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Third progress report

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1. Background

This report summarises the main activities conducted during the visit to Tashkent from January 8 to January 15 for the third mission under the project of capacity in monitoring and evaluation in the sectors of health and education. Under the previous mission, which took place in April 2009, I had worked with the WIS M&E unit and representatives of the Ministry of Health and Education to define the M&E framework. Moreover, working with Tahlil, I reviewed the draft questionnaires and the new tools designed to collect survey data on some missing indicators in health and education.

Between April and now, Tahlil completed the design of the questionnaires, conducted the fieldwork and analysed the data. In the meantime also the WIS M&E unit made some progress in the collection of data of some of the indicators.

The objectives of this final mission were the following:

- 1) Review the state of the database of indicators collected by the WIS M&E unit as well as the survey results;
- 2) Conduct workshops with the relevant stakeholders in the health and education sector in order to communicate some of the preliminary findings, and interpret the main messages;
- 3) Finalise the M&E framework for the health and education sectors and provide some recommendations on how to further promote the M&E system in these two sectors.

The PowerPoint presentations used for the workshops were prepared in agreement and consultation with Ildus Kamilov, Centre for Economic Research, and focused on reviewing the key elements of a monitoring system, provided an assessment of the current situation in Uzbekistan and identified areas of further development. They also made an assessment of the main findings of the survey and the current database of indicators.

The remainder of this report provides a summary of the work conducted on reviewing the database of indicators and the survey results and offers some recommendations for future actions.

2. The survey results

The main survey objective was to develop and test a set of survey instruments and methods that on one hand could be used to cover some data gaps and on the other also test the quality of some of the currently available administrative statistics.

The developed survey instruments include both a household survey and a survey of educational and health institutions. Since the emphasis was on developing tools, the survey did not seek to provide nationally representative estimates, on the contrary it was a small scale survey conducted only in Tashkent city, Tashkent and Syrdarya oblasts. For these regions survey estimates are relatively accurate and can be compared to those provided by administrative data, though especially for the survey of institutions it proved difficult to collect the required data to properly sample institutions.

The survey instruments were designed in order to collect some of the currently missing data and also to test the quality of some of the administrative statistics. Indeed, it is often the case that, although theoretically superior, administrative data can present some problems because it is more difficult than in survey data to ensure that definitions are applied consistently and that data is complete. Moreover, often there are specific reporting incentives that can distort what actually happens in reality. Nevertheless when comparing administrative and survey data is also important to verify to what extent different results are due to the quality of the data or they are simply the result of different methodologies and perhaps definitions used.

Table 2.1 shows the main areas of indicators where the surveys provide interesting data and where this is covering gaps of inexistent data or to test quality of administrative estimates.

Table 2.1 Main areas of survey contribution

	Education	Health
Covering gaps	Household education expenditure Use of computers Targeting of social aid for students Satisfaction with education services Distance to education institutions	Household health expenditure Unmet needs % of people with special needs Satisfaction with health services Distance to health institutions Consumption of fortified flour and iodine salt
Testing quality	Enrollment Attendance Vocational graduates finding employment Status of school infrastructure Conditions of teaching material/equipment	Morbidity rate Status of health infrastructure Provision of equipment/medicines Understaffed institutions

Data collection on information aimed at covering existing gaps was relatively successful and primarily collected using the household survey through questions that were partly experimented in previous surveys and so did not pose special problems. However, questions on satisfaction are very subjective and ultimately answers depend on people's expectations, so there is often a puzzling negative correlation between satisfaction and quality of the service. Therefore, such data are sometimes of difficult interpretation, but as many other indicators their importance might be more useful on analysing trends over time if such information were collected in future.

In general more difficulties were encountered in data collected through the facility survey, especially on financial data, where there was a clear and open refusal to provide data. Nevertheless, data on status of infrastructure and use of facilities was relatively successful.

Areas where issues in the quality of administrative data clearly appear to be questionable are attendance in educational institutions and the percentage of graduates from vocational colleges finding employment. In health there are substantial differences in the morbidity rate reported by health clinics and households. On the status of infrastructure and facilities, both in health and education the survey also obtained findings that are easier to interpret than those in official statistics and showing a situation that is much less favourable than what administrative indicators suggest.

In particular it was found that attendance both in basic and vocational education deserves much more attention, since there is a group of children (15%) who attended only half of the classes. Enrolment can be very high, but if then children do not attend school it is difficult to understand how they can learn the required skills. Unfortunately, attendance when monitored through administrative channels is badly reported because there are clear disincentives for teachers and school administrators.

Similarly survey results on employment after vocational school are very different from those provided by administrative sources. Whereby according to administrative sources 75% of graduates find employment, according to survey data this percentage is only 25%. Although there might be differences in the period of reference, the two estimates appear dramatically different and again it is easy to think that there might be substantial pressure to overestimate the employment rate.

In health official statistics reports morbidity rates that are more than twice as high as those found in the survey. Although there are reasons to question the household reporting accuracy, differences are so large that suggest the need for further investigation. Once again there might be some perverse incentives for health clinics to over-report morbidity rates.

In general a number of indicators that have been collected through the survey should be recommended for future monitoring.

3. The database of indicators

The WIS M&E unit compiled a database of indicators in the education and health sectors and used the Devinfo platform to input values for such indicators. However, indicators are currently structured primarily by sector and sub-sector and do not distinguish the fundamental difference between intermediate and final indicators.

Moreover, data collection has been rather slow and difficult, even for indicators where we know that data exists (apparently collaboration and data sharing from other departments and institutions has been relatively weak), metadata information is also relatively limited.

Although more efforts should be made to complete data input and include as much as possible metadata information (definition of the indicator, explanation on how the indicator is measured, data source, responsible agency, level of disaggregation, periodicity, and use and limitation of the indicator), it is also fundamental to complete a monitoring and evaluation framework for the two sectors containing indicators collected through the survey, and other indicators that would be essential to fully monitoring the WIS, for which more data need to be collected.

In such framework it is very important to distinguish between intermediate indicators (inputs and outputs) and the actual final indicators that are the ultimate goals and the indicators that are used to determine the actual policies' impact. Indeed, although the separation between intermediate and final indicators is something relatively new for the mindset of many officials, this is an essential step for a results-oriented monitoring and evaluation system.

Therefore, as part of the mission and after my return to Beijing I tried to complete the monitoring and evaluation frameworks in the two sectors based on the work that was previously conducted with Tahlil and the WIS M&E unit.

Such frameworks are in two excel files that were separately sent to the Centre for Economic Research.

4. Recommendations

The project seems to have reached significant results from the piloted new survey instruments and the creation of the database of indicators:

- Information was successfully and meaningfully collected on a range of new indicators
- In a number of indicators obtained results question the quality of administrative statistics
- Investigation and cross-referencing indicators clearly points to the need of better data quality
- A monitoring and evaluation framework that challenges the focus on output indicators and strengthen the relevance of outcome and impact indicators has been created

Such information and lessons learned through the project can be used to further promote the strengthening of monitoring and evaluation in the health and education sectors and more widely within the Government.

Therefore the main recommendations would be the following:

- Complete the monitoring and evaluation framework with information on the rationale of each indicator, and pointing to the source of various data and in particular those that should be collected using new tools: those developed by Tahlil, but also encourage the current experiment of testing students cognitive achievements (tests for grade 4 and 9 in general education and in vocational education).
- After carefully examining the current questionnaire of the Household Budget Survey (HBS) conducted by the State Statistics Committee, make proposals based on the developed household questionnaire for changes in the HBS questionnaire that could collect the required data on at least some of the most important indicators (household health and education expenditure, school attendance, healthcare utilization, targeting of subsidies for education, service satisfaction, and morbidity).
- Suggest the implementation of a nationally representative facility survey that could complement administrative information based on the significant results obtained from the Tahlil pilot.
- Encourage widespread use and dissemination of the developed database of indicators for the health and education sectors and the related M&E frameworks.

Annex A: Mission activities

Day	Activity
January 7	Arrival in Tashkent
January 8	Meeting with Ildus Kamilov (CER) and Yakov Asminkin (Tahlil) to discuss current stage of work Worked in the hotel to prepare presentations for the workshop
January 9	Meeting with Olga Nemirovskaya (Tahlil) and Ramizullo Zabikhodjaev (WIS Monitoring and Evaluation Unit) to discuss survey results
January 10	Worked in the hotel to prepare presentations for the workshop
January 11	Meeting with Ildus Kamilov (CER) and Ramizullo Zabikhodjaev (WIS Monitoring and Evaluation Unit) to discuss progress in database of indicators
January 12	Workshop/Training: M&E in the education sector
January 13	Workshop/Training: M&E in the health sector
January 14	Discussion on workshop results, completion of M&E monitoring framework, development and agreement on structure of the final report
January 15	Return to Beijing