LOCALISING AID

A whole of society approach

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and Gideon Rabinowitz

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Acknowledgements

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
AIM	AIDS/HIV Integrated Model District Programme
CHSWT	Country Health and Social Welfare Team
CSO	Civil Society Organisation
DFID	Department for International Development
EU	European Union
FARA	Fixed Amount Reimbursement Agreement
GoU	Government of Uganda
HIV	Human Immunodeficiency Virus
IP	Implementing Partner
IPR	Implementation and Procurement Review
LA1	Localising aid: can using local actors strengthen them?
LA2	Localising aid: sustaining change in the public, private and civil society sectors
M&E	Monitoring and Evaluation
MDTF	Multi-donor Trust Fund
MEEPP	Monitoring and Evaluation of the Emergency Plan Progress
MoH	Ministry of Health
MoHSW	Ministry of Health and Social Welfare
MSI	Management Systems International
NGO	Non-Governmental Organisation
NSP	National Strategic Plan
ODA	Official Development Assistance
OECD	Organisation for Economic Co-operation and Development
PEPFAR	President's Emergency Plan For AIDS Relief
PFM	Public Financial Management
SDS	Strengthening Decentralization for Sustainability
Segeplan	Secretariat for Planning and Programming
SESAN	Secretariat for Food and Nutritional Security
UAC	Uganda AIDS Commission
UK	United Kingdom
UN	United Nations
UNDP	UN Development Programme
US	United States
USAID	US Agency for International Development
USG	US Government
WFP	World Food Programme
WoS	Whole of Society
WHO	World Health Organization

Executive summary

In the first three papers of the Localising Aid research programme we argued that, while localised aid can be a crucial tool for donors in many circumstances and across country types, there are a few rules regarding when and how to implement it. Above all, the decision is context laden.

In this final report in the series, we submit another element for consideration – a whole of society (WoS) approach. Strategies to localise aid can be implemented in a disjointed manner, supporting different specific sectors of society and not necessarily following a national government lead; a WoS approach insists that all the key stakeholders of a particular issue be involved in its solution, and that donors support government-led strategies. On the other hand, WoS approaches may not involve particularly systemic considerations, whereas aid localisation almost by necessity implies a long-term vision.

Bringing the two concepts together makes for an ambitious aid programme, with many rewards but also significant challenges. In particular, despite common agreement on the importance of 'country ownership', it is not clear how donors should programme aid when they do not agree with the direction a government is taking.

In the absence of a rulebook, we suggest two major priorities for donors seeking to localise their aid according to a WoS approach: internalise complexity; and share information. We ground our research findings in studies of the health systems of three diverse countries: Guatemala, Liberia and Uganda.

Systems are complex by definition – in all countries, not just those that recieve aid. However, the incentives do not seem to be in place within most donor organisations to promote longer-term engagement over quick wins. Donors therefore need to internalise an understanding of the long-term, complex and political nature of aid programming when adopting localised aid or WoS (or both) approaches. This means they should:

- Promote understanding of the importance of and challenges relating to systems strengthening. This should be driven by donor headquarters, and be directed at politicians, opinion formers and possibly the public, as well as agency management and field staff. It should underline the critical role systems play in development and ending aid dependency; the type of interventions and the time horizons required; and the inherent

challenges involved. One phrase that emerged in discussion was the importance of '50-year thinking' to complement 5-year time horizons.

- Ensure that systems strengthening is given sufficient attention in results reporting and scrutiny. Donors should insist on country programmes delivering a strategy that balances short-term results and long-term systemic change, demonstrating that systems strengthening has been contemplated and discussed. Donor agency management should clearly signal that systems strengthening outcomes are a priority alongside shorter-term outcomes and should be mainstreamed throughout the organisation in programme results frameworks and performance contracts.

- Develop better measures of systems strengthening, building on recent developments. There have been some important theoretical and practical developments in measuring systems strengthening in recent years; these efforts need to be built on, including through sufficient resourcing for research.

- It is hard to see how these complex decisions can be made without highly capable and experienced staff. However, this consideration is almost entirely absent from aid effectiveness debates. Reconciling complex trade-offs requires good contextual analysis of the recipient country, as well as clarity of dialogue between the donor and the country and between the donor and its stakeholders. Donors should concentrate on human capacity within their own organisations as much as they profess to do for the organisations with which they partner, as a core element of effective aid programming, in recognition of the fact that, with few rules, the success of development aid depends greatly on wise decision makers. Fast turnover of in-country staff may be somewhat incompatible with the development of strong in-house understanding of complex political realities.

The second major effort that donor agencies should engage in is sharing information. It is somewhat surprising that, after so much research on aid effectiveness, sensible and effective joint working between donor organisations, national governments

and other stakeholders remains elusive. We argue that, because organisational and political constraints weigh heavily in this area, it makes sense to focus on a subset of joint working where progress really could be made swiftly. Timely, practical and comprehensive information sharing across donor portfolios would seem to be the most plausible candidate, both with government and between donors, with transparent information being made available also to the public at large to carry out its own accountability functions. The following two points should be critical elements of a strategy to share information better:

- All aid donors providing a significant amount of aid in a particular country (say $100,000 per annum), including foundations and civil society organisations, should immediately share full information online. The government would then be able to include the figures in its budget (even if under the line) and other stakeholders would be able to monitor spending and results. Leadership needs to come from both sides: the host government needs to be stronger in its insistence that external actors provide full disclosure of their activities, while donors themselves need to take unilateral action.

- Donors should take the lead in requiring that implementing partners (IPs) coordinate and report the activities of sub-partners and sub-contractors and avoid placing the burden for such efforts on government structures. All IP contracts should include a commitment to share timely, comprehensive and practical information with relevant local bodies, and the performance of IPs should be judged on these criteria as well as on those related to programme implementation.

Localising aid following a WoS approach is possible and desirable in many circumstances. By using these two major priorities as guides, donors will increase the chances of contributing to long-term and sustainable change in the countries where they have operations.

1 Introduction

1.1 The evidence so far

In 'Localising aid: can using local actors strengthen them?' (Glennie et al., 2012) (hereafter referred to as LA1), we defined localised aid as aid transferred to national as opposed to international entities. Somewhat originally (inspired by the spirit of the High-Level Forum on Aid Effectiveness in Busan in late 2011, by the US Agency for International Development's (USAID's) Implementation and Procurement Reform and by the growing view that budget support needs to be re-evaluated as a primary aid modality), we applied this definition to the three main sectors of society – state, private sector and civil society – rather than just the state, which has absorbed most of the attention of aid effectiveness research and policy in the years since the 2005 Paris Declaration.

We then analysed the potential impact of localising aid in terms of strengthening the capacity and accountability of local actors in these three distinct sectors of society, thus contributing to more sustainable development results and a reduction in aid dependency. We presented these findings in a second paper, 'Localising aid: sustaining change in the public, private and civil society sectors' (LA2) (Glennie et al., 2013). We found a mixed picture. While there is certainly evidence that localising aid can lead to systemic strengthening, other aid modalities do not appear to be any less likely to produce positive outcomes when handled sensibly. The appropriate modality must be chosen and honed for a particular circumstance, and linking to system-wide efforts requires committed attention. In short, the evidence does not support many broad generalisations in this field of enquiry.

However, we were able to conclude in LA2 that 'the inability or reluctance to localise aid should be viewed as a significant weakness in an aid programme portfolio'. This is based on the logic that, in a situation where localising aid would be the most useful aid modality for strengthening systems (public, private or civil society), inability to apply such a modality (for bureaucratic or political reasons) is a disadvantage and reduces an aid programme's chance of realising its objectives (because it will be forced to adopt a sub-optimal aid modality). This issue is all the more pertinent given our finding that localised aid is likely to be able to play a positive role in most development contexts, including in fragile situations (where weak institutions are more common) and middle-income countries (where donor relationships are less dominant).

Therefore, while we do not imply that localised aid is generally better than non-localised aid, we do argue that programmes with low proportions of localised aid are likely to be operating sub-optimally, and should be increasing their localised aid content. In the sections that follow, we provide some guidance for donors on how they might go about this.

1.2 A whole of society approach

Inherent to our conceptualisation of 'localised aid' applying across the state, private sector and non-governmental organisations (NGOs) has been the idea of a 'whole of society' (WoS) approach. In LA1, we tentatively suggested a model looking at the interaction of the public, private and civil society sectors. This divided the responsibilities of our three main groups of actors into two – provision and accountability – and suggested the analogy of an ecosystem 'in which all parts need to thrive for the other parts to do so. In any given context, different parts of the ecosystem may require more or less support.'

The idea of adopting a WoS approach to complex societal problems is not uncommon, but it is not yet ingrained in development thinking. It has most traction in the health sector – conveniently for this report, which also focuses on health. In Canada, Dube et al. (2009) have suggested a WoS approach to the country's 'health crisis',[1] and the same team argues for a WoS approach to dealing with non-communicable diseases at the international level (Dube and Beauvais, 2011). Pandemic diseases also need a WoS response, according to the 'Towards a Safer World' initiative, and donors are included in the societal actors called on to collaborate (USAID and WFP, 2011). In many instances, countries have developed interdisciplinary mechanisms, usually in the form of taskforces at the national and subnational levels, to better coordinate across-the-board responses to the pandemic threat. These taskforces have included representatives of non-traditional actors, such as NGOs, the private sector and the media, all with critical roles to play in the event

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1   See also www.capi-icpa.ca/converge-full/eight.html

of a pandemic or other emergency. During Ebola outbreaks in Uganda in 2011, for instance, a 'multi-sector national-level taskforce' brought together key stakeholders, actors and donors, fostering 'better communication between partners' and helping generate 'a faster and more effective response' (ibid.).

Unlike the decision to localise aid, the decision to adopt a WoS approach to development does not necessarily imply a decision to prioritise long-term and sustainable outcomes; it can also be a useful way of working when short-term 'results' are being prioritised. However, systemic strengthening may well be a consequence. For instance, 'Pandemic preparedness has served to strengthen coordination mechanisms at national and international levels for other emergencies' (USAID and WFP, 2011).

Likewise, the decision to focus on sustainability and long-term outcomes does not necessarily imply a WoS approach to development; many development interventions are made with long-term objectives in mind but focus on specific parts of society and do not depend on an integrated analysis.

There appear to be two important factors for external donors to recognise about a WoS approach:

● First, a WoS approach is proposed when a society is facing a particular problem, or wants to achieve a particular public good, for which disaggregated interventions have failed and the concerted effort of a range of national actors is required. The development of systems for the long term (the focus of our Localising Aid work) need not be an objective of a WoS approach.

● Second, while many non-state actors are of course involved, it is the state that (generally) plays the key coordinating role, bringing other actors around its strategy. For instance, the World Health Organization (WHO) has emphasised that governments are the natural leaders in communication and coordination efforts relating to health pandemics. This means donors will likely be required to place special emphasis on engaging in partnership with the government in supporting a WoS approach.

A WoS approach implies, then, a nationally developed and coordinated response to a particular public challenge. We can extrapolate from this that the role of donors or other external actors would be:

1. To support such a concerted effort in some way, rather than to lead it; and

2. To ensure their interventions support these coordinated and aggregated efforts, even when they are engaged in just one part of the response.

1.3 Linking the two approaches

There are, then, clear differences between a decision to localise aid and a WoS approach, as well as some similarities.

● While localising aid will be almost always be a response to the need to invest in long-term systemic change, whether in the state, private or civil society sectors, a WoS approach may well be as appropriate for short-term urgent objectives as for long-term interventions.

● While a WoS approach by definition includes a wide range of societal actors, aid can sensibly be localised to only one actor, although it may well involve a range of actors.

● While WoS approaches must be led by the main national organising authority (i.e., the government), to be meaningful aid can be localised to societal sectors and actors beyond the government's remit, and this may well be an explicit part of the donor strategy – for example to civil society or media holding the government to account.

● Finally, although it is possible to localise aid without working together with other donors, failure to do so is likely to lead to lost opportunities and, at worst, jeopardise the achievement of aid localisation objectives. WoS approaches quite obviously also require joint working with other donors.

Table 1 summarises these four key points, and also includes a final row showing what localising aid under a WoS approach would look like – that is, it would be long term in vision, seek to support sectors and actors across society, be led by the national government and be supported by donors working together to achieve agreed aims.

Table 1: Key aspects of the localising aid and WoS approaches

	Long-term and systemic objectives	Supports a range of actors	Led by national government	Work with other donors
Localised aid	✓	Depends	Depends	✓
WoS	Depends	✓	✓	✓
Localised aid and WoS	✓	✓	✓	✓

Achieving these ideals is easier said than done. The third and fourth columns fit neatly with the first three principles of recent Paris aid effectivenessz discussions, namely, on harmonised donor support for government-led national strategies. Experiences of how well such principles have been put into practice over recent years will therefore be relevant for donors seeking to adopt a WoS approach (see LA1 pp21-27). Discussing these principles in the abstract may not help with everyday decisions on the ground. Effective working arrangements with other donors have proven elusive at least as often as they have been successful, and this trend is unlikely to abate, given the increasing number of donors operating globally. And, knowing when and when not to support government initiatives, or what to do when no such initiative is forthcoming, remains perhaps the predominant development conundrum, an inherently complex political decision.

The choices for aid programmers seeking to localise more of their aid can be split broadly into two. The first relates to allocation: which sector to focus on. For most of the development objectives on which donors seek to have an impact, aid can be allocated to partners from any of the three sectors of society. However, our research has shown that our initial decision to focus on the three sectors did not do justice to the layers within those sectors, which Table

2 breaks down further. As the aidscape complexifies yet further, it is not only the sources of finance that are diversifying but also the destinations for that finance.

Within these sectors and sub-sectors, there are then decisions to be made about which particular organisation(s) to partner. This may not be a chronological process; donors might start from a decision to support a particularly strong or close partner and then work this back into their strategy – not an un-sensible option, given that it is often easier to elaborate a change strategy than to find the 'right fit' partner.

The second choice regards the instrument: the specific contractual arrangement under which to work. While the broad direction of localising aid is clear – more money should appear on the accounts of national organisations – the specific means of implementation can vary. For the state sector, there is a range of ways to localise aid, from full budget support to *ex-post* payments on receipt for specific expenditures. For non-state sectors, there is a myriad of contract types incentivising and supporting different ways of working. These options and factors are discussed at some length in LA2.

How should donors go about solving these challenges? One of the major findings in LA2 was

Table 2: Breaking down the sectors yet further

Public	Private	Civil society
Central government	Large businesses	NGOs
Subnational governments	Small and medium-sized enterprises	Academia
State-owned enterprises	Micro-enterprise	Media

that there appear to be fewer rules about aid modality decisions than was once thought, and that it may be more appropriate to think of context-specific trade-offs. We were unable to generalise that localising aid is a better way to support system strengthening: other modalities can be more appropriate in some contexts. Guidance emanating from donor headquarters, or traditional ways of working, is likely to be influenced as much by donor ideologies, instincts and constraints (whether bureaucratic or political) as by evidence that certain approaches are generally more or less appropriate. Much will rest on the shoulders of wise and informed aid managers.

Given this frustratingly free-form reality, we focus our guidance here on two main areas in which we suggest, based on our research, that major progress could be made. First, internalise complexity: it is important to recognise formally the complex reality, and reflect it in norms and practices. And second, share information: while harmonisation and joint working are likely to remain an elusive objective, given organisational barriers and the proliferation of actors, information sharing remains an underdeveloped area, albeit very much the focus of modern aid effectiveness activities, and could prove key to the successful localisation of aid and implementation of WoS thinking.

2 Internalise complexity

The first step to localising aid successfully, following a WoS approach, is to recognise the complex, long-term and political nature of systemic change. A number of policy and practice implications follow this recognition.

 From one perspective, it is obvious that many development objectives are complex, long term and political. This report focuses on health systems in developing countries, but attempts in recent years to alter such systems of developed countries, including the US and the UK can equally well be described as complex, long term and political. It would be strange if it were otherwise in countries with weaker institutions. These two developed countries have radically different approaches to health service delivery, so it is worth asking a hypothetical question: How would a group of external donors engage with the US and UK governments to support health system strengthening?

There are many (especially humanitarian) objectives that are less complex, shorter term and more technical than political. These are, by definition, easier to plan and measure, which is one of the reasons they tend to be more central to development projects that are keen to demonstrate results in a reasonably short timeframe. In contrast, development programmes are generally weak at incorporating a long-term, complex and political perspective into the guidance and regulations that make up the incentives for staff and teams. Such oversight is not sustainable when a decision has been made to localise aid using a WoS approach.

Complexity was apparent in the health systems of each of the countries we visited, particularly the fraught question of the public–private–civil society balance of health service provision. There is no doubt that the role of the state was undermined in the last two decades of the last century, as pro-market zealots neglected the crucial role the state has to play in enabling and regulating any successful marketplace. It was clearly important to rebalance this harmful trend, which is what has happened to some extent: the Paris agenda was an important signal of this. But Paris was a temporal and political response rather than a normative one. In any sensible analysis, it is crucial not to lose sight of the other two key sectors of society, namely, the private and civil society sectors, as we have argued throughout this research. While in many countries the state has not received as much attention as it should, in some countries the state may now have been overemphasised. There is some

evidence that utilisation by the poor of health services increases when they are delivered by the private sector (Patouillard et al., 2007), that the private sector usually achieves at least slightly higher health outcomes (Montagu, 2011 – although the quality of the evidence is low) and that competition in service provision leads to improved outcomes, even in the public sector (Bloom et al., 2011). However, there is also copious evidence suggesting the importance of direct public provision, removing the profit motive from the equation (see, for example, Save the Children, 2004). We present the case of Liberia in Box 1.

According to some analyses, had NGOs been given incentives through contracts to lower costs and to transform themselves from providers of emergency services into localised non-profit health service providers, the political economy of the sector might have been different and the government might have been more disposed to include them in the permanent institutional arrangements of the health sector. A more strategic approach in the period immediately after the conflict, one that addressed issues of the roles of government and NGOs and provided contractual incentives for NGOs to transform into permanent parts of the organisation of the sector, could have better positioned Liberia for funding and delivering adequate, low-cost health services indefinitely.

As always, these issues require political analysis to complement technical analysis to focus what are ultimately judgement calls. The orthodox position for external actors to take, enshrined in the Paris consensus, is that they should support 'country-owned' decision making. But the very notion of country ownership has been disputed, for example in an influential paper by David Booth (2011), and it quite obviously comes up against the classic development conundrum: what to do when you do not trust a government or profoundly disagree with its policy direction. In such a case, a WoS approach would seem untenable, although this does not mean a systems approach cannot be used, with donors opting to support some part of the system they consider important, even in the absence of coordination with the government. No rulebook has yet been written to solve this very common challenge, despite copious attempts to do so.

Furthermore, by providing aid to a national organisation, a donor is, among other things, emboldening that organisation in its engagement with other actors and backing its approach to

Box 1: Private vs. public provision in the Liberian health sector

While development partners in the health sector have made progress in Liberia on funding and using country systems at the level of the Ministry of Health and Social Welfare (MoHSW), particularly at its well-functioning headquarters, the results in service delivery have been more mixed. Funding of the health sector in Liberia has been innovative, and the central ministry would probably compare favourably with countries of higher income levels. However, this has been insufficient by itself to strengthen service delivery at the local level sustainably.

Responsibility for service delivery between NGOs and government local health teams is confused in practice, particularly as funding flows through multiple channels. At the end of the conflict, health services were generally delivered by NGOs funded directly by and accountable to a donor, as is usual with humanitarian relief. While government local teams are nominally responsible for service delivery, in practice this also appears to be the responsibility of NGOs.

Current government policy calls for performance-based contracts between government and faith-based and NGO providers of services at government-owned facilities to provide continuity of service during a three- to five-year period. Increasingly, the central MoHSW headquarters will establish performance-based contracts with country health and social welfare teams (CHSWTs) so as to reduce the role of non-profits in health service delivery over time.

The policy of shifting from a non-profit provider system of service delivery to one based on local government departments (CHSWTs) has been justified in terms of cost to free up resources to enable more Liberians to have access to basic health services and for service delivery to be sustainable, that is, less dependent on donor funding.

According to some analyses, had NGOs been given incentives through contracts to lower costs and to transform themselves from providers of emergency services into localised non-profit health service providers, the political economy of the sector might have been different and the government might have been more disposed to include them in the permanent institutional arrangements of the health sector. A more strategic approach in the period immediately after the conflict, one that addressed issues of the roles of government and NGOs and provided contractual incentives for NGOs to transform into permanent parts of the organisation of the sector, could have better positioned Liberia for funding and delivering adequate, low-cost health services indefinitely.

With a few notable exceptions, NGOs operating in the Liberian health sector have not localised to any significant extent. Some of them argue that their terms of reference, as primarily humanitarian organisations, were to deliver services, not build local capacity. However, the experience in Liberia of one foreign NGO delivering health services which transitioned to African management five years ago shows that this would have been possible if those engaging the NGOs had put suitable incentives in place, such as a bidding process for county-level franchises with funding secured for at least five years. Reputational risk concerns at international NGO headquarters too, particularly maintaining tight fiduciary controls to assure future funding, have constrained the localisation of other service delivery NGOs. But this particular NGO's headquarters abroad have managed personnel appointments and ensured that fiduciary risks are well managed in their Liberian offices. Certification of medical staff has been managed by MoHSW, which would be consistent with the largely public sector model it is aiming at. In retrospect, a more independent, civil society organisation- (CSO)-based system for assessing and certifying medical staff, particularly at the technician, nursing and midwife levels, linked to regional and international professional associations, might have supported deepening of capacity and greater recruitment of Liberians by NGOs.

tackling development challenges. Usually, therefore, the decision is not just a technical one based on which entity is most capable of delivering a discrete development outcome, but a political one which implies the need for a donor to understand and respond to the (often subtle) political context within which it is working.

Such judgements require a strong understanding of the political context. For example, Lawson (2012) found that the success of aid programmes to improve government public financial management (PFM) systems in Burkina Faso, Ghana and Malawi was dependent on consistent, long-term and deep political commitment, not just technical know-how. Tavakoli et al.'s (2013) study of a range of governance programmes that successfully addressed governance bottlenecks in Sierra Leone, Tanzania and Uganda found that positive outcomes were based partly on identifying and seizing political windows of opportunity, supported by focusing on reforms with tangible political pay-offs. Discerning the possibility of these opportunities and potential outcomes requires substantive political intelligence, analysis and responses. An example from Guatemala used in LA2 showed how the decision by USAID to localise aid to particular partners was likely to have political implications, quite apart from the technical outcomes desired (LA2 p83).

Some evidence emerged from field interviews that donors are not doing enough to design and implement their programmes based on a clear understanding of the local political context, or even to accept their inherently political role, thus undermining programme delivery and creating the potential for unintended political outcomes. According to one government official in Uganda, 'Donors engage closely with the mechanisms used to deliver aid at the top, and those reporting on results at the bottom. However, they understand little about actual service delivery systems in between, how these function and ways to ensure that the politics of their functioning allows them to deliver quality and services.' An NGO interviewee in Uganda told us, 'One of the donors we work with was deciding which of the local NGO umbrella groups to work with, a more indigenously rooted one or one in which international NGOs were more dominant. They treated this decision as a technical one, with little regard for the local context and how such a decision might affect the type of development agenda that would be pursued and the groups that would be empowered.'

To take one influential donor, the UK Department for International Development (DFID) recently instigated a new system of 'results offers' to help decide future allocations of aid. Country offices were asked to complete a format explaining what results could be achieved, in what timeframe and at what price. DFID claims that this approach is not penalising longer-term thinking, and indeed some of the formats did include systems-strengthening elements, particularly in the health sector (where the priority of systems is well recognised among professionals), but there is certainly no emphasis on long-term thinking in the format, and no insistence that reducing dependency and strengthening systems be key factors in strategy decisions.[2]

Failure to internalise the complex, political and long-term nature of systemic change is likely to jeopardise development outcomes. Somewhat in contrast to the implications of the dominant agenda emanating from Paris that certain actions will lead to more effective aid in the round, different policy decisions should probably accept trade-offs between different types of effectiveness, depending in particular on the programme's time horizon, complexity and political nature.

Ramalingam and Jones (2008) have led work seeking to integrate complexity theory into international development, and Hummelbrunner and Jones (2013) have published a guide for doing so, from which Figure 1 is taken. Complex problems require a quite different approach to simple or complicated problems, because there are many external factors beyond the control of the aid programmers.

In their guide to programming for complexity, Hummelbrunner and Jones advise development actors to assess uncertainty, then levels of agreement and then the spread of knowledge and capacity, as they move from static to dynamic planning techniques. Andrews et al.'s (2013) well-known focus on problem solving and iterative learning processes supports this trend, as do Foresti et al. (2013), who focus specifically on the delivery of public goods and services. While the need to assess context more deeply is now commonly accepted in development planning, there is still a tendency to use blueprint-type logframes and somewhat simplistic results schedules, especially given the current political context in donor countries. Instead, donors should be seeking

2   Authors' analysis.

Figure 1: How to distinguish simple, complicated and complex problems
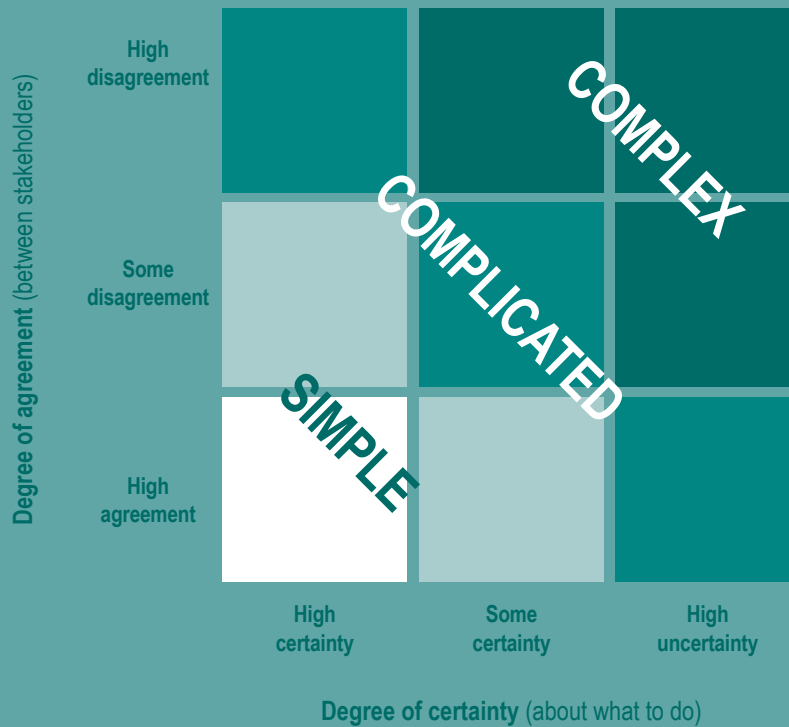
Source: Hummelbrunner and Jones (2013).

to create internal management processes that incentivise intelligent risk taking and reward learning rather than early results. Of course, this becomes progressively more difficult the more politically driven a particular aid programmes.

Donor organisations therefore need to internalise an understanding of the long-term, complex and political nature of aid programming when adopting localised aid or WoS (or both) approaches. We conclude this section by recommending critical elements of such an internalisation process:

• **Promote understanding of the importance of and challenges relating to systems strengthening.** This should be driven by donor headquarters, and be directed at politicians, opinion formers and possibly the public, as well as agency management and field staff. It should relate to promoting understanding of the critical role systems play in development and ending aid dependency, of the type of interventions and the time horizons required and of the inherent

challenges involved. One phrase that emerged in discussion was the importance of '50-year thinking' to complement 5-year time horizons.

• Ensure that systems strengthening is given sufficient attention in results reporting and scrutiny. Donors should insist on country programmes delivering a strategy that balances short-term results and long-term systemic change, demonstrating that systems strengthening has been contemplated and discussed. Donor agency management should clearly signal that systems strengthening outcomes are a priority alongside shorter-term outcomes and should be mainstreamed throughout the organisation in programme results frameworks and performance contracts.

• **Develop better measures of systems strengthening, building on recent developments.** There have been some important theoretical and practical developments in

measuring systems strengthening in recent years (Davies and Dart, 2004; Earl et al., 2001; Guijt, 2004; Simister, 2010; Watson, 2010); these efforts need to be built on and taken forward, including through sufficient resourcing for research.

- **It is hard to see how these complex decisions can be made without highly capable and experienced staff. However, this issue is almost entirely absent from aid effectiveness debates**. Reconciling complex trade-offs requires good contextual analysis of the recipient country, as well as clarity of dialogue between the donor and the country and between the donor and its stakeholders. Donors should concentrate on human capacity within their own organisations as much as they profess to do for the organisations with which they partner, as a core element of effective aid programming, in recognition of the fact that, with few rules, the success of development aid depends greatly on wise decision makers. Fast turnover of in-country staff may be somewhat incompatible with the development of strong in-house understanding of complex political realities.

3

Share information

Most systems need strengthening at a number of points, and few donors have the leverage to engage in a significant way. Concerted efforts are more likely to succeed. However, given how elusive joint working has proven, the simpler first step of information sharing would be a wise and plausible place to start.

We have seen that a WoS approach to problem solving requires a large range of interventions, generally coordinated by a representative body such as the national government. External actors need to support that approach, including by localising a proportion of their aid, but are unlikely to be able to lead it.

Let us suppose that a donor has carried out a system analysis and has identified a number of areas that would benefit from external intervention, either in support of a government-led WoS approach or despite the lack of one; only in exceptional circumstances (where a donor plays an unduly large role in a recipient country's affairs) will the donor make any more than a limited number of systems-strengthening interventions, strategically chosen. Clearly, then, close coordination between the lead partner (usually the national government) and collaborating partners, including other donors and national actors, will be required to achieve systemic change of any value.

It is important that donors recognise that their use of these approaches to delivering aid cannot be implemented in a silo. The appropriate use of localised aid to strengthen local institutions and organisations will support efforts to achieve the same goals through non-localised aid, and vice versa. Ideally, donors should focus on ensuring their efforts to use a mix of these approaches for their aid programmes are complementary and reinforcing – the so-called 'harmonisation' of aid delivery sought under the Paris Declaration. While there is increasing recognition that donors should engage with and support a range of actors across the sectors, different donors tend to be more engaged, often for historical or political reasons, with different parts of society, with some focusing more on supporting the state and others preferring to work with civil society. Few focus their efforts on private sector development, despite significant changes in rhetoric in recent years.

Furthermore, while we assert above that more aid needs to be localised, it does not necessarily follow that all donors need to localise more aid – rather, the overall donor package is likely to require a higher proportion of localised aid. Considering the

different political and bureaucratic constraints on donors, it would be sensible for donors to pool their analyses and play to their strengths. For example, in a country with a highly extractive government and a finance ministry of dubious integrity, some donors might decide to limit the influence of the government over their funds. In a post-conflict country with weak institutions, some donors might agree to provide special fiduciary agents, or dual sign-off arrangements. In a middle-income country with solid PFM and integrity systems, some donors might agree to provide loans for direct budget support, rather than project-based aid.

Pooled funds such as multi-donor trust funds (MDTFs) are an instrument for pooling risks, spreading risks across a diverse portfolio and acting as a buffer between the recipient and the short-term interests of particular contributors to the fund. Pooled funds usually support localised aid instruments and improve coordination, reduce aid fragmentation, lower transaction costs to the recipient (and donor) government and reduce agency problems of donors (Paul, 2006; World Bank, 2011). Box 2 compares a pooled fund supporting the health sector in Liberia with USAID's Fixed Amount Reimbursement Agreement (FARA) programme.

However, the majority of aid is unlikely to be pooled, or even drawn together under the same programme, especially given the proliferation of aid sources, including non-traditional sources, in this era of aid (Greenhill et al., 2013). Despite the importance of joint working, and important examples of success, different priorities and ideologies mean that, in health and other sectors, donors find it hard to collaborate. Evidence from our country visits support the findings of the Paris monitoring surveys (OECD, 2011) that there is still much work to be done in this area, perhaps surprisingly, given the range of platforms at which donors meet and the fact that both interviewees and formal policy statements recognise collaboration as important. Clearly, organisational and political constraints weigh heavily in this area.

It makes sense, then, to focus on a subset of joint working where progress really could be made swiftly. Timely, practical and comprehensive information sharing across donor portfolios would seem to be the most plausible candidate, both with government and between donors, with transparent information being made available also to the public at large to carry out its own accountability functions.

Box 2: A pooled fund for health in Liberia

Liberia has pioneered a health sector pooled fund that had mobilised $20 million by mid-2010 from four donors. The pooled fund uses country fiduciary systems to finance MoHSW budget expenditures, with funds deposited in a special MoHSW account in a Liberian commercial bank and withdrawals requiring two signatures, one from MoHSW and one from the pool fund manager. The pooled fund has been credited with strengthening the Office of Financial Management in MoHSW and has provided incentives to maintain fiduciary controls adequate for the donors. The volume of donor-supplied funds managed by MoHSW increased by 80% during the first three years of its operation. Additional gains in donor coordination and reducing the fragmentation of foreign assistance were also achieved.

USAID is financing the other mechanism for financing basic health services, the Fixed Amount Reimbursement Agreement (FARA) programme, with the government, an output-based aid approach. FARA is based on a schedule of quarterly costed deliverables, and MoHSW is reimbursed on the basis of reports co-signed by MoHSW and a USAID contractor. The FARA approach also provides incentives for MoHSW to maintain strong fiduciary systems and to execute its programme on time. While USAID wanted an integrated approach with the pooled fund, other donors did not agree because of concerns that the pool would fund expenditures rejected by USAID. While two major sources of funding moved to use of country systems, other major donors such as the European Union (EU), the UN Development Programme (UNDP) and the World Bank carried on with their normal practices.

- Comprehensive – provide information on all activities in order to give national and international stakeholders a fuller picture;
- Timely – provide information at appropriate moments in planning, implementation and monitoring processes;
- Practical – provide information in a form that stakeholders can use easily for oversight and coordination.

Where external donors fail to communicate in a comprehensive, timely and practical manner about their aid activities (both localised and non-localised) in a particular sector, a coordinated national response will be undermined. Moreover, donors' own investments will be jeopardised, as they may be less strategic and efficient. There are fewer disincentives for official donors to share information than there may be in the civil society and private sectors, where firms and organisations compete for scarce funds. Box 3 looks at attempts by donors in Guatemala to coordinate with the government and between themselves.

A Ugandan government official supporting aid coordination efforts highlighted the challenge of sustainability in the lack of information sharing by donors by stating that, 'You can't expect to notify the government on your activities as the project nears its end and expect the government to take over the continuation of those services once you leave if we had nothing to do with it.' He was also concerned that the level of detail of the information currently shared was not sufficient for the government's needs – for example it was often not disaggregated to district level. Box 4 looks in more detail at how better information sharing might improve outcomes in the Ugandan health sector.

The following should be critical elements of a strategy to share information better:

- All aid donors providing a significant amount of aid in a particular country (say $100,000 per annum), including foundations and CSOs, should immediately share full information online. The government would then be able to include the figures in its budget (even if under the line) and other stakeholders would be able to monitor spending and results. The political mobilisation behind the International Aid Transparency Initiative and the inclusion of transparency as a key part of the Busan agenda are indicative of

Box 3: Attempts by donors to Guatemala to coordinate better

Attempts by donors in Guatemala to coordinate aid started with Hurricane Mitch in 2008, when a group of donors started the G13, strengthened by but not dependent on the ideas emerging from the Paris agenda. Roundtables on key themes were convened, some of which worked well, depending substantially on government interest in the subject and related political leadership. A recent evaluation of the G13 found plenty to improve on, especially in terms of coordination. Now, the group is trying to organise permanent 'cooperation maps' that demonstrate where each is working, carrying out more joint missions and designing a peer review system. However, according to some donor officials, more indicators are needed on how attempts to coordinate better have gone.

The complexities of government bureaucracy have been highlighted as problematic for coordination. Given the ups and downs of various institutions and entities, it is not always that easy to know with whom to coordinate – Guatemala's politicised civil service, which changes substantially every four years, exacerbates this problem and makes it harder to invest in human capital development. According to one donor, 'The first and last years of government are useless; there are only 18-24 months to actually implement something.' This raises the question of whether international cooperation could play a small role mitigating the political rotation problem and providing some kind of continuity.

There are mixed experiences of attempts by donors to coordinate with the Guatemalan government. On the one hand, less than 50% of official development assistance (ODA) is reported to the Secretariat for Planning and Programming (Segeplan). Trying to persuade donors to localise their aid to the government is one of Guatemala's strategies to ensure it knows more about what aid is doing in the country. According to one Segeplan official, 'We can't audit things we aren't involved in.' According to Segeplan, USAID is one of the major donors that do not report.

On the other hand, some specific ministries and government agencies have very good knowledge of the work of donors. The Secretariat for Food and Nutritional Security (SESAN), which coordinates the government's plans for nutrition and agriculture, is completing a map of all national and external interventions as a step to coordinating them better. USAID's work, for instance, is key to this, as it will make up almost a third of investments in the malnourished Western Highlands, and is very well known. But for the map really to work, all donors, not just Organisation for Economic Co-operation and Development (OECD) members, need to declare what they are doing, where and how, including the increasing number of South–South and private providers of cooperation. It is notable that previous attempts to coordinate are generally considered not to have worked well, with too many discussions and not enough follow-up. Strong new leadership at SESAN, supported by the president, is set to change this. Agreements have been signed with all major donors.

a growing consensus that information sharing is relevant across aid contexts. Leadership needs to come from both sides: the host government needs to be stronger in its insistence that external actors provide full disclosure of their activities, while donors themselves need to take unilateral action.

- Donors should take the lead in requiring that implementing partners (IPs) coordinate and report the activities of sub-partners and sub-

contractors and avoid placing the burden for such efforts on government structures. All IP contracts should include a commitment to share timely, comprehensive and practical information with relevant local bodies, and the performance of IPs should be judged on these criteria as well as on those related to programme implementation.

Box 4: USAID, information sharing and strengthening HIV/AIDS health systems in Uganda

In recent years, aid has funded about 90% of non-household expenditure on HIV/AIDS activities in Uganda. The vast majority of this funding has been delivered through off-budget projects whose levels of coordination with the state's health efforts have been limited. These projects have been driven by strong service delivery results targets and monitoring systems, which have helped ensure they currently fund the provision of life-saving anti-retroviral drugs to over 200,000 Ugandans, but they have been focused only in a limited way on institutional capacity and systems building. The government's Uganda Aids Commission (UAC) has a mandate to promote coordinated and strategic responses to HIV/AIDS, while the National Strategic Plan (NSP) establishes how external actors should collaborate. Given how little funding for HIV/AIDS activities is delivered through government institutions, the task of the UAC in coordinating a WoS response is a challenging one.

As the major funder of the HIV/AIDS response in Uganda, it is perhaps inevitable that the US comes in for the most criticism with regard to failure to share information and join up strategies. A significant number of government and donor officials interviewed for this research highlighted problems with USAID's information sharing (unlikely to be unique to USAID), including the following:

● The head of a major USAID capacity-building project in the health sector had failed to attend the Health Policy Advisory Committee – a joint government–donor body helping with inputs into policy in the health sector.

● The director of planning in a district in which USAID was implementing a health capacity-building project was not aware of USAID's activities.

● The Ugandan government is told of the activities of USAID mainly on a retrospective basis.

● Reporting requirements are inconsistent with government reporting systems.

USAID's own officials and documentation recognise this problem – that is, the failure to share information in a timely, practical and comprehensive manner. A 2010 evaluation of the Monitoring and Evaluation of the Emergency Plan Progress (MEEPP) programme, which plays a central role in improving data collection and the monitoring and evaluation capacity of the President's Emergency Plan For AIDS Relief (PEPFAR) activities in Uganda, concluded that:

'MEEPP was not designed with a systematic plan to engage agencies and institutions that supervise service delivery—such as the District Health Office, MOH [the Ministry of Health] and UAC—and to ensure that they are able to access and use data on PEPFAR-funded activities. In particular, MEEPP does not interact with GOU [the government of Uganda] at the district level, and there is no system for ensuring that PEPFAR data reaches decision-makers at this level. Indeed, during a debriefing with the USG [US government] team it was stated that: "Ideally each IP is required to send reports to the districts." However, only some prime partners share data with the District Health Office' (Kalibala, 2010).

Similar problems had been highlighted in previous reports:

'As previously found in the Mid-Term Review, most of the performance indicators and relevant data collection and management

processes were designed to serve the accountability needs of the AIM project [the AIDS/HIV Integrated Model District Programme], USAID, and PEPFAR. The evaluation found at the local level a lack of ownership of these data systems' (MSI, 2007).

One evaluation of the MEEPP programme sets out a clear solution, in hindsight:

'MEEPP should have been embedded in a Government of Uganda agency in order for it to work synergistically with GOU M&E [monitoring and evaluation] efforts. Instead, MEEPP undermined the functionality of GOU monitoring and evaluation systems '(Kalibala, 2010).

In response to these concerns, USAID argues that it does share sufficient information with government officials but that these officials do not always input it appropriately into the system and share it with relevant colleagues, which is possibly a valid defence, as internal communication within the Uganda government is not necessarily very good. Moreover, in recent years USAID's HIV/AIDS projects have begun addressing systems-strengthening priorities more actively, in recognition of the need to support the long-term sustainability of Uganda's HIV/AIDS response and address the constraints that systems weaknesses pose for all health initiatives.

Since 2010, these efforts have been guided by USAID's Implementation and Procurement Review (IPR) reforms, which aim to guide its increased engagement with country systems in line with its international aid effectiveness commitments. USAID's Strengthening Decentralization for Sustainability (SDS) project aims to support district government structures to better manage interventions on health, education and orphans and vulnerable children in their districts.

In 2010, PEPFAR, the US's most important funding mechanism for HIV/AIDS, used 70 prime partners, who in turn sub-granted about 1,000 HIV/AIDS organisations (Kalibala 2010). The burden is on these IPs to share information with local (and possibly central) government structures, but it is not clear that they are doing so, perhaps because it is not part of their contract and they receive no guidance. The SDS project aims to support the coordination (including planning and reporting) of these IPs at the district level and with government and other donor efforts. However, some significant weaknesses remain. First, the SDS project relies on weak district-level government structures to play the primary significant role in coordinating USAID IPs (rather than USAID taking on that role itself). Second, IPs commit only to sharing 'a copy of their quarterly USAID reports', rather than forward-looking information on their planned activities. 2012 was the first year PEPFAR submitted its monitoring report to MoH before sending it to Washington, DC.

This analysis is based on interviews with representatives of USAID, the Ugandan government and other donors, as well as relevant documentation.

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4 Conclusion

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In this report, we have set out some of the challenges awaiting donors choosing to localise more aid following a WoS approach. The main challenge is simply the lack of a clear roadmap stipulating the most appropriate form of international aid assistance for a given circumstance. The options available to aid programmers are many, and the situations always diverse and complex. Given this reality, we have focused on two broad directions donors might take to improve the chances their aid will have the desired systemic impact: internalising complexity and sharing information.

4.1 Internalising complexity

Short- and long-term development objectives are often presented as complementary but can be inherently contradictory. The increasing push by donors to focus on more tangible and immediate development results from aid (often responding to implicit or explicit accountability demands from their politicians and citizens), such as those relating to service delivery, may come at the expense of systems-strengthening outcomes, which are less tangible and can take longer to emerge. And recipient countries may strike a different balance among the importance of these objectives. The difficulties in developing measures of systems strengthening are integral to this problem, heightening the incentives to neglect longer-term outcomes. We argue that internalising complexity is now an urgent task for development agencies seeking to balance localised aid with their non-localised portfolio and to support the full range of societal actors.

4.2 Sharing information

Throughout our research interviews, sharing information was continuously raised as the key issue, far more important than whether or not aid is localised, or any other modality issue, or indeed understanding or managing complexity. Given the inherent complexity of development work, sharing information seems to be a real common-sense response, in terms of both improving the complementarity of a wide (and increasing) variety of interventions and allowing a range of actors to assess these interventions, leading to learning and improvements. Alternatively, from a negative perspective, failure to share information remains an obvious blight on the international aid effort that should be relatively easy to reverse.

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