

Exercise 12-4: KINERJA

Local Governance Service Improvement Program – Impact Evaluation Case Study

CASE INTRODUCTION

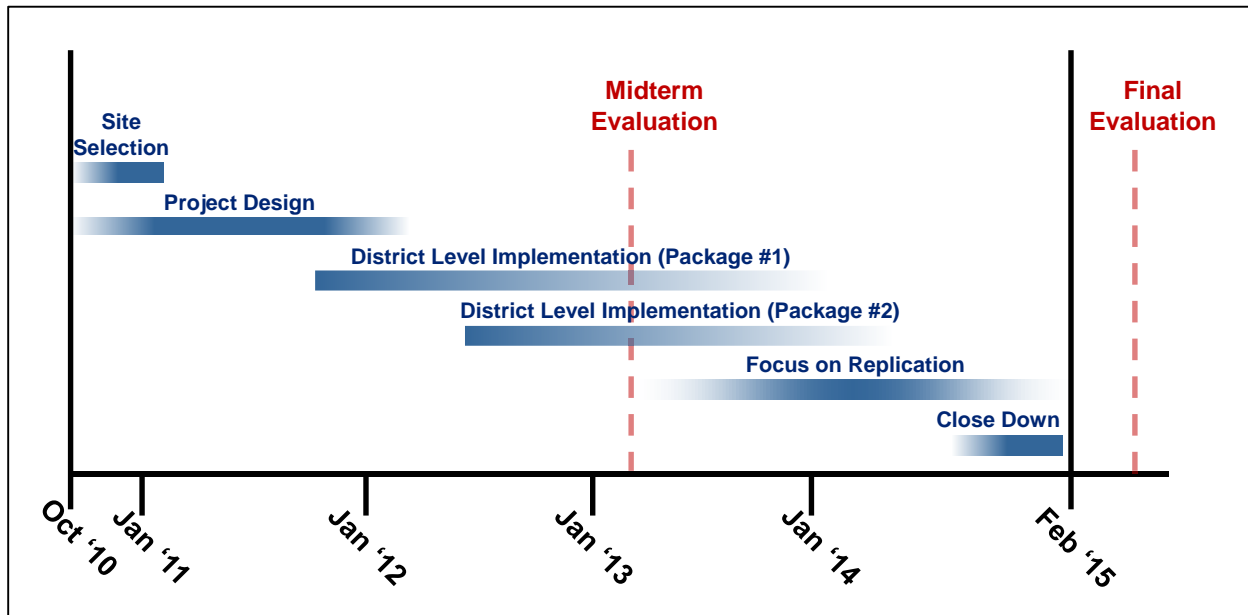
Over the course of the past decade, the Indonesian government has witnessed a largely successful democratic transition. However, Indonesia still faces some shortcomings and issues that could make it vulnerable to reversion to more autocratic forms of governance; these include weak rule of law, low levels of transparency and accountability, inadequate representation and persistent corruption. In September of 2010, USAID awarded a 4.5 year, \$25 million contract to a consortium of 6 organizations to improve service delivery and strengthen accountability and good governance among local governments. The project will work in 20 districts (5 districts each in 4 provinces) and focus on three sectors: health, education and business enabling environment.

Specific interventions supported by KINERJA are chosen through a consultative process, whereby local governments identify priority sectors and then choose the intervention(s) that best match their development needs/priorities from a list of 2 or 3 pre-identified “packages” proposed by the project team. The project follows a phased approach, with the highest priority sector/intervention implemented first. Because of the demand-driven nature of the selection process, the activities in any district may or may not cover all 3 sectors. Once specific interventions are identified in a certain district, the majority of implementation will be carried out through grants to local implementing partners (CSOs, etc).

In the final years of the project, the focus of Kinerja will shift from direct implementation in the 20 original districts to promoting the replication of Kinerja-supported interventions to other districts and provinces.

The timing of various phases of Kinerja from the start of the project in October 2010 until the anticipated end of the project in February 2015 is shown below in Figure 1.

Figure 1: KINERJA Project Timeline



MONITORING & EVALUATION FOR KINERJA

Although it was designed before the release of the new USAID Evaluation Policy, the design of Kinerja represented a major strategic shift within USAID toward rigorously evaluating the impacts of large-scale democracy and governance programming.

As specified within the Kinerja RFP, all Monitoring & Evaluation work has been subcontracted. Two organizations are responsible for Monitoring & Evaluation for Kinerja: Social Impact, who is the official “independent M&E subcontractor”, and SMERU, an Indonesian research organization serving as the “local evaluation partner”.

The overall Monitoring & (Impact) Evaluation approach for Kinerja has been designed to comprise four discrete but integrated components:

- A. Ongoing project monitoring focused on process, output, and outcome indicators.
- B. A qualitative evaluation focusing on process and intermediate outcomes across a subset of treatment districts.
- C. A quantitative evaluation of overall project effects across 20 randomly selected treatment districts and 20 randomly selected control districts.
- D. A quantitative evaluation of the School-Based Management intervention covering 48 randomly selected treatment schools and 48 randomly selected control schools within 3 districts in West Kalimantan province that have selected support in this sector.

KEY CHALLENGES FOR MEANINGFUL EVALUATION

Governance Project, Sectoral Focus

Though Kinerja will work with local governments to improve public service delivery in three sectors, the project will not directly affect services in these sectors. It is designed to *indirectly* influence outcomes by attempting to address governance issues presently inhibiting effective service delivery. Therefore, while many of the key measures of success for Kinerja are *sectoral* indicators,¹ Kinerja activities are a step further removed from these indicators than the activities of a sectoral project would be.

Demand Driven Approach

Throughout the project design phase, Kinerja continued to refine and operationalize the general approach included in the proposal originally submitted to USAID. Central to this process was the adoption of an approach heavily tailored to specific local conditions and needs. While a defining characteristic of project implementation, this complicates the tracking of project results in two important ways. First, because project plans are heavily dependent upon the desires and needs of local governments, a rigidly designed M& (I)E system would lack sufficient flexibility to adapt to changes in project design or implementation and therefore end up neglecting to measure key aspects of project performance. Second, because implementation at the district level is not necessarily standardized (i.e. there is not strong “homogeneity of treatment”), specific program results may not be comparable across locations.

Evaluation Timing

Per the RFA, “impact evaluation results [should] accompany the Annual Reports at the end of the second year and the final year of the program.” Yet, the governance focus of the project means that there may be a lag between project activities and actual sectoral results. Furthermore, because of the time needed to collect and compile information relevant for the impact evaluation, evaluation results will reflect the situation not at the ends of the second and final years of Kinerja, but rather some months before.

Sample Size

Kinerja will work in 20 districts and compare observed changes in those 20 districts to observed changes in 20 “Control” districts in order to identify project effects. However, with only 20 Treatment districts and 20 Control districts, it may be difficult to detect impact using statistical methods. The demand-driven approach further compounds the limited ability to detect impact using statistical methods: where Kinerja focuses on different issues in

¹ Examples of sectoral indicators used to measure Kinerja performance include: school enrollment rates (education), percentages of births attended by qualified healthcare professionals (health), and business owners’ satisfaction with the process of obtaining a business license from the local government.

different districts, outcomes may also differ. Where similar outcomes exist only in a subset of districts, average effects across all 20 districts will be smaller, and thus even harder to detect.

Data collection for the School-Based Management impact evaluation will cover all 96 treatment and control schools (16T/16C per district), and will target: (1) one school principal, (2) three members of the school committee, and (4) 9 randomly sampled parents of children enrolled in the school (grades 2-4). Outcomes will be evaluated at both the household level and the school level.

TEAM TASKS

Discuss the following questions and be prepared to present to your colleagues:

1. Why are Components A & B of the M&IE design important? How would you expect them to complement the IE components?
2. Regarding Component C (IE of overall program effects), which of the challenges are relevant to this design? Are there other challenges you anticipate?
3. Regarding Component D (IE of the School-Based Management component), which of the challenges are relevant to this design? Are there other challenges you anticipate?
4. What are the main benefits and drawbacks of each design (Component C & D)? Which of the two designs offer the highest learning potential?
5. What factors influenced your answer to Q4? What factors (of the project, context or evaluation designs) influence the likely success of the IE in this case?
6. The contracting model for Kinerja is different from the parallel contracts model proscribed by the USAID evaluation policy. What are the main advantages and disadvantages of having M&E activities subcontracted to the implementing partner for Kinerja?

Bonus Questions:

1. Why are these problems occurring? What are underlying causes of the challenges?
2. What might be some threats to internal and external validity for the Kinerja IE design?
3. How would you approach the political implications of randomizing a given intervention within districts?
4. Demand-driven project design can significantly complicate attempts at impact evaluation. Why?
5. What are some takeaways from the Kinerja case for your role as Evaluation Specialists helping to design and supervise USAID Impact Evaluations?