor countries coordinate, simplify procedures and share information to avoid duplication.	Competition and duplication of activities; limited coverage, by-passing LGs in implementation	3. To what extent did XX organization use pre-existing admin procedures (e.g. reporting tools, bank accounts etc.) of your organization? (ADPROC6) 4. To what extent did XX coordinate with other organizations to support your organization? (COORD6)
<b>Managing results</b> Developing countries and donors shift focus to development results and results get measured.	Realistic targets and performance feedback	5. To what extent was your organization aware about the results expected by XX from your organization? (RESLTS6) 6. To what extent did XX provide feedback about the performance of your organization? (FEEDBK6)
<b>Mutual accountability</b> Donors and partners are accountable for development results.	Changing performance expectations; Delays in resource flow and disbursements	7. To what extent was the resources from XX come within the expected time last year? (EXPTIM6) 8. To what extent were the resources from XX based on a written agreement /contract/MOU with XX? (MOU6) 9. To what extent did your organization submit timely reports of activities to XX last year? (REPRTS6)
<b>Overall evaluation</b> Satisfaction with aid relationships	Satisfaction with dyadic aid relationships	10. Overall, to what extent are you satisfied about your relationship with XX organization? (RELATN6)

## Item response- Means

Figure 3 Mean and confidence intervals for items in the instrument (N = 373)



28

## Item response reliability scores

	Mean	S.D.	Cronbach's Alpha if Item is Deleted	Scale Mean if Item Deleted
PRIOR6*	2.57	1.834	0.837	19.37
MOU6	1.87	2.132	0.847	20.07
EXPTIM6	2.41	1.916	0.839	19.53
NEEDS6	2.75	1.777	0.853	19.19
RESLTS6	3.12	1.858	0.841	18.81
ADPROC6	1.65	1.819	0.853	20.29
FEEDBK6	2.62	1.862	0.852	19.31
COORD6	2.09	1.818	0.867	19.85
REPRTS6	2.86	1.89	0.854	19.08
<i>* See bracketed variables names in table 1 - right column</i>				

29

## How did the tool do in assessing Effectiveness

Table 4 Models: Linear Regression: Dependent Variable: Satisfaction with Alter

Models:	Admin Agents	Fund Holders	Health Providers	Support Agents	Overall
Coefficient	B	B	B	B	B
(Constant)	1.773	0.667	2.504	0.76	1.728
Priorities addressed (PRIOR6)	0.013	0.29***	-0.097	0.127	0.048
Having MOU (MOU6)	0.052	0.051	0.072	-0.122	0.024
Resource Timeliness (EXPTIM6)	0.05	-0.055	0.019	0.219*	0.009
Negotiate priorities (NEEDS6)	0.092	0.206***	-0.024	0.268**	0.105***
Expected results (RESULTS6)	0.24***	0.183**	0.307***	0.247*	0.253***
Different Admin procedures (ADPROC6)	0.004	0.055	-0.031	-0.061	-0.066*
Received Feedback (FEEDBK6)	0.005	0.066	0.108*	-0.151	0.113***
Coordinated support (COORD6)	0.105**	-0.107*	-0.034	0.17*	0.024
Submits reports (REPRT6)	0.052	0.186***	0.063	0.103	0.088***
R <sup>2</sup>	0.481	0.714	0.422	0.74	0.477
N	114	84	90	52	379
Model P-value	.001	.001	.001	.001	.001

Table 4 Models: Linear Regression: Dependent Variable: Satisfaction with Alter

Models:	Admin Agents	Fund Holders	Health Providers	Support Agents	Overall
Coefficient	B	B	B	B	B
(Constant)	1.773	0.667	2.504	0.76	1.728
Priorities addressed (PRIOR6)	0.013	0.29***	-0.097	0.127	0.048
Having MOU (MOU6)	0.052	0.051	0.072	-0.122	0.024
Resource Timeliness (EXPTIM6)	0.05	-0.055	0.019	0.219*	0.009
Negotiate priorities (NEEDS6)	0.092	0.206***	-0.024	0.268**	0.105***
Expected results (RESULTS6)	0.24***	0.183**	0.307***	0.247*	0.253***
Different Admin procedures (ADPROC6)	0.004	0.055	-0.031	-0.061	-0.066*
Received Feedback (FEEDBK6)	0.005	0.066	0.108*	-0.151	0.113***
Coordinated support (COORD6)	0.105**	-0.107*	-0.034	0.17*	0.024
Submits reports (REPRT6)	0.052	0.186***	0.063	0.103	0.088***
R <sup>2</sup>	0.481	0.714	0.422	0.74	0.477
N	114	84	90	52	379
Model P-value	.001	.001	.001	.001	.001

31

## Conclusions

- Identification of inter-organization network
- Explication of the network structure
  - Core and non-core agencies
  - Major roles by agencies
- Comparisons of coalitions for different priority interventions;
- Reveals inequality in HRH resources and in distribution of opportunities in newly created district
- Diagnostic for Aid effectiveness in post conflict setting
- Visualization of agency coalitions in consulting health systems.
- Operational tool to guide systems development and institutional building.

32