

ABSTRACT SUBMISSION TEMPLATE

Presenter's full name (title, name, surname)	Mr. Mathias Mulumba
Nationality	Ugandan
Gender	Male
Country of residence	Uganda
Institutional affiliation	Private Sector
Contact information including email and telephone	Email: mmulumba4@gmail.com / mtsmlmb@yahoo.com Tel: +256.772. 195.987
Title of the abstract	
Conference session	<input checked="" type="checkbox"/> Stream A. Responsive National Evaluation Systems <input type="checkbox"/> Stream B. Inclusive National Evaluation Systems <input type="checkbox"/> Stream C. Future Driven Systems and Approaches
Name(s), title(s) and institutional affiliation(s) of all other authors/contributors (if applicable)	None
Preferred format:	<input checked="" type="checkbox"/> Formal presentation (maximum 10 minutes) <input type="checkbox"/> Participation in a panel discussion where the experience can be shared <input type="checkbox"/> Participation in an interactive session where the example can be shared, without a formal presentation <input type="checkbox"/> Other (please specify) _____
I will need to apply for bursary support, if selected.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Language to be used for presentation	<input checked="" type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese

Annex 2: Abstract submission template (to be uploaded to the submission portal)

Abstract Text (max. 500 words)

Advancing Agenda 2030 requires effective monitoring and evaluation (M&E) strategies, particularly at the sector level as a precursor for adherence to the core principles of development effectiveness. In 2016, the Ministry of Health (MoH) in Uganda launched its Health Sector Development Plan (HSDP) 2015/16-2019/20 and a corresponding M&E strategy. The M&E strategy was designed to provide a framework for systematic tracking of progress and documentation of health sector-wide performance. Going

forward, it is prudent to effectively examine the quality of all the facets of Uganda's Health Sector M&E system.

Using a Likert scale of 1-5 (poor-excellent) and an analytical grid proposed by Holvoet and Inberg, (2011), we assess the quality of the HSDP (2015/16-2019/2019) M&E strategy in six (6) dimensions namely, policy, quality of indicators and data (collection) and methodology, organization structure and linkages, capacity, participation of non-state actors, and use of M&E outputs.

We find that the HSDP M&E Plan is available to provide a comprehensive policy framework for sector-wide tracking performance assessment. Ministry staff are involved in undertaking M&E activities, which are vital for learning, but equally detrimental to accountability purposes. This is partly because of the incentive to report good performance with the advent of result-based financing mechanisms. The funding for M&E is still low. Only one percent budget is expended on M&E activities. In terms of indicator selection, we observed disaggregated indicators, and the selection process seemed participatory. Several sources of data are used which is key for triangulation and validation. The health management information system (HMIS) is institutionalized right from the facility level. However, poor quality of data, low reporting from private-sector facilities, and weak linkages with national statistical offices are likely to hinder its effectiveness.

The M&E strategy provides opportunities for support, influence, and alignment within the national development strategy which is crucial for oversight. However, weak linkages with the Uganda Bureau of Statistics (UBOS) and the national M&E system are limiting effective leadership. Additionally, we observed enhanced horizontal and vertical integrations, although upward vertical integration with the national system was weak. The strategy highly recognizes the role of Non-State Actors (NSA) at both national and sub-national levels. Thus, it stands to benefit from NSAs' capacity and resources that enhance both the demand and supply side of the sector M&E system. Notwithstanding, M&E personnel are still not recognized in the approved human resource structure coupled with insufficient M&E funding.

In conclusion, the health sector M&E system is convincingly very good on paper save for a few capacity limitations. That said, the health sector M&E system does not operate in a vacuum, it is anchored in a multifaceted space and context with a multitude of stakeholders at play. These have a significant impact on the core functions of the M&E system. Due to data limitations, an investigation based on primary data needs to be undertaken since much of the information here could not be verified. A similar assessment can be done for other sectors that are crucial to advance the 2030 Agenda.