



Measuring the effectiveness of bilateral aid programs:

The Australia-Indonesia Partnership for Maternal and Neonatal Health (AIPMNH)

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Measuring aid effectiveness : 2005 Paris Declaration

- Principles of Paris Declaration

Principles	Definition
1. Ownership	Partner countries exercise effective leadership over their development policies and strategies, and coordinate development actions
2. Alignment	Donors base their overall support on partner countries' national development strategies, institutions and procedures
3. Harmonisation	Donors' actions are more harmonised, transparent and collectively effective
4. Managing for results	Managing resources and improving decision-making for results
5. Mutual accountability	Donors and partners are accountable for development results

- Problems with Paris principles
 - Implementation gaps
 - Transaction costs can be high
 - BRICS donors don't comply
 - Trade-offs between principles: preference for measurable outcomes vs use of partner systems
 - Some governments don't seek harmonization and pooled resources

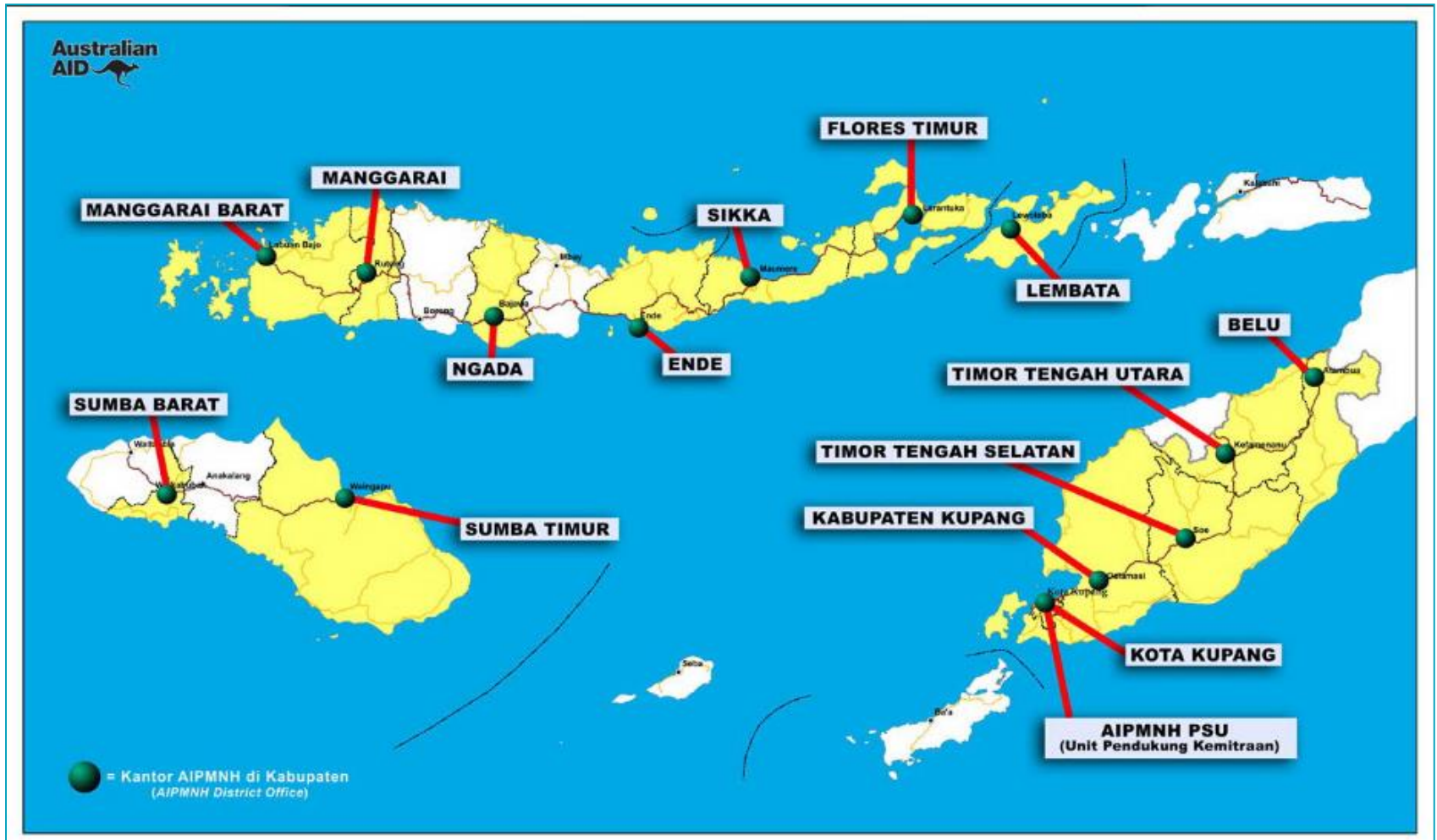


Measuring aid effectiveness : new approaches

- New approaches: Doing Development Differently ('DDD')
 - Local definition of problems
 - Local leadership
 - Iterative cycles of experimentation, learning, adaptation
 - Gradual and organic definition of expected results
- Focus on providing autonomy to local actors to address problems they see as important, and to develop locally specific solutions
- Aim to apply these ideas to measure effectiveness of AIPMNH

Study question:

What elements of the aid effectiveness and DDD agendas are seen by stakeholders as contributing to the achievement of AIPMNH program objectives?





Context

- High levels of poverty
- Geographical constraints, dispersed low population density
- Education levels very low
- Health indicators amongst worst in Indonesia
- Infrastructure poor
- Health workforce – ratios and capacity



AIPMNH 2009 – 2015

- Objective - reduce maternal and neonatal mortality
- Bilateral (government to government program)
- Contracted project modality: Coffey as managing contractor, Nossal as technical partner
- Subnational focus – provincial and district governments
- Addressed service delivery + supporting systems and demand
- Worked within GOI systems - Provincial and District activity planning and funding for implementation
- Strengthened Bappeda and local government oversight



Achievements

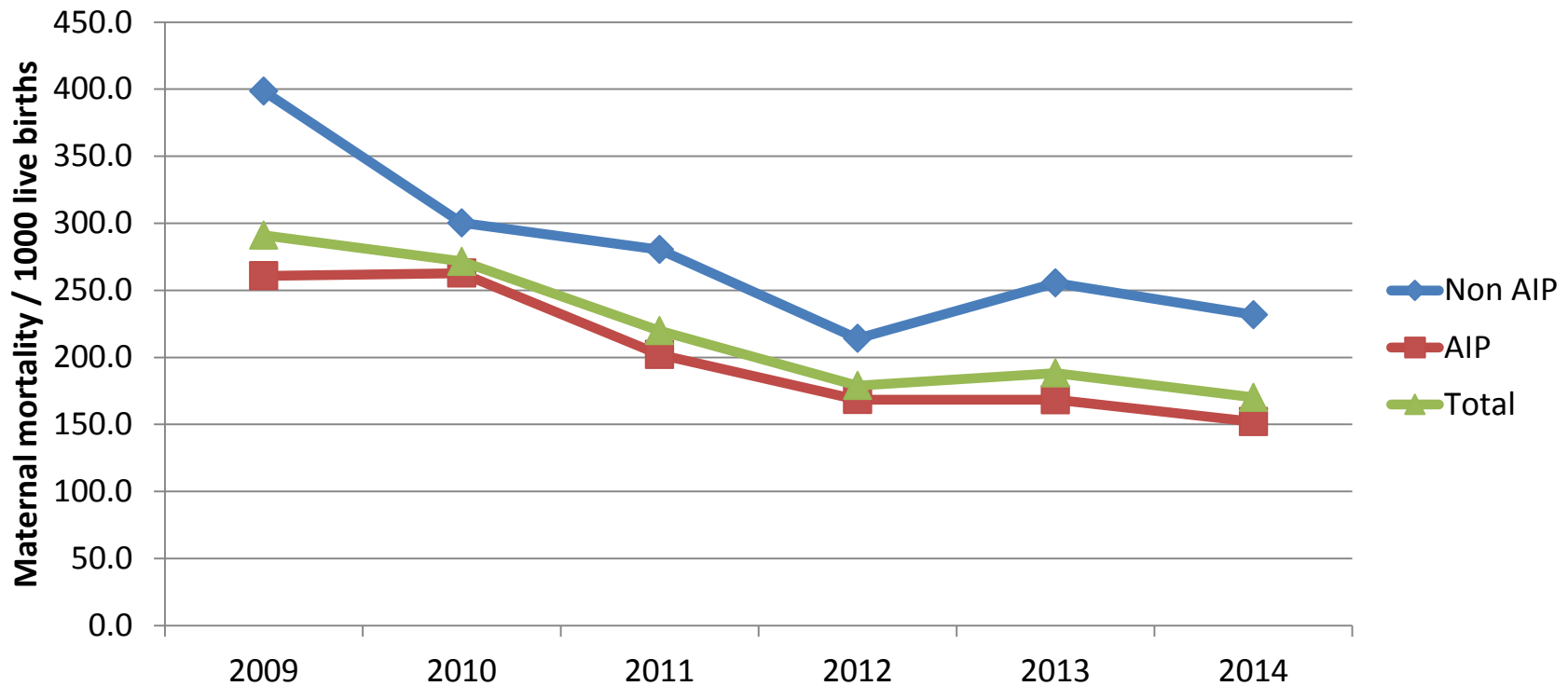
- Achieved reduction in maternal mortality in 14 districts
- Encouraged additional local government budget allocation rather than replacement of government funding
- Independent Evaluation commissioned by DFAT

The AIPMNH is a well-respected and much-appreciated effort to improve maternal and neonatal health in NTT. Despite many institutional and sociocultural challenges, the AIPMNH has contributed to meaningful improvements in the quality of maternal and neonatal care as well as significant reductions in maternal deaths in the districts in which the program has worked.



AIPMNH Achievement

Maternal Mortality / 100,000 live births NTT by AIP status & national reported, years 2009-2014





Survey Framework Elements & Indicators

Combine Paris + DDD

Partnership	Management	Technical Quality
Ownership at national level	Use GoI systems for planning & financing	Address key problems
Ownership at local level	Use GoI systems for oversight	Strengthen system functions
Participation	Monitored & reported results	Evidence based
Relationship of trust	Learning & sharing of knowledge	Balance supply and demand
Shared responsibility for achievement	Adapt to context	Address continuum of care
Mutual accountability for use of funds	Provision of TA	Address disadvantaged, excluded
Leverage GoI funds	Effective funding	Improved QoC
	Enable innovation	Engaged communities
	Disseminate innovation	Engaged private sector

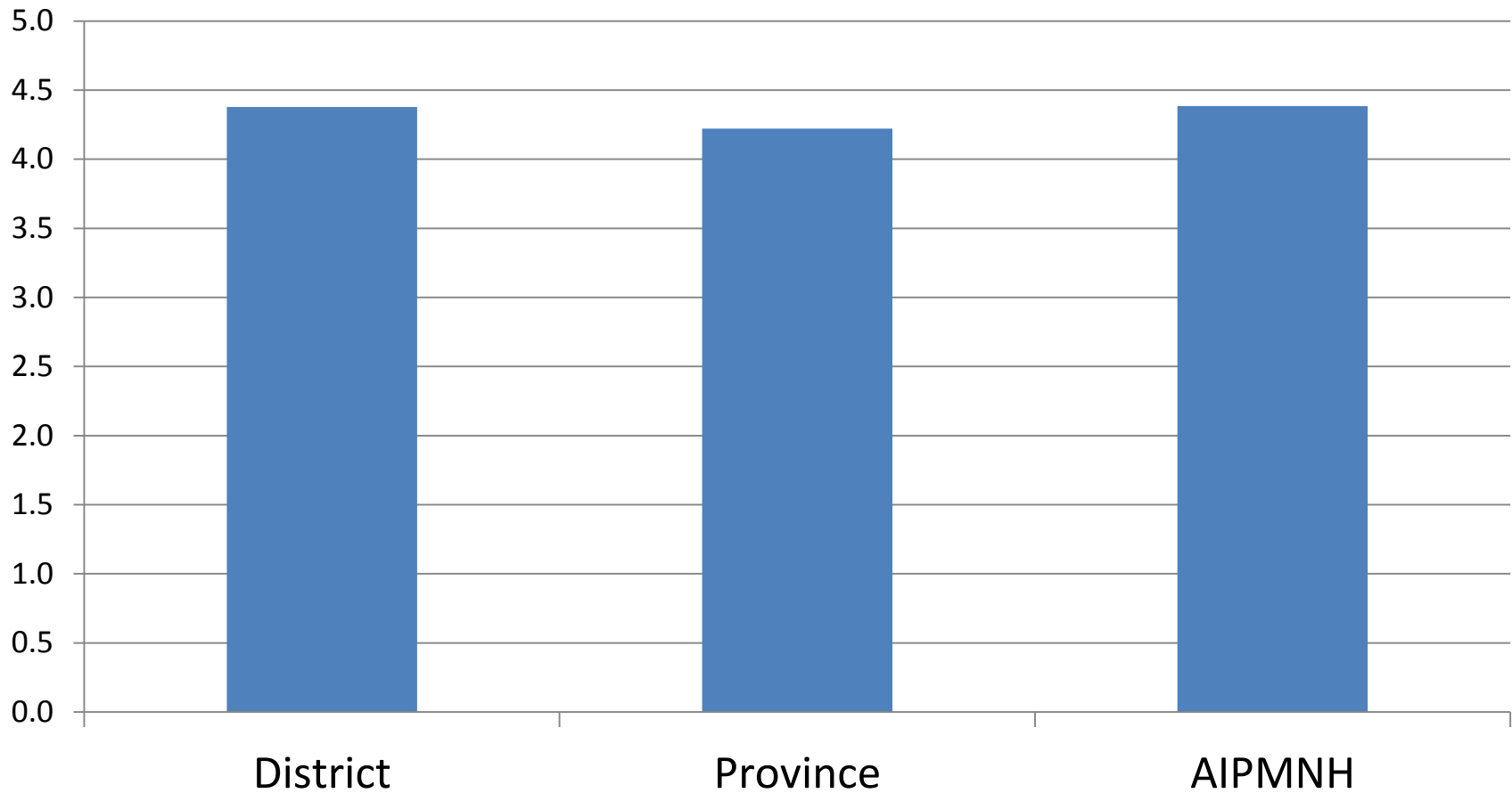


Method

- Self administered survey of stakeholders
- Government agencies at provincial & district level + AIPMNH program staff and advisors
- Survey asks respondents to rate on scale of 1 – 5
 - (1) Overall achievement of program against objective
 - (2) Performance of program against effectiveness indicators in framework
 - (3) Contribution of each effectiveness element to the achievement of the program
- Survey is anonymous
- Program ending so no expectation of impact
- NTT counterparts known to be ready to criticize
- 141 respondents: 110 government agencies, 31 AIPMNH advisors

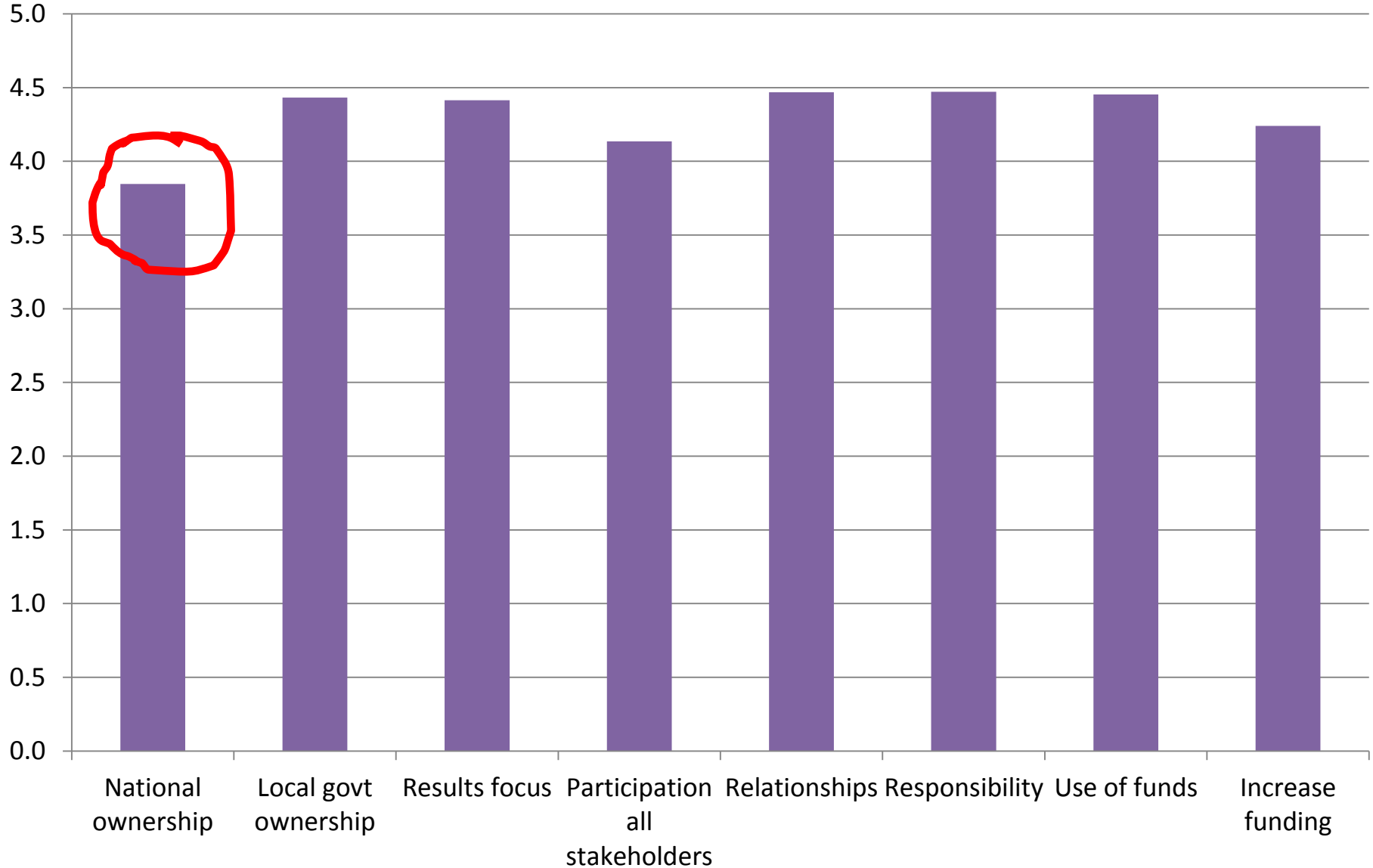


Average assessment of overall achievement



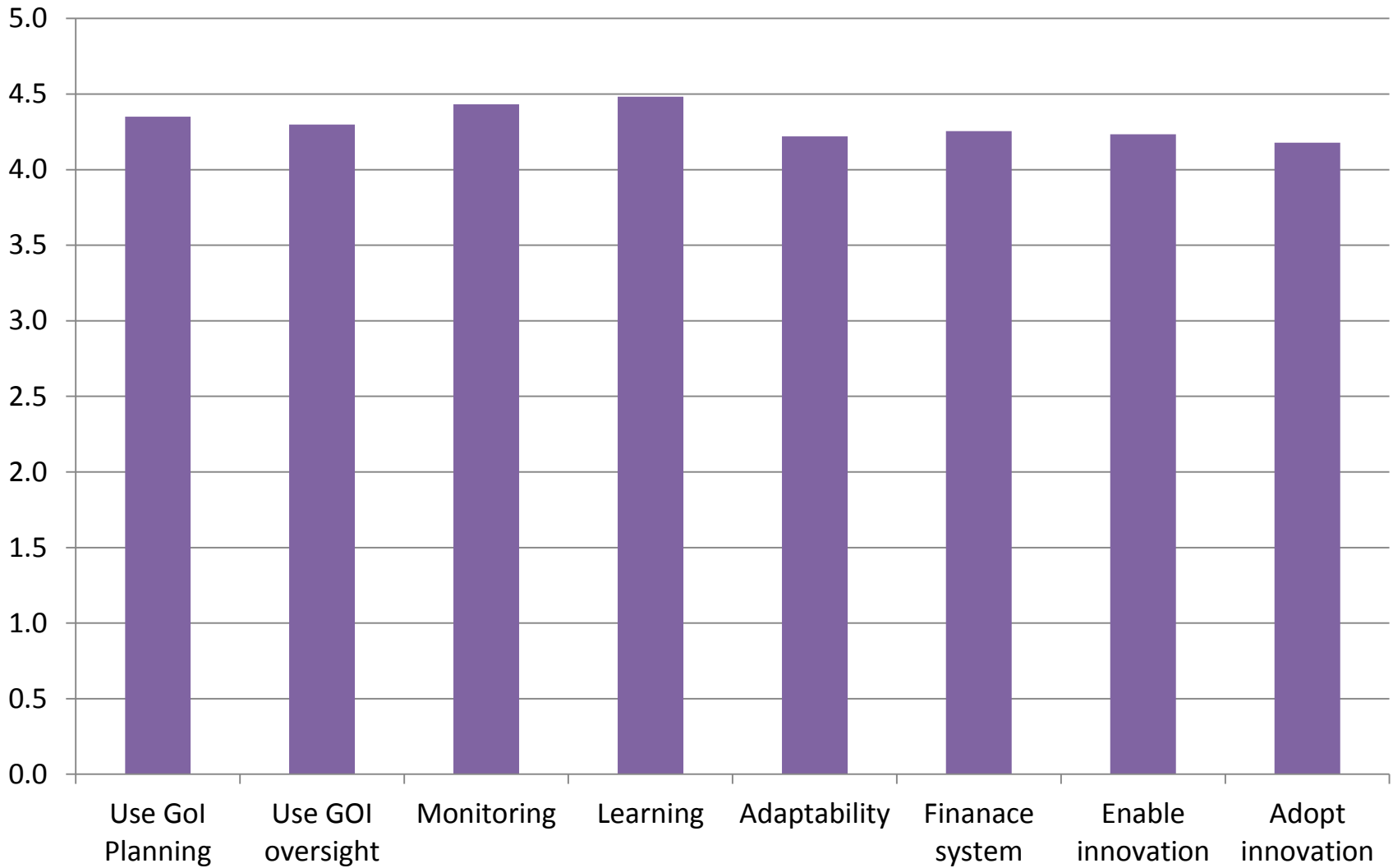


Assessment of Partnership



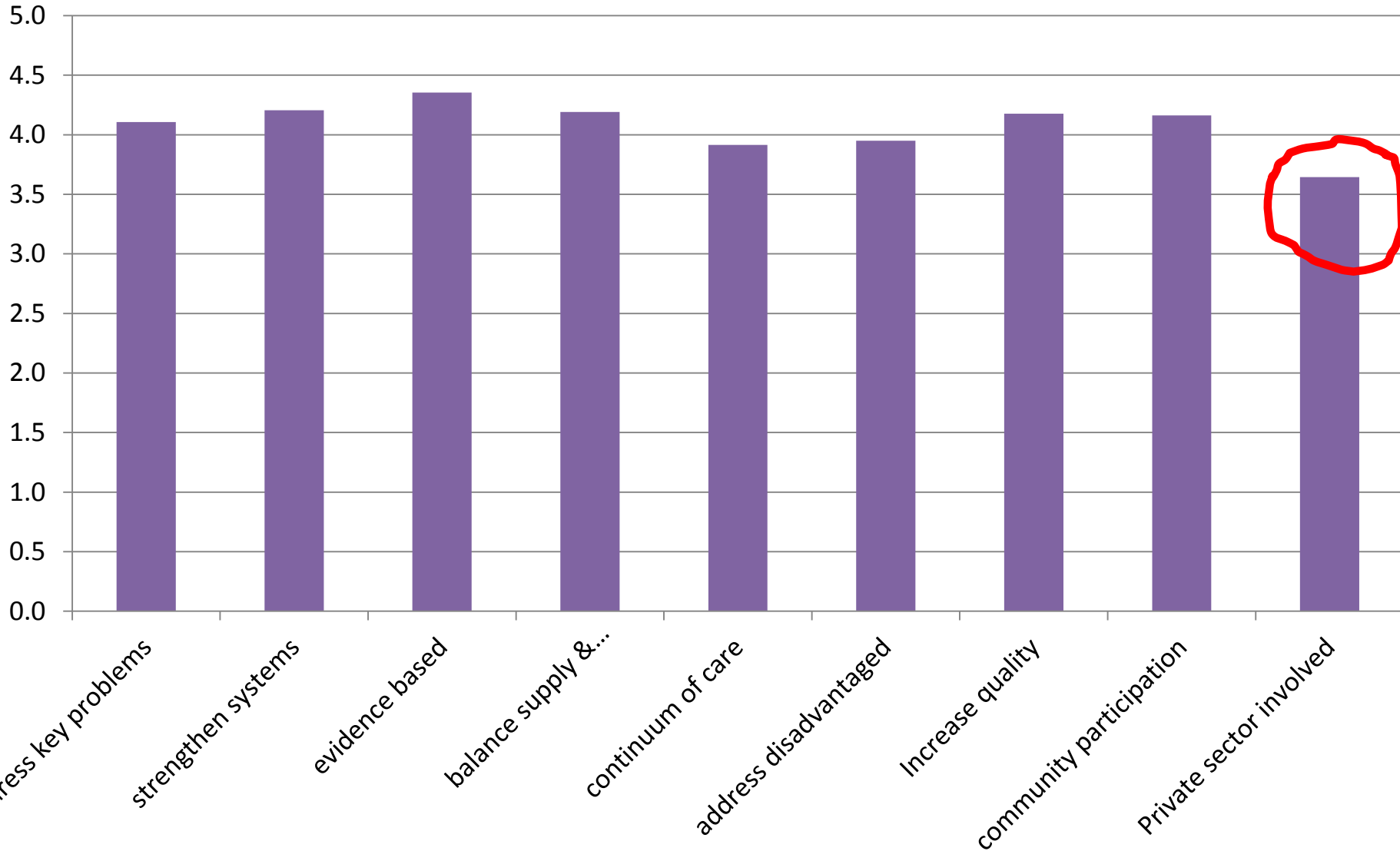


Assessment of Management



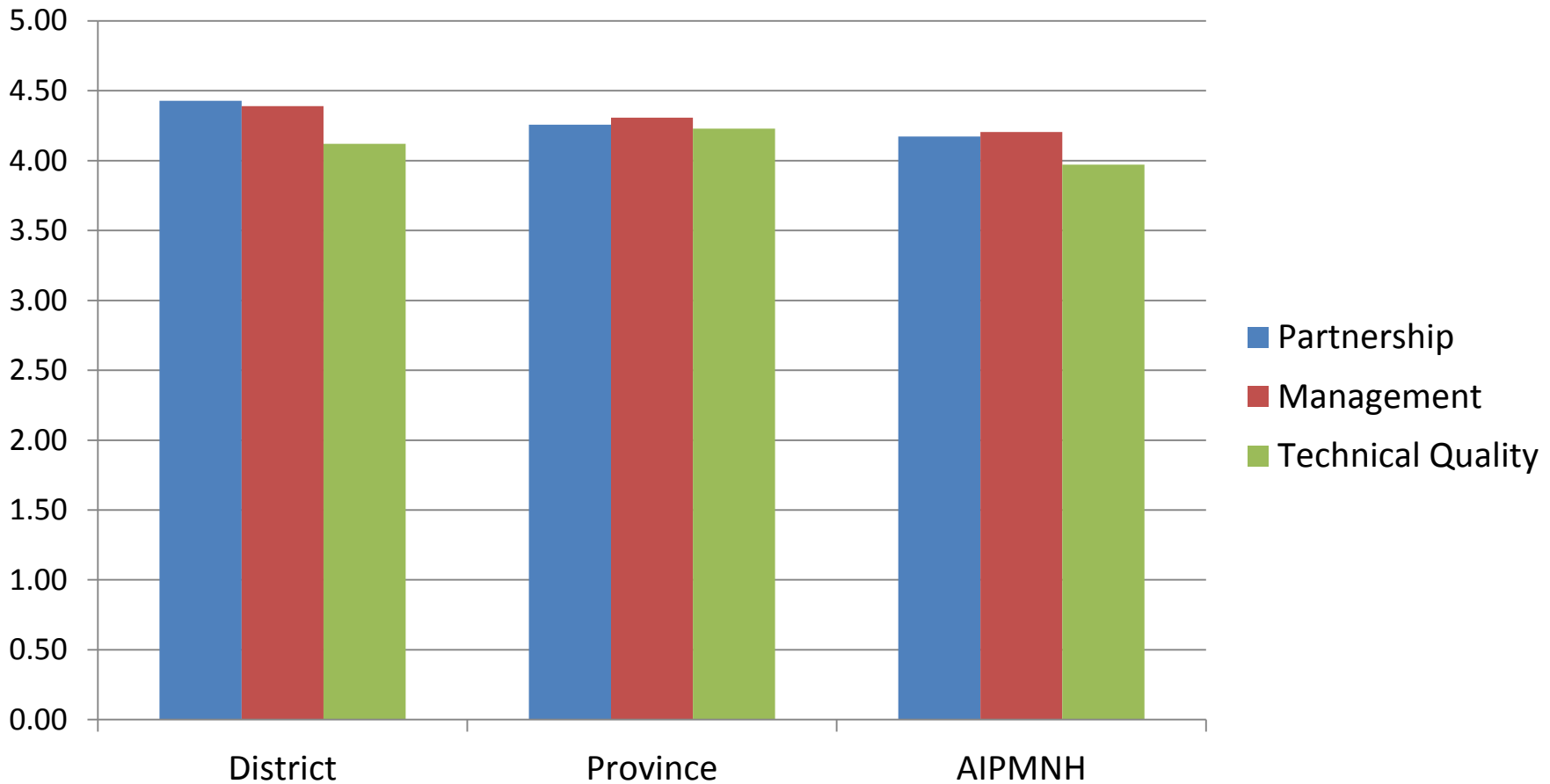


Assessment of Technical Quality



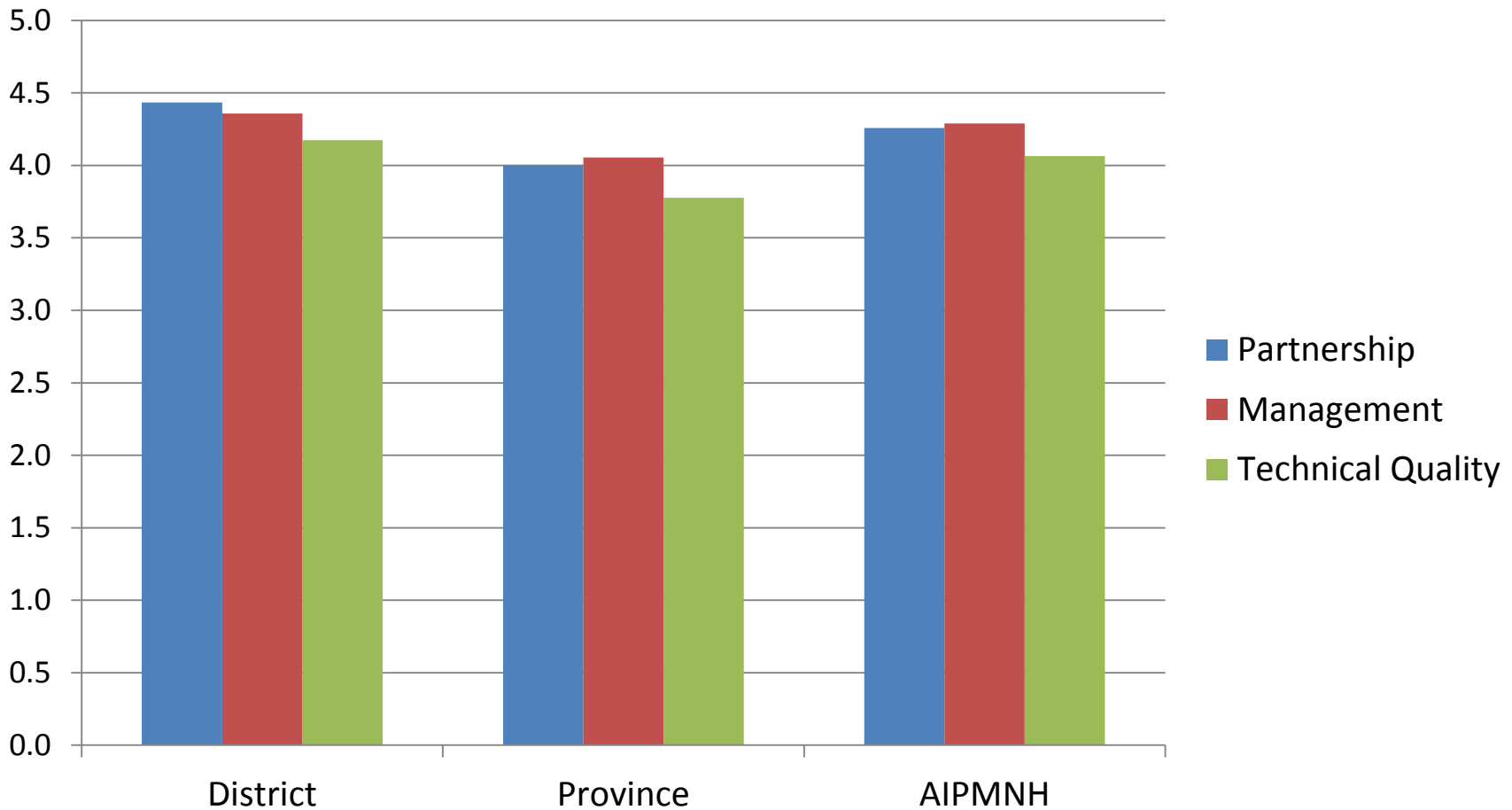


Average Assessment Performance in Effectiveness Elements by respondent groups





Assessment of contribution to achievement by District, Province and AIPMNH respondents





Summary: Key survey results

- All respondent groups rated AIPMNH high on achievement of objectives
- Performance on most effectiveness indicators above 4/5: exceptions relate to design
- Performance on partnership and management rated above technical quality by district and AIPMNH advisors
- Contribution of all three elements to achievement above 4/5, except province rates technical quality slightly lower
- Large sample size and consistency in ratings strengthens confidence in results



Key contributing factors to success

- How did the program achieve effectiveness:
 - Ownership and leadership by local government: provincial government strategy
 - Evolving and adapting design
 - Clear focus and sufficient time period (6 years)
 - Local problem definition and identification of interventions
 - Innovation and adaptation: flexible funding
 - Learning and dissemination of innovation
 - Investment in information systems and local research
 - Comprehensive approach across continuum of care
 - Engaging civil society organisations and building a coalition of partner groups (religious, professional, academic)