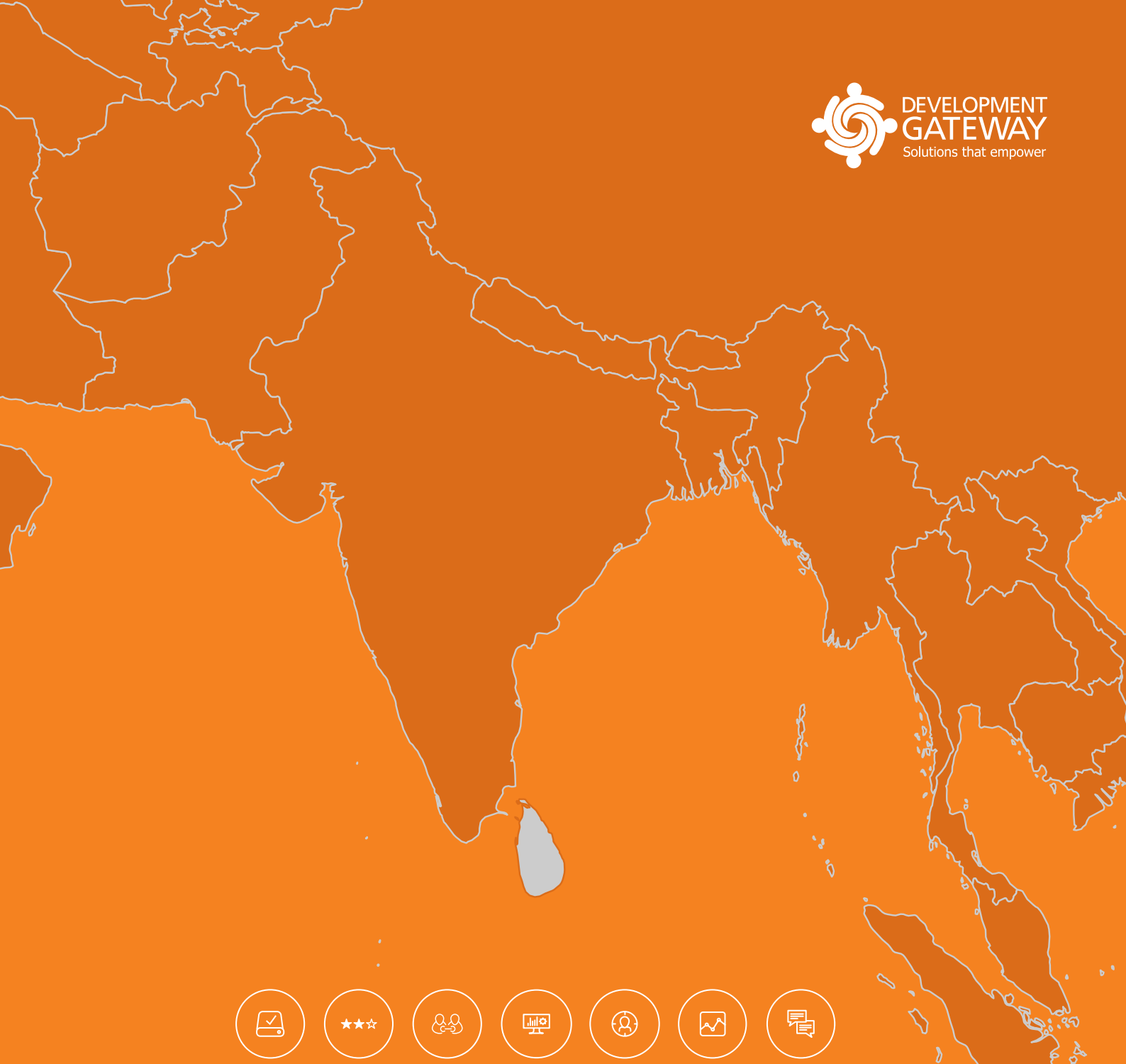

DEVELOPMENT GATEWAY
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Results Data Initiative: Findings from Sri Lanka

Development Gateway | 2016
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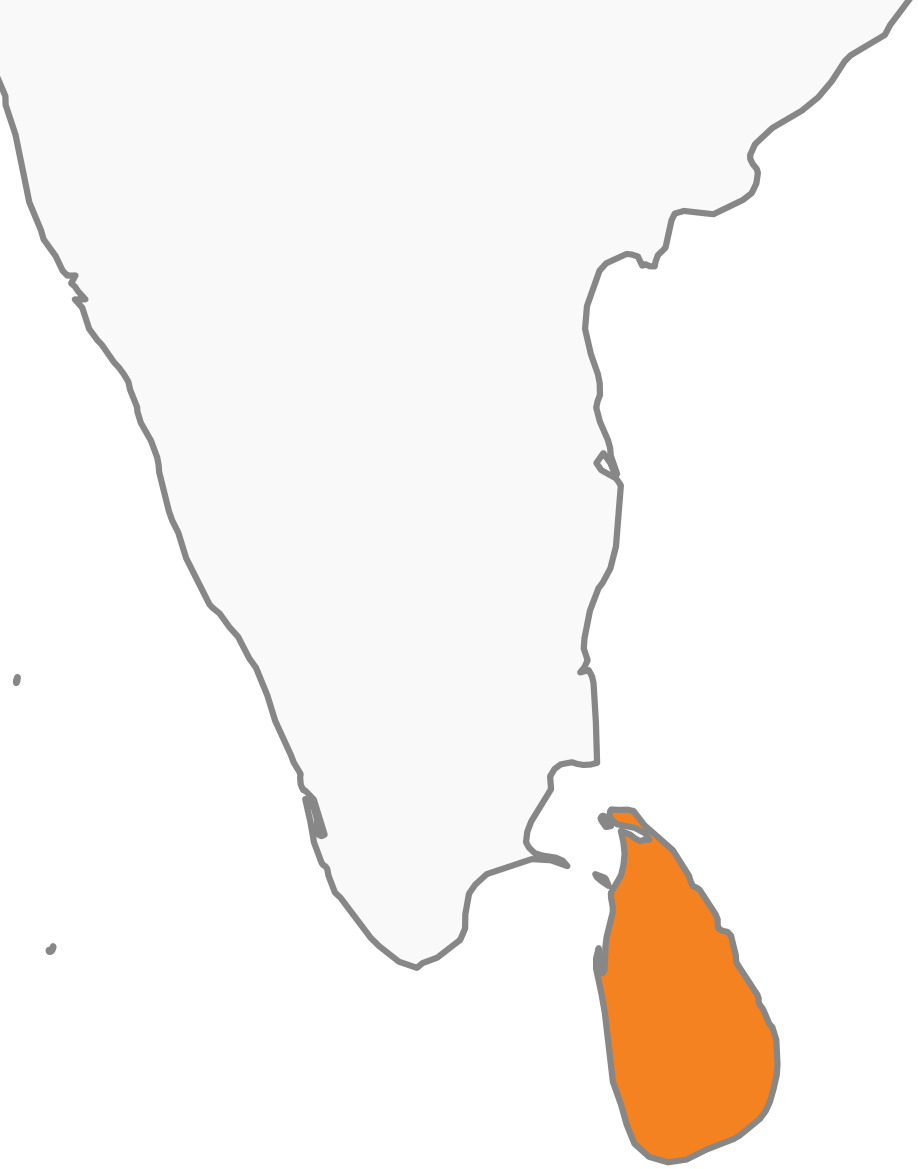


Introduction

Governments, development partners (DPs), and implementers spend millions of dollars every year collecting data on results. The post-2015 development agenda calls for more results indicators and larger investments in data. At this inflection point, we examine a critical question: **how do we make these investments most effective?**

Development Gateway (DG), with support from the Bill & Melinda Gates Foundation, is **studying how results data is collected, shared, and used** across the health and agriculture sectors in three countries: Ghana, Tanzania, and Sri Lanka. This report synthesizes our findings from Sri Lanka.

Purpose

Development Gateway sought to shed light on results data collection systems and processes in health and agriculture sectors in Sri Lanka. We focused on ways to improve the quality, utility and sharing of results data. Based on this analysis, DG developed recommendations for improving results delivery and performance management. We explored how to develop a culture that allows results—both good and bad—to be openly discussed and encourage mutual learning for improved decision making. The goal is to inform broader Managing for Development Results efforts in the country, particularly in light of upcoming 2016/17 budget-planning processes. With limited government resources, there is strong need for both value for money in government expenditures and clear, public evidence on progress made toward national goals. We hope these insights inform future investments in results-based management in Sri Lanka, and will be useful for the international community focused on development data and results.

What Do We Mean By Results?

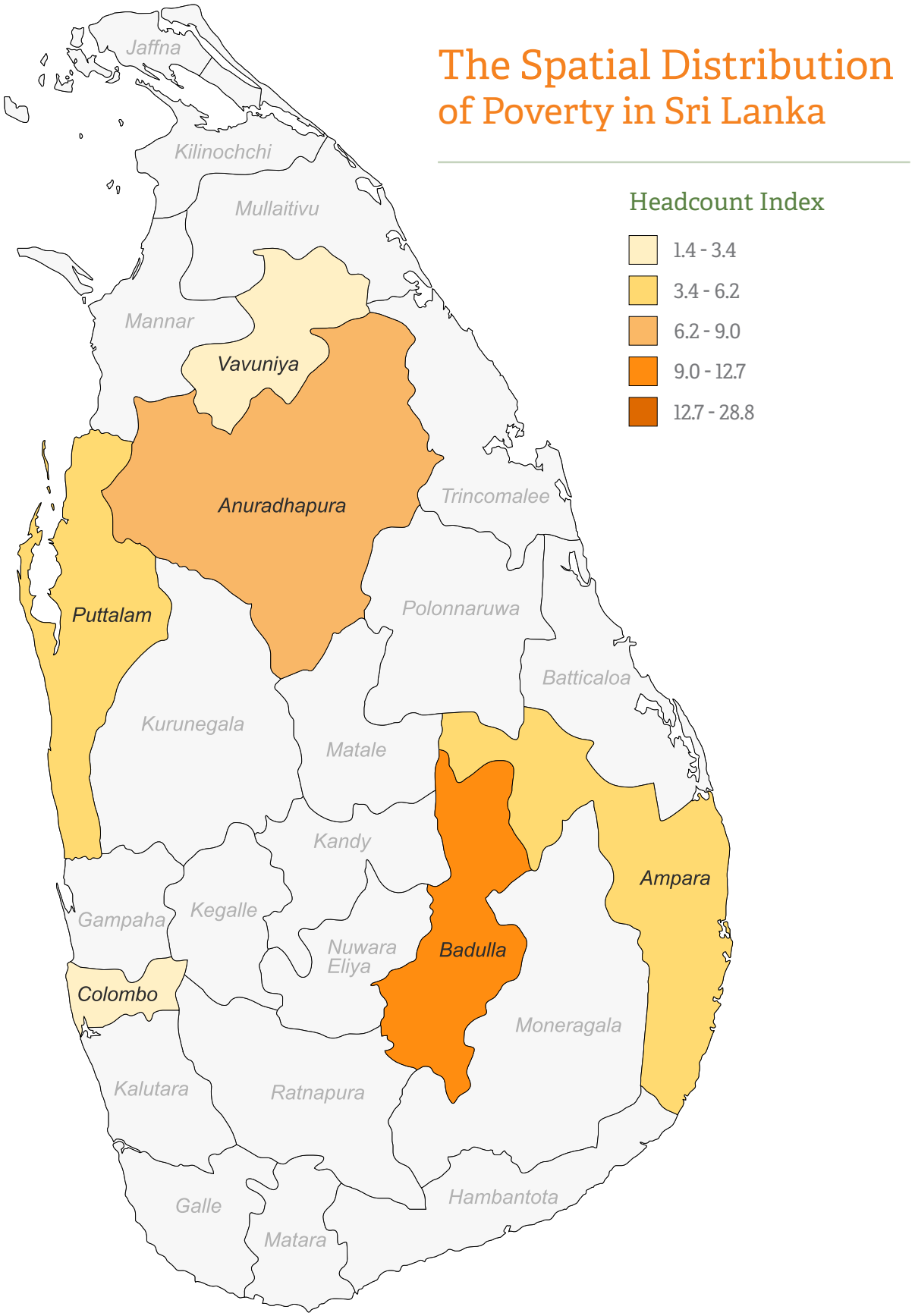
Our definition of "results" comprises both output and outcome data. We define outputs as the goods and services delivered through activities – such as immunizations or farmer trainings. We define outcomes as evidence of effects on target populations – such as maternal mortality rates or increase in household incomes.

Analytical Approach

Between December 2015 and April 2016, DG and Sri Lankan partner Management Frontiers (Pvt) Ltd. conducted over 130 semi-structured key informant interviews. The interviews focused on health and agriculture officials at all levels—national, provincial, and district—with responsibilities for data generation, management, and use. Government staff were the primary focus; some development partner and civil society respondents were included as well. Local interviews were focused in Colombo and in five districts: Puttalam, Anuradhapura, Badulla, Ampara, and Vavuniya. Approval was granted by the Ministry of Finance (MOF), and initial meetings were arranged with assistance from the Department of Project Management and Monitoring (DPMM).

In what follows, we present key findings and recommendations on seven major themes, highlighting both sector-specific and broader, more generalizable insights about results data. We conclude with cross-cutting recommendations for improving results data collection, sharing and use.

The Spatial Distribution of Poverty in Sri Lanka



Prepared by Department of Census and Statistics

Theme 1:

Data Collection and Management

Data collection and management is well-institutionalized in Sri Lanka. It is largely low-tech, although there are some specific pilot initiatives under way (or being considered) to improve and modernize data collection. Both sectors are constrained by staff, facilities and training, outdated forms and questions, and limited technology (tablets, GPS, and data collection/management software).

How is Results Data Captured?

Frontline staff in health (public health inspectors and midwifes) and agriculture (agricultural instructors and research/ production assistants) use several centrally-standardized forms to report on work activities and to collect output and outcome data. For example:

Health Reports	Agricultural Reports
Surveillance Reports	Monthly crop production report – Paddy
Notification of Communicable Diseases	Monthly crop production report – OFCs
School medical examination records	Crop-cutting survey
Maternal death investigation	Extension plan – Paddy
Infant death investigation form	Progress Report – Paddy Extension
Non-communicable diseases report	National Food Production Plan Report
Monthly report/quarterly report	Monthly report/quarterly reports on crop extension data and crop production data

Some data collection forms are outdated in that they do not reflect relevant indicators or situations, resulting in the omission of essential data (e.g., noncommunicable disease (NCD) rates, gender-based violence, use of drugs, pest attacks in [rice] paddy).

Data Collection Challenges

Staff shortages are a major impediment to data collection due to positions remaining unfilled. In health, there is a shortage of field officers such as Public Health Inspectors (PHIs) and Public Health Midwives (PHMs). In agriculture, there is a severe shortage of Agriculture Inspectors or "AIs"—one district reported that only 10 out of 25 allotted AI positions were filled. At the national level, leaders report nearly 650 vacancies for data-qualified agricultural staff. Staff shortages are compounded by a lack of transport facilities (both sectors) and properly equipped offices (agriculture).

"The AIs are given very little support and facilities. No transport facilities, no computers, no telephone, no other communication facilities, yet we are expected to work with farmers and ensure growth in the agriculture sector in this area."

Deputy Director of Agriculture

Even more concerning is a lack of understanding among staff on the importance of data—what data is needed, how to collect it, and why it is important. This issue is particularly salient for newly recruited middle- or operational-level staff (public health officials, nurses and AIs). New workers receive no formal data training and limited on-the-job instruction, resulting in a minimal focus on results. Most respondents report that data collection—not use—is the priority: once data is reported, responsibility moves up. As a result, some agricultural staff compile field data as a routine exercise, often referring to previous reports to fill in gaps.

In some cases, **officials do not collect data at all,** but report outdated or fictitious data:

"Once, we prepared the summary from data sent by all AIs, it gives one hectare each for carrot and cabbage cultivation for the district. However, ***there are no carrot and cabbage cultivations in this district.****"*

District Assistant Director of Agriculture

Data Gaps

Several respondents noted a disparity between the results data they have and the data they most need for day-to-day decisions. Many important indicators, especially outcome-level measures, are not currently captured by data collection templates or protocols. In agriculture, examples include outcome indicators for employment and income characteristics of the rural population; for health, data on non-communicable diseases and social issues (like domestic violence) are particularly lacking.

"There should be new indicators developed for outcomes as most of the data we collect are for activities. There are some indicators for outputs but that too need to be improved."

Medical Officer, Planning

Data Management Processes

Data management processes in both sectors are largely spreadsheet-driven, with limited analysis and constraints on timeliness and coordination. The only two automated systems in operation are the Internal Mortality and Morbidity Return (IMMR) and the Web Based Immunization Information System (WEBIIS) in the health sector. IMMR covers morbidity and mortality data and WEBIIS covers vaccination and drugs inventory details. All other results data are stored on spreadsheets such as Excel, Access and (in one case) Google Pages.

Positive Developments for Data Collection

Ampara General Hospital does capture both output and outcome level results at local level (see below). Nationally, a FAO-supported initiative by DCS for a Strategic Plan for Agricultural and Rural Statistics is aimed toward improving the quality and coverage of agricultural data relevant to results. Finally, the ongoing development of Health Performance Monitoring Indicators (HPMI) by the Management Development Planning Unit (MDPU) of the Ministry of Health to measure output and intermediate result indicators for short-term performance is an important initiative.

Recommendations: Data Collection and Management

Data collection and management systems and processes face significant constraints. To address these constraints, priorities should include:

- Improved staff coordination, recruitment and training, with a special focus on understanding the reasons for data collection;
- ICT tools for collecting and managing data more efficiently; and,
- Revised data collection forms, removing redundant or outdated indicators and focusing on high-priority information, with greater flexibility for unique local-level targets that reflect local conditions and promote accountability.

In particular, database systems for the Health Planning and Monitoring Units of Provinces and Districts would make planning- and results-related information available for analysis and decision-making at all levels of government. DPMM has identified 'weaknesses in internal communications, coordination and networking' in Districts and Provinces, which could be alleviated through locally-focused data management systems.

The Ministry of Agriculture's proposal to develop a web-based system, in support of the Food Production National Program, should be supported. The system would (i) include analytical tools for district, provincial and national level data analysis, (ii) register each farmer in the system and record their personal details, and (iii) record crop extent and varieties data and GPS coordinates for each crop type.

Results Data in Action:
Ampara General Hospital

The Ampara General Hospital uses results data—including locally-collected outcome data—to improve program delivery and achieve quality goals. Its results are benchmarked not just in Sri Lanka, but against hospitals throughout Asia, driving superior performance. This facility offers an excellent example of the power of results data in action at local level. For example, the hospital measured and achieved an outcome of *zero* pregnancy-related deaths each year.

The hospital's Quality Management Unit (QMU) is responsible for implementing systems to improve the quality of services to the community. QMU's goals include changing attitudes, behavior, improved customer service, cost reduction, and safety. For example, the QMU collects survey data on customer satisfaction for 6-7 months out of the year, analyzes the data, and disseminates findings to staff and top management for action.

The success of the hospital is founded in the leadership of Dr. P.K.C.L. Jayasinghe, who has motivated the team to win many national and international awards over the last twelve years. Dr. Jayasignhe has fostered a strong sense of agency and empowerment among staff. Each worker understands that he or she plays a role in hospital achievement, and each is aware of overall progress against key indicators.

As the quality of hospital services have improved, staff morale and retention have also improved. This is particularly important in Ampara, where there had previously been difficulties retaining trained staff. Ampara faces typical challenges for a rural hospital—limited budget, older equipment, and high turnover. Many staff come to the hospital with fairly low levels of exposure to results-based management. Despite these challenges, resources and targeted training have been used to improve data management, analysis and use. The products of this focus on results have been significant:

"We analyze data to assess our performance. This includes our outcomes, outputs, service quality etc...We monitor, discuss and take action. The goal here is to provide good quality service with optimum use of resources. This is how we operate."

Medical Officer, Planning

Theme 2:

Data Quality

Data quality is generally recognized as important to ensure that "*data is relevant to the purpose and able to [be used] for decision making at the field level, district level and national level*." Current quality assurance processes nominally include review and analysis of field data, field visits, quality-assurance training and review meetings. However, limited time is available for these data quality measures, especially due to under-staffing and insufficient training for data collection staff.

We observed a lack of concern for—and understanding of—data quality by mid-level and operational-level staff. These officials have not placed adequate importance on collecting and analyzing results data, a direct consequence of general lack-of-focus on results from the top. This lack of concern translates to limited quality assurance and thus poorer-quality data.

Completing activities—rather than delivering results—seems to be the focus of local workers in both sectors. **Without demand for results analysis from senior staff, middle and operational level officials—already less engaged in data analysis— have little motivation to produce quality data to inform decision-making.** Senior officials remain unaware of results and subsequently do not provide feedback that could improve data and identify and address actual performance problems.

Duplication and contradiction of data is also a common in both sectors. For example:

- **Health.** Patients are not assigned unique numbers at health facilities, resulting in possible double counting of the same patient at different hospitals.
- **Agriculture.** The Ministry of Agriculture uses AIs while the Department of Census and Statistics relies on "Agriculture Research & Development Assistants" (ARPAs) to collect similar data from the field. Province-level AIs often duplicate the data collection of inter-provincial AIs. At the same time, AIs duplicate census data, crop production data and other information collected by ARPAs. Crop production, for example, can often be misstated. on high-priority information, with greater flexibility for unique local-level indicators.

Better data coordination within and between sectors is needed.

> *"Different authorities have published different baseline data in respect of some districts. The Agrarian Department provides data on the paddy cultivation as 48,000 hectares, Irrigation Department indicates 47,000 hectares, but District records indicate only 46,000 hectares. No one is willing to change their baseline data and everyone claims that their data is accurate."*
>
> District Deputy Director of Agriculture

The quantity of new data requested from the health sector can be overwhelming, leading to sacrifices in data quality. Public health leaders increasingly call for district-level indicators such as teenage pregnancy rates, drug and alcohol usage, and gender-based violence statistics. **But the need for these new indicators burdens the existing system, potentially impacting the overall data quality in the long run.** Recalibrating indicator requirements –prioritizing important indicators and removing others— would help improve data quality of the most important and actionable indicators. The post-2015 period is an opportune time to re-visit priority indicators, as the global community finalizes the indicators that will be used to monitor the SDGs.

Agriculture officials also grapple with two other data quality challenges:

1. **Farmers are often reluctant to provide accurate information for fear of losing subsidies and other government assistance.** This leads to the overuse/misuse of fertilizer and overstatement of paddy cultivation areas, for example.

2. **Staff lack tools and techniques for effective sampling.** While crop-cutting samples are taken for [rice] paddy, technical limitations in sampling often require estimates to be used to calculate total production. For other field crops there is no sampling at all – only 'eye' estimates are used. Respondents called for assistance to develop better estimation techniques.

Recommendations to Improve Data Quality

Our recommendations for improving data quality build on two prior recommendations for data collection and management. Specifically:

1. **Invest in IT systems and tools for results data collection in both sectors.** Technology will help improve quality by reducing transmission-time delays, limiting transcription errors, cutting down data losses, and improving the efficiency of data analysis. Investments in IT are widely requested and urgently needed by study respondents.

2. **Train staff on data collection, analysis, and the purpose of data for informed decision making.** Middle and operational-level officials must learn to analyze data to create a demand for quality, meaningful data that addresses root causes of problems and successes, rather than mere activity completion. Senior officials also need encouragement to incentivize their staff to produce and use good-quality data. Recommendations for influencing these senior officials are offered later.

For health, **enhance coverage of data collection to capture data on essential areas for decision making.** Additionally, reducing unneeded data points will enable better focus on data quality. **In agriculture, investments in new, accurate baseline data** for measuring cultivation and achievement of performance could mitigate reporting differences caused by duplicated efforts.

Theme 3:

Data Use

In health, local data analysis is focused on volume of work completed and disease control-related outcomes on a monthly/annual basis. **Data related to improving efficiency and effectiveness of service delivery is not covered by routine data collection and analysis.** At the national and regional levels in health, units undertake their own limited analysis of data reported from districts and provinces:

"There is not much analysis is done by us. Usually, collating is done to get the totals for the district level data and by MOH division level data. No specific software is available and also ***such analysis is not expected from us, as a duty.*** *So, the data analysis is not properly done, as a result this area is not developing as well."*

Medical Officer Planning, Regional

In agriculture, local analysis is limited to trend and time series analysis for program monitoring and staff evaluation. Results are compared against targeted monthly/seasonal results. Data is reported on activities completed, extent of land cultivated, crop production and the yield for paddy and OFCs. Data is analyzed for district and provincial progress review meetings and end-of-season review meetings. Analyzed data are mostly used for monitoring the achievement of targets and for assessing performance of special projects and field staff. For example, the monthly Crop Forecast report, published by the Department of Agriculture, uses yield data from previous years to show the current status of planting and harvesting.

"We do not analyze data for the district. We only summarize data and send to the province and MoA, Peradeniya. However, we compare current data with previous year's seasonal data to check the progress. Raw data is summarized and sent to provincial office for decision making. We use last year's data for the preparation of the annual plan for the division. Apart from that we do not carry out any data analysis in our division."

Medical Officer Planning, Regional

Government workers with data analysis qualifications are in short supply, especially at local level. Poor funding and administration of recruitment in several instances impairs the recruitment of staff with needed data skills. More detailed statistical analysis is done at the national level, for example in the Family Health Bureau, or the Socio-Economic and Planning Unit in agriculture. However, there is no evidence that this is more advanced analysis is formally shared back with provincial or district staff, whose use of data remains focused on basic progress reporting and short-term activity planning.

We observed a dichotomy in perceptions of mid- and senior-level staff about results data use. Some feel it is important to pursue quality data, lead in-depth analysis and use data for decision-making and delivering improved results. But most do not feel a duty to analyze data, but only to collect and submit reports. With this in mind, **leadership is the most important driver for results data use at local level.** Refer to box "Results Data in Action: Ampara General Hospital" for an example of how strong leadership can set priorities to focus on results data use.

This lack of analysis is an outcome of hierarchical reporting structures that prioritize reporting and compliance over innovation. Government performance protocols, such as awards, are only now beginning to offer opportunities and advancement for more competent, educated staff. Moving forward, **officials that use data effectively should be rewarded with opportunities for advancement, new projects, and other professional growth.**

This overall lack of local understanding of—and accountability for—results has two important consequences:

1. It places the responsibility for data analysis at the national level. Thus even when data is analyzed, information about local causal factors, context, and new areas of concern/ emerging problems is largely ignored.

2. However, when officials have learned to analyze data, sometimes even self-taught, their demand for data—and awareness of what can be achieved—increases. One such example is highlighted below:

Results Data in Action:
Collecting the Correct Data

A Senior Public Health Midwife developed her own data tool to understand and improve the results of the midwifes under her, providing a compelling example of effective results data use at local level:

"On my own I have developed a 'Daththa Agayeeme Potha' (Data Appraisal Book), a summary of performance of all PHMs under different categories of duties (ANC, PNC, Nutrition and Family Planning) that we are expected to perform. This helps to get a comparative perspective of the performance of the PHMs and points out when a particular PHM is behind the expected performance. No one in the sector uses this kind of summary book. And I feel that such book is also helping me to provide quick answers to the queries raised by the higher officials."

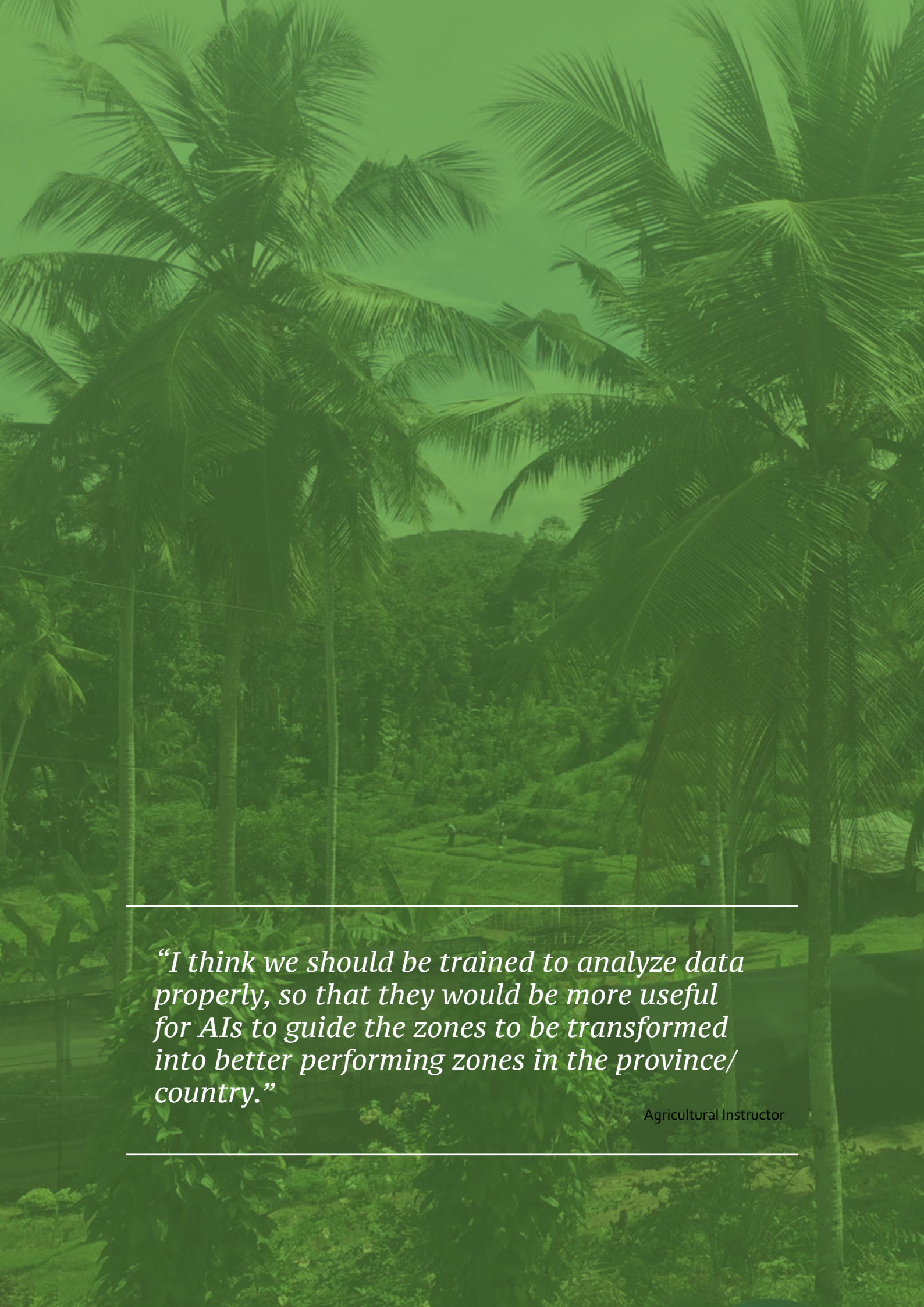
Recommendations for Data Use

Targeted training on data analysis for district and provincial staff is needed—and was requested by respondents. Assisting local-level staff to create detailed analysis and evaluations will foster greater program effectiveness.

Capacity development should focus on a cadre of data management specialists to ensure that required data are collected, appropriate analysis is undertaken and information is effectively communicated to district and provincial directors

At the same time, senior leaders should receive training and support to develop responsibility, data skills, and accountability for performance delivery among staff at each level. This top-down encouragement to pay attention to results will create space for more analysis and use in districts and provinces.

Finally, **outstanding examples of data use (like those highlighted above) should be publicized and rewarded,** incentivizing others to take similar actions.



“I think we should be trained to analyze data properly, so that they would be more useful for AIs to guide the zones to be transformed into better performing zones in the province/ country.”

Agricultural Instructor

Theme 4:

Reporting and Sharing Results Data

Hierarchal data reporting structures have been in place for many years. **Respondents in both sectors report a lack of sharing results data among stakeholders,** with reporting limited to officials in the immediate hierarchy of each sector.

"It is customary that the data we generate and collect are sent to the line ministry divisions, periodically. There is only a vertical movement."

ADA District

In agriculture, there is little evidence of demand for results data from other agencies or sectors, apart from meteorological data and irrigation water availability. **Health-sector respondents are more aware of data-sharing needs, particularly of the consequences of not sharing.** For example: infant death information is sent to district planning units but is not sent regularly to the maternal and child health officers in each district. Also, there are no structures for private-sector practitioners to share results information with government (or vice-versa).

"It will be good if we have a system where the information from general practitioners and from the private sector are also collected and analyzed."

Regional Director of Health Services

Data-sharing challenges in the health sector are compounded by an administrative disconnect between regions and provinces. Regional directors of health often report directly from district level to MoH, bypassing provincial directors and potentially negating any province-level influence on district reporting or planning processes.

As discussed earlier, similar crop production and forecasting data is collected and published by MoA and the Department of Census and Statistics (DCS). But this data is not reconciled between the two agencies, resulting in discrepancies and redundancies.

Recommendations for Data Reporting and Sharing

Our interviews suggest that the **health and agriculture sectors are both poised to benefit from technology to manage, report and share results data among stakeholders.** Better technology will also ensure that data is not confined just to ministerial hierarchies. As the technical capabilities of staff continue to grow, the time is right to invest in data management systems, standardized data formats, and online information repositories that offer wider access to results data across sectors. For example, DPMM developed INDIS at the national level to track government and donor-funded programs, showing that such tools *could* be implemented, with appropriate investment (as INDIS is not currently up to date nor widely used).

While the need for *internal* government data sharing is apparent, especially in health, demand for *external* data sharing is also poised to accelerate. As the media in Sri Lanka increasingly works to hold government accountable for services, public demand for results data will grow. Development partners continue to demand better results-based reporting as they further develop results-based disbursement mechanisms, like the World Bank's Second Health Sector Development Project, major results-based financing program[1]. Additionally, the government will need better tools to report on SDG indicators in coming years.

1. http://www.worldbank.org/projects/P118806/second-health-sector-development-project?lang=en

Theme 5:

Planning and Resource Allocation

We sought to understand how results data influences planning and budgeting processes. Funding (for both sectors) at district and provincial level comes from two sources: (1) Direct allocations from a respective Ministry's consolidated funds; and (2) Provincial departments of health and agriculture from the Province Specific Development Grants (PSDG) provided to the provinces by the Finance Commission (FC).

Both the health and agricultural sectors begin their planning at field level:

- **Health.** Officials prepare a development plan at the district level based on the data received about the needs of all hospitals and other facilities that come under the purview of the RDHS.
- **Agriculture.** Planning starts at the AI level and zonal level on crop production and extension plans.

Once district plans are finalized, provincial development plans are prepared. These plans set out specific development activities, outputs and expected outcomes. Plans and budgets for capital works and recurrent costs are sent to FC to request funding for the ensuing year.

Despite these procedures, the use of scarce public funds to achieve targets is constrained by insufficient use of results data for planning. **Most reported data is activity-based, with little or no reporting of outcomes to reflect changes in health status, income, or employment,** as well as no established priorities in districts and provinces.

"We need to have more output related data and outcome related data. These should be analyzed in a scientific manner for us to understand the proper causes and address them. Then, we can improve and achieve better results for the health sector."

Deputy Regional Director of Health Services

"There is no culture of allocating funds based on the results or needs of the Province or districts. The district gets a budget from the province and the district officials try to manage the health problems in the district in a best possible manner with the available budget."

District Health Official

Furthermore, provinces do not report to FC on achievement of results, even though they create results management frameworks each year. **Thus FC cannot use information on past achievements to inform future provincial budgets.**

"I think it is a waste of time for planning, budgeting, review and monitoring of activities. We spend money and resources and farmers do their cultivation on their own. We prepare a plan for the year and at the end of the year we give various reasons if we do not achieve the target. We justify our results by giving reasons such as flooding, drought, pest disease, no water supply from irrigation systems, farmers not willing to cultivate, low quality seed, etc. ***There is no one to review and monitor these comments.*** *Once the year is over we finish spending our fund allocation and prepare a plan for the next year and request more funds for the division. But our productivity and farmers behavior is not changing."-*

Assistant Director Agriculture

Despite substantial increases (about 100%) in allocation for capital expenditure in both health and agriculture sectors in 2016, there is not yet a corresponding focus on delivering results and improved performance with these increased budgets.

"This year we have been allocated a bigger budget compared to the previous year, but this is not due to higher or improved performance in the district. There is no basis for that we can figure out."

Asst. Director of Agriculture

Lack of coordination between planning units and other departments prevents effective planning for resource allocation. Planning officials are unfamiliar with results-based management, and data collection workers are unfamiliar with planning needs. In health, planning sections of MOH, RDHS and PDH address development activities (buildings, equipment, etc.), while planning to achieve results (e.g. improved morbidity, mortality, nutrition, etc.) is done by program heads at district, provisional and national levels. **When planning sections are unaware of the plans of the respective units there is a clear mismatch between plans and actual (or intended) results.**

In agriculture, the above-mentioned data duplication issues between the agriculture units and the DCS mean that **planners have different figures for the same crops in the same areas.** In addition, allocated funds are generally received towards the end of the year—very late considering the needs of the seasonal cultivation cycle. This further distances sector performance, plans and the allocation of resources. In health, a similar situation prevails.

"But since the funds especially from the government are received late in the year there is a mad rush towards the end of the year to accomplish what we set for. During the planning process we use whatever the information useful from the available data sets. But since most of our data are of the input type we rely on the experience of ground realities by the officers to identify priorities for planning."

District Deputy Provincial Director Agriculture

Finally, respondents report that **provincial political leadership influences some allocations, irrespective of results.** Plans and budgets are revised to accommodate demands from the provincial council members:

Recommendations for Planning and Resource Allocation

The key concern is a **missing link between results and allocation of resources.** The consequence is a lack of focus on achievement of results by the ministries and provinces. **Neither FC or treasury reviews nor monitors results after release of funds.** But as limited government funds are available, allocation processes should promote well-performing programs and discontinue those that are non-performing. We recommend two interventions:

1. A system of results based management (and budgeting) should be institutionalized under the auspices of the MOF where results for each sector and level are defined, with both outputs and outcomes. These results should then be reviewed by MOF and the FC before the next year's allocations are made. RBM institutionalization would create greater accountability for results, where senior management use results for monitoring and demand better quality for decision-making.

2. Training on RBM for both Ministries and the FC should give budget recipients a better understanding of (i) why they are using funds, (ii) what outputs and outcomes they are responsible for achieving and (iii) how results will be measured and used for future allocations.

"There is no culture of allocating funds based on the results or needs of the Province or districts. Most things are decided based on the political agendas and based on the political influence that the members from this area has with decision makers at the national level as well as based the criteria of the FC. There was a system earlier where funds are given to us and we do the work, deliver results while secretary monitors us. Now it is not the case, everything regarding funds getting centralized making managers in the districts unable to take decisions and to deliver results."

Provincial Officer

Theme 6:

Goals and Performance Management

Performance management is based on national level goals and corresponding outcome indicators. In agriculture, the national food production program (2016-2018) articulates national-level goals: self-sufficiency by increased domestic production, the effective management of food stocks, and reduced import of food products. In health, goals include reduced morbidity and mortality rates, reduced infant mortality rates, improved control of diseases, improved mother and child nutrition, etc. Outcome indicators are more commonly understood and used in the health sector—particularly in relation to the SDGs and MDGs.

But in health, **there is no system for identifying goals at the provincial and district level;** officials are expected to work toward national-level health goals. And **indicators mainly focus on program outputs** (e.g. coverage of vaccinations, services to pregnant mothers and children), with no appropriate performance or outcome indicators.

In agriculture, goals for increased paddy, maize, and OFC production are established in district development plans, crop extension and crop production plans. **But the primary outcome-of-focus remains crop production; as such, the sector does not adequately address higher-level outcomes** with appropriate indicators such as famer income, financial sustainability, land productivity, food sustainability, etc.

The limited focus on goals and performance management is compounded by the lack of evaluation systems in both sectors. Evaluations are needed to put data into action and inform decisions about adjusting ongoing programs, changing operational strategies, re-allocating funding, or whether to continue programs.

> *"We had been distributing food supplements to pregnant women and children for a long-long time. But there is no improvement of nutrition levels. Similarly I cannot see anything beneficial happening following growth monitoring the children. Similarly we do School Medical Inspections (SMI) and yet we do not see any changes in the prevalence of anemia among school children."*
>
> District Health Official

Recommendations for Performance Management

In order to make the national goals relevant at local level, **we suggest that district and provincial officials be further encouraged to set appropriate local targets for health and agriculture outcomes.** Already, some districts have developed targets outside of the national thrust areas, including mechanization of farming to mitigate the shortage of farm labor. The UNDP-led "Governance for Local Economic Development" (GLED) program in some districts (including Ampara) illustrates an effective approach for developing these district level targets and indicators. Additional resources and capacity to collect data for and analyze new indicators—especially outcomes—should also be provided.

Resources, staff time, and training should be given to help officials prepare results frameworks at different institutional/administrative levels with indicators across the 'results chain'—outputs, preliminary outcomes, tertiary outcomes, and impacts. Performance auditing should be formalized, and evaluations should be commissioned in pilot districts to further institutionalize performance management practices.

Results Data in Action:
Benchmarking in Health

A routine assessment of maternal deaths conducted by the FHB for over 30 years has clearly contributed to Sri Lanka's remarkable achievements in maternal and child health. Recently, the MoH has benchmarked performance on MCH indicators by district, then publicly rewarded those teams who have performed particularly well. The incentives created by these benchmarking approaches (such as in Ampara district) illustrate the potential for stimulating improved health care coverage and quality through more transparent display and discussion of results data.

Theme 7:

Feedback

No documented feedback processes are in place in either health or agriculture. Most feedback is provided verbally, with no set guidelines or timeframe, and tends to focus on non-performance issues.

"I think we should have a feedback system like the one we had at Kurunegala hospital a few years back. We have been publicizing the results data at the hospital notice board at that time, so the officers as well as pubic were aware as to what is going on and what our results levels are. It should be made mandatory and should be implemented, if we need to achieve results in the health sector."

Medical Officer of Planning

Recommendations for Feedback

Leadership should create expectations that local staff consistently obtain and use feedback as part of planning. This feedback should be reviewed as part of performance audit and budgeting processes. As discussed above, evaluation processes should incorporate feedback, informing a stronger 'evaluation culture' to inform and improve performance. Finally, more transparent results data will create opportunities to solicit and incorporate feedback from the public.

Way Forward

We have highlighted specific recommendations for each of the seven themes explored by our initiative. In closing, we synthesize our findings into four key areas for further action. These next steps are intended both for the government and supporting development partners:

1) Actively Foster Demand for Results Data

The following initiatives and steps are suggested to stimulate demand and an 'enabling environment' for results data:

- **Build awareness.** Develop communication materials and outreach efforts under the Ministry of Finance to trigger interest and demand for results data within government, as well as among the general public, media, NGOs and civil society;
- **Create accountability.** Advocate for parliamentarians and district representatives to assess public sector performance, through existing auditing systems, and raise questions on non-performing and under-performing organizations;
- **Formalize performance reporting.** Establish through DPMM a uniform format to be used by each ministry for annual performance reports; and,
- **Reward data use.** Institutionalize a national assessment and award system for well-performing institutions nationwide, judged by civil society institutions or semi-governmental advocacy institutions. The FHB benchmarking programs referenced above provides a successful example that can be scaled up.

2) Reinvigorate Results Based Management (RBM) Processes

Sri Lanka has had much relevant experience in RBM in the past and is actively developing further knowledge (e.g. DPMM's efforts to track government-wide performance and the UNDP/EU program for local development planning). Sri Lanka is also monitoring RBM progress in neighboring countries like Malaysia. The FC has already taken steps to encourage results frameworks during budget planning. **The next step for institutionalizing RBM is to give FC and Treasury the scope to financially hold agencies accountable for achieving these results.**

Once improved results frameworks and budgets are implemented, an upgraded monitoring system should extract performance information to monitor progress on results delivery. This should also stimulate the development, and funding, of independent evaluation units in Ministries and Provinces to provide regular and focused system of evaluations. These developments would also pave the way to institutionalize formal systems for obtaining and acting on constituent feedback.

3) Invest in Technology for Data Collection and Management

The health sector has elements of ICT systems, and the agriculture sector has plans to create similar tools. Each sector is ready for more robust, web-based, real-time data management systems, with linkages to national systems, such as DPMM's INDIS. Online data entry and data retrieval functions will reduce duplicated data entry, speed up data reporting, and improve data sharing.

Based on respondent feedback, improved hardware infrastructure in provincial, district and field offices is also needed. Respondents from both sectors strongly suggested that better computer systems and data management tools would improve data collection, collation, analysis, reporting. Coupled with other efforts, these tools will also facilitate data use for decision-making. Particular attention must be given to create tools that support specific local-level decision-making needs—for example, forecasting disease outbreaks, addressing soil degradation, tracking child nutrition levels, and so on.

4) Strengthen Staff Capacity to Manage and Use Data

Comprehensive training programs in health and agriculture should focus on data collection, data management and analysis, technology use, reporting, basic statistical methods, and planning and budgeting practices. Trainings should target planning units, data management/IT units and program implementation units at line ministries, provincial departments and district offices. More detailed training on results-based budgeting and evaluation methods should be provided to planning officers.

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