EFFECTIVE COLLABORATION BETWEEN GOVERNANCE AND SECTOR PROGRAMMES - ASSESSMENT OF THE EVIDENCE ON WHAT WORKS

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Our Profile

Partnership to Engage, Reform and Learn (PERL)

The Partnership to Engage, Reform and Learn (PERL) is a five-year governance programme, funded by the UK's Foreign, Commonwealth and Development Office (FCDO). The programme focuses support on governments, citizens and evidence-based advocacy. PERL provides assistance to governments in the core areas of policy development and implementation. This is done by assisting them in tracking and accounting how these policies, plans and budgets are used in delivering public goods and services to promote growth and reduce poverty to the citizenry. The programme supports citizens to engage with these processes.

The PERL programme is being delivered through three 'pillars' which plan together to support sustainable service delivery reforms: Pillar 1. Accountable, Responsive & Capable Government (ARC); Pillar 2. Engaged Citizens (ECP); and Pillar 3. Learning, Evidencing and Advocacy Partnership (LEAP). The programme works at the federal level, in the partner states of Kano, Kaduna and Jigawa, and through regional learning and reform hubs in the South-West, South-East and North-East areas of Nigeria.

Disclaimer

The opinions expressed in this report are those of the authors and do not necessarily represent the views of the Foreign, Commonwealth and Development Office.

Contents

Acronyms and definitions

Acronym	Definition
AP	Advocacy Partnership
ARC	Accountable, Responsive and Capable government (PERL)
CSO	Civil Society Organisation
CUBE	Capacity Building for Universal Basic Education
DFID	Department for International Development
ECP	Engaged Citizens (PERL)
ESSPIN	Education Sector Support Programme in Nigeria
ExCo	Executive Council
FCDO	Foreign, Commonwealth and Development Office
FHC	Facility Health Committee
FMCH	Free Maternal and Child Health Programme
GEP	Girls Education Programme
GWG	Gender Working Group
IMEP	Independent Monitoring and Evaluation Project
KADBEAM	Kaduna Basic Education Accountability Mechanism
KADMAM	Kaduna Maternal Accountability Mechanism
Lafiya	UK support for health in Nigeria
LEAP	Learning, Evidence and Advocacy Partnership (PERL)
LGA	Local Government Area
MoU	Memorandum of Understanding
MDA	Ministries, Departments and Agencies
MDGs	Millennium Development Goals
MNCH	Maternal Newborn and Child Health
MNCH2	Maternal Newborn and Child Health programme, phase 2
MSC	Most Significant Change study
MTSS	Medium Term Sector Strategy
NENTAD	North East Nigeria Transition to Development Programme
PATHS	Partnership for Transforming Health Systems
PCR	Programme Completion Review
PERL	Partnership to Engage, Reform and Learn
PLANE	Partnership for Learning for All in Nigerian Education
PRRINN-MNCH	Partnership for Reviving Routine Immunisation in Northern Nigeria-Maternal, Newborn and Child Health
SAVI	State Accountability and Voice Initiative
SBMC	School Based Management Committee
SERVICOM	Service Compact With All Nigerians
SLGP	State and Local Government Programme
SHoA	State House of Assembly
SLP	State Level Programme
SPARC	State Partnership for Accountability, Responsiveness and Capability
SRO	Senior Responsible Owner
TDP	Teacher Development Programme
TWG	Technical Working Group
W4H	Women for Health
WINNN	Working to Improve Nutrition in Northern Nigeria

Executive Summary

Over the past two decades in Nigeria, the UK Foreign, Commonwealth and Development Office (FCDO) and its predecessor the Department for International Development (DFID) have encouraged close collaboration between their governance, health and education programmes. This is based on the recognition that governance reform is critical to sustainable improvements in service delivery.

This report assesses the extent of this collaboration, and where and when it has been effective. In this report, effectiveness is assessed in terms of whether the collaboration enabled the programmes to perform complementary and mutually supporting roles that support improvements in service delivery in a synergistic way that could not have been achieved by programmes acting on their own.

The report addresses two overall research questions:

1. Over the period 2002–2020, where, when and why has collaboration between core governance and health and education programmes funded by DFID/FCDO Nigeria proved to be effective and ineffective?

2. What lessons have been learned from this experience and what recommendations can inform effective collaboration between the Partnership to Engage, Reform and Learn (PERL), Lafiya and the Partnership for Learning for All in Nigerian Education (PLANE)?

The report is based on extensive review of project documentation and key informant interviews with present and former staff of governance, health and education programmes, as well as with FCDO staff. The analysis is based on a mapping of present and past governance, health and education programmes, identification of cases of effective and ineffective collaboration, and assessment of the factors that explain these differences in effectiveness.

There have been the three generations of DFID/FCDO governance programming:

- 2001–2008: State and Local Government Programme (SLGP)
- 2008–2016: the State Level Programmes suite (SLP); and
- After 2016: the Partnership to Engage, Reform and Learn (PERL)

There is evidence of numerous cases of core governance and sector programmes working together in a complementary and mutually supportive manner. During the period of the SLGP, collaboration was mainly focused on the particular issues covered by Issues Based Programming, as well as early work on Medium Term Sector Strategies (MTSSs). Collaboration intensified during the period of the State Level Programmes (2008–2016) where health and education sector programmes and the State Partnership for Accountability, Responsiveness and Capability (SPARC) worked intensively on MTSS and budget processes. The State Accountability and Voice Initiative (SAVI) supported non-government partners in working closely with sector programmes resulting in some advocacy successes, particularly in terms of securing increases in budgets and staffing for health and education services and monitoring the quality and coverage of service delivery. After 2016, the opportunities for collaboration have been limited by the absence of large health and education sector programmes. PERL has made efforts where possible to work collaboratively and has worked particularly closely with phase two of the Maternal, Newborn and Child Health initiative (MNCH2) and the Teacher Development Programme (TDP).

There are many reported cases of states increasing financial and human resources allocated to the health and education sectors that coincided with these interventions. While this suggests that collaboration is likely to have helped to bring about service delivery improvements in these particular

cases, the evidence base is not strong enough to make an overall assessment of the contribution of collaborative approaches to results.

Collaboration has been extensive over time and across states. However, the pattern observed is variable and patchy, indicating that collaboration has been limited to particular cases rather than being the results of a systematic approach to ensuring integrated governance and sector programming across the board. Rather than being driven by a single strategic vision, collaboration appears to have been pursued opportunistically and selectively, which has led to good results in a limited number of places but has also exposed numerous gaps and weaknesses.

Critical weaknesses discussed in the report include:

- The focus on a limited range of issues (particularly upstream planning and public financial management) and limited collaboration on improving budget execution, monitoring downstream implementation of service delivery and strengthening public service management in the sectors.
- Limited connection between accountability systems established by sector programmes at the point of service delivery to the accountability and advocacy frameworks supported by core governance programmes that are connected with state-level policy processes.
- Evidence of duplication between governance and sector programmes, particularly in relation to voice and accountability initiatives, which have sometimes worked at cross purposes.
- The use of contradictory funding modalities and operational practices. While governance programmes have been strongly focused on making resources available to health and education through the state budget, the sector programmes often resorted to direct funding of health infrastructure and services, partially bypassing the government systems that core governance programmes are designed to strengthen.
- Some examples of sector and governance programmes adopting incompatible policy positions, for example on policies of free service provision.

Overall, these gaps and weaknesses suggest that the level and results of collaboration between sector and governance programmes have been significantly below potential.

The factors that explain where and why collaboration has been effective or not effective are: (1) synchronisation and geographical overlap of sector and governance programmes; (2) cross-programme strategic vision and theory of change; (3) leadership and management of coordination (including the role of state governments and FCDO); (4) programme incentives to collaborate (including commercial relationships, results frameworks and frameworks for learning and adaptation); and (5) enabling collaboration at point of delivery (including levels of decision-making and interpersonal relationships).

Relating to each of these explanatory factors, the paper makes recommendations on practices that could help to strengthen collaboration in future. FCDO should:

1. Invest in careful coordination and advance planning to ensure greater synchronisation and geographical overlap of governance and sector programmes.

2. Facilitate discussion and agreement internally, and with PERL, Lafiya (health programme) and PLANE programme staff on the strategic vision for collaboration and theory of change on complementary interventions.

3. Adopt a concerted approach to developing Mutual Accountability Frameworks, backed by UK diplomatic pressure, setting out commitments of state governments and development partners, including governance reforms to leverage support to service delivery, and connecting the whole FCDO portfolio.

4. Pay attention to internal FCDO cross-programme coordination, across sectoral silos and including economic development programmes, particularly in view of recent changes in staff and reduced cross-team contact due to COVID-19. Common approaches to promoting cross-programme collaboration also need to be agreed between FCDO's procurement and programme management functions.

5. Strengthen FCDO's regional/state-level coordination function.

6. Support state governments to coordinate donor programmes following models used in Kaduna and Jigawa.

7. Use FCDO's six-monthly reviews to focus on cross-programme collaboration issues.

8. Use the preparation of a possible PERL successor programme as an opportunity to build collaboration into programme design.

9. Build strategic collaboration between sector and governance programmes into programmes' result frameworks, not only in relation to impact and outcomes, but at output level.

10. Consider joint payment milestones shared between core governance and sector programmes.

11. Facilitate periodic cross-programme reflection, learning and adaptation on the extent to which programmes are effectively collaborating and adding value through collaboration, as well as discussion on opportunities missed and adaptations to be made.

In addition, FCDO-funded programmes should:

12. Consider decentralising decision-making to state-level staff as much as possible, with attendant implications for staff recruitment and support.

13. Consider measures to promote understanding and good working relationships between front-line staff in governance and sector programmes, such as co-locating offices; local recruitment; sector programmes recruiting staff who have previously worked for governance programmes and vice versa; and cross-programme secondments.

Section One: Introduction

1.1 The rationale for collaboration between governance and health and education sector programmes

Over the past two decades in Nigeria, the FCDO and its predecessor DFID have encouraged close collaboration between their governance, health and education programmes based on the recognition that governance reform is critical to sustained improvements in service delivery.

Many of the service delivery weaknesses in health and education in Nigeria reflect governance failures relating to policy and planning, public financial management, human resource management, accountability and democratic oversight. Programmes working entirely within sectors are not in a position to address these core governance problems, which in the Nigerian institutional context are often the responsibility of Ministries, Departments and Agencies (MDAs) at the centre of government rather than within sectors. Governance programmes have been designed to address these core governance problems and can therefore make an important contribution to achieving service delivery results. The assumption has been that, with a reform-minded government that has sufficient resources of its own, some service delivery improvements may be achievable by core governance programmes working through MDAs without the support of a sector programme. More commonly, however, results are achieved by governance programmes working in collaboration with sector programmes that are able to mobilise sector-specific knowledge and expertise.[1]

In principle, governance and sector programmes perform mutually supportive and complementary roles at different points in the governance-service delivery chain. Health and education programmes need to work with governance programmes to tackle the upstream governance bottlenecks undermining service delivery. Governance programmes need to work with sector programmes to ensure effective coordination between core governance and sector reforms, as well as to demonstrate the role and importance of governance reform in delivering tangible and sustainable public service improvements for citizens. There is clear potential for synergy: governance and sector programmes collaborating effectively should be able to deliver more together than either programme can deliver in isolation.

DFID and FCDO in Nigeria have long recognised the importance of this synergy, encouraging collaboration between governance, health and education programmes in various ways over the past two decades. There are many examples of collaboration. In some instances, partnership has achieved the kind of synergies anticipated, with participating programmes delivering results collectively which neither programme could have delivered on its own. Other collaborations have been more operational, focused on an agreed division of labour and cost sharing. However, there are also many instances of disconnection, where governance, health and education programmes have worked at cross purposes, to the point of duplicating and even undermining each other's work and impact.

The rationale for joint working remains valid in principle, but experience demonstrates that there are obstacles which often make it difficult to achieve in practice, particularly at a strategic level. Two decades of governance, health and education programming supported by DFID/FCDO in Nigeria provides a rich body of experience to draw on to assess what has worked in relation to collaboration,

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[1] Numerous interviewees for this study from FCDO, governance and sector programmes explained the complementarity between programmes in these terms. See also IMEP (2017) SLP Final Evaluation, p.9 for an explanation of the expected complementarity between programmes.

what has not and why, and what lessons can be applied to increase the effectiveness of future governance and sector programming.

1.2   Purpose of this study

This study addresses the following two overall research questions:

1. Over the period 2002–2020, where, when and why has collaboration between core governance and health and education programmes funded by DFID/FCDO Nigeria proved to be effective or ineffective?

2. What lessons have been learned from this experience and what recommendations can inform effective collaboration between the Partnership to Engage, Reform and Learn (PERL), Lafiya and PLANE?

The study covers the period from 2001 – when DFID started funding core governance reform in Nigeria – to 2020, focusing in particular on the period since 2008, the start of the coordinated suite of state-level governance, health and education programmes. The programmes covered by this study are shown in Annex 1.

The critical test of effective collaboration applied in this study goes beyond information sharing, coordination, avoidance of duplication and cost sharing. It requires deliberate action by governance, health and education sector/sub-sector programmes to perform complementary and mutually supporting roles, focused on different parts of the governance-service delivery chain, to deliver synergies that could not be achieved by the programmes operating alone.

The focus of this study is the existence and nature of collaboration: whether programmes were doing the right things and doing them in the right way to achieve effective collaboration, and the factors influencing this. It provides evidence on where joint working between sector and governance programmes occurred and delivered results. This study will be complemented by a forthcoming paper analysing Issues Based Programming in DFID/FCDO Nigeria programmes.

Lessons from DFID/FCDO Nigeria's extensive experience of collaboration are particularly relevant and important at this point in time. FCDO's main governance programme, PERL, is entering an extension phase (2021–2023). This coincides with the start of the new health sector programme, Lafiya, which began in 2020, and the new education sector programme, PLANE, which started in September 2021. Lessons from this study will also be useful to inform FCDO's longer-term thinking on the future of governance programming in Nigeria. At a time of severe budget cuts in the FCDO Nigeria programme portfolio, improved collaboration between programmes has become more important than ever to ensure that more limited resources can be used more effectively.

1.3   Methodology

This study draws on a synthesis of existing knowledge contained in project documents and recalled by key informants to provide an overall assessment of the strengths and weaknesses of collaboration between sector and governance programmes. The methodology has been geared towards capturing the breadth of experience in a time- and cost-efficient manner, rather than seeking to deepen existing knowledge through detailed case studies of particular collaboration experiences.

The research was conducted through the following steps:

1. Mapping of previous governance and sector programmes by geographical footprint, time period and types of collaboration, drawing mainly on project documents complemented by key informant interviews. This mapping indicated that there were few cases of effective

collaboration outside the health and education sectors, and most collaboration took place at state level. Consequently, a decision was taken to limit the focus of this study to collaboration between core governance and health and education sector/sub-sector programmes at state level, focusing largely on PERL partner states to complement and draw on the Flagship study (which examines 20 years of governance programming in Jigawa, Kaduna, Kano and Yobe States).[2] Annex 1 provides a timeline of the main DFID/FCDO-funded core governance, health and education programmes in Nigeria over the period from 2001 to 2020. This study does not cover collaboration with non-UK programmes, although this is acknowledged to be an increasingly important issue.

2. Identification and analysis of cases of effective and ineffective collaboration. This was based on several sources including: (1) programme annual reviews and completion reviews (see Annex 2 for documents consulted); (2) a short questionnaire survey sent to all PERL delivery teams (see Annex 1); and (3) key informant interviews (see Annex 3).

3. Analysis of explanations of effective and ineffective collaboration based on the sources referred to step 2.

4. A lesson-learning workshop was held with PERL on 15 February 2021.

In total, 21 key informant interviews were conducted with present and former staff of governance, health and education programmes, as well as with FCDO staff (see Annex 3). Interviewees were selected on the basis of the mapping of collaboration between governance and sector programmes (step 1) and discussion with the PERL Senior Responsible Owner (SRO) to identify key FCDO contacts. Semi-structured interviews were conducted following an interview guide distributed to interviewees in advance. Opinions expressed during these interviews are reported in this study on a non-attributable basis.

1.4   Structure of the report

The report is structured according to the three generations of DFID/FCDO governance programming since 2001, summarising their potential for and experiences of collaboration with DFID/FCDO health and education programmes, and evaluating the effectiveness of collaboration. Section 2 focuses on the State and Local Governance Programme (SLGP) (2001–2008); Section 3 on the suite of State Level Programmes (SLP) which operated between 2008 and 2016 and included the State Accountability and Voice Initiative (SAVI), the State Partnership for Accountability, Responsiveness and Capability (SPARC), the Partnership for Transforming Health Systems (PATHS2) and Education Sector Support Programme in Nigeria (ESSPIN); and Section 4 on PERL's partnerships with health and education programmes. Section 5 reviews the factors affecting effective and ineffective implementation and Section 6 sets out some ways forward.

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[2] *Piron et al. (2021)*

Section Two: State and Local Government Programme (2001–2008): collaborations with health and education programmes

2.1   Potential for collaboration

In 2001 DFID started the SLGP, which, following the end of the military government in 1999, was the first governance programme in Nigeria to work with state governments. This mainly provided technical assistance to government (the 'supply side' of reform), but also had a small component working with non-state actors promoting reform and public accountability (the 'demand side' of reform). SLGP started working in the four states: Benue, Ekiti, Jigawa and Enugu. Then, in a later restructuring, it closed in Benue and Ekiti and moved to three more states: Lagos and Kano in 2005, and Kaduna in 2006. DFID's support to education was provided through the Capacity Building for Universal Basic Education (CUBE) (2003–2008) and the UNICEF Girls Education Programme (GEP) (2005–2020), and support to health through PATHS1 (2002/3–2008). The geographical footprint of all of these programmes differed, but they operated together in a number of states, including Jigawa, Kano, Kaduna and Enugu.

DFID State Coordinators encouraged communication between programmes, but there were no formal mechanisms to promote coordination and collaboration, such as state-level strategies connecting the work of different programmes or programme initiatives linked to state government policy frameworks. CUBE, GEP and PATHS all included outputs related to governance reform, public financial management and/or public sector reform, potentially complementing, but also potentially conflicting with, aspects of the core governance reform mandate of SLGP.[3]

In 2003, DFID conducted a Joint Inception Review of its major programmes, including SLGP, PATHS and CUBE, in the context of improved understanding of the politics of reform in Nigeria deriving from its pioneering 2003 Drivers of Change study. This study contributed to the view that more visible service delivery improvements were required to demonstrate the relevance of governance reforms to citizens, potentially increasing political pressure for change, and incentivising state governments' political commitment to reform.[4] In response, from 2003, SLGP introduced Issues Based Programming in all states, which was undertaken jointly with DFID sector programmes. These aimed to bring together the 'supply' and 'demand' sides of reform around specific practical sectoral problems of concern to a wide range of interests, complementing ongoing support to reform of core and sectoral governance systems. The issues selected for Issue-Based Programming were wide-ranging, and included a few focused on health and education in partnership with PATHS1 and CUBE.

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[3] CUBE Output 1: enhanced State and Local Government planning, management and monitoring of Universal Basic Education on a sustainable basis; PATHS Output: support to local initiatives to strengthen government stewardship in health policy, planning and financing; GEP Output: improved governance to strengthen girls' education.

[4] SLGP Summary of Programme Reviews (n.d.), p. 3.

2.2   Experiences of collaboration

SLGP, PATHS1, CUBE and GEP all supported aspects of governance reform. SLGP focused its supply-side work on supporting state governments in the development of State Economic Empowerment Development Strategies, the forerunner to State Development Plans. PATHS1, CUBE and GEP supported state governments on costed MTSSs, and aspects of health/education system strengthening and legislative reform, such as, for PATHS1, promoting the Primary Health Care Under One Roof policy.

These potentially complementary core and sectoral governance reform initiatives appear to have been largely developed and supported separately. Some tensions arose in relation to MTSSs, with one interviewee for this study noting that sector programmes were sometimes perceived by SLGP to be: 'straying into areas that were not our business. SLGP thought we didn't know what we were talking about', and SLGP in turn demonstrated limited interest in reforming health or education policy.

The SLGP Project Completion Review expressed concern that the costed MTSSs developed with the support of sector programmes were insufficiently embedded into rigorous and affordable budget frameworks. 'There still remains a substantial effort to prepare feasible and fundable sector service delivery plans in the form of costed MTSSs. In parallel, greater attention will be needed to prepare the fiscal frameworks which will guide the development and approval of three-year spending programmes. All of these processes are in their very early stages of implementation.'[5]

Issues Based Programming in SLGP included projects focused on health and education, and partnership with PATHS1, CUBE or GEP. These included water supplies to 10 hospitals and a radio programme publicising debates about public health issues in Jigawa, both in conjunction with PATHS, and provision of school meals to primary schools in Enugu, in conjunction with CUBE.

Issues Based Programming yielded a mixed picture on results, and in some cases led to a loss of focus on core governance reform objectives.[6] The school meals programme in Enugu was judged to be successful in terms of service delivery. While it placed a magnifying glass on realistic budgeting, it failed to persuade the Enugu State Government to build on its success and make adequate budgetary provision to establish the programme more widely.[7] The Water Supplies to Health Clinics project in Jigawa was the start of a successful working partnership between Civil Society Groups and the Jigawa State Government Due Process Bureau, later supported and developed by SAVI and PERL. One of the most successful examples of Issues Based Programming was the Wudil Water Supply project in Kano State, implemented jointly by SLGP and the Joint Wetlands Livelihoods project. The technical team responsible for shaping the project's approach went on to work for the SAVI programme, using the same principles to shape the SAVI approach.

The SLGP Programme Completion Review (PCR) noted some successes in improving service delivery to targeted user groups through Issues Based Projects – but recognised that the wider governance reform issues they were designed to promote, such as improved state government resource allocation, reallocation of roles and responsibilities, and setting service level norms, had yet to be taken up fully. 'The reality is that complex changes in policy content and direction often take longer to be adopted than originally envisaged.'[8]

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[5] SLGP Project Completion Review, p. 12.

[6] The forthcoming study on Issues Based Programming will provide a more in-depth assessment of performance.

[7] SLGP Issues Based Projects: high level summary (n.d.), p. 3.

[8] SLGP Project Completion Review, p. 9.

2.3　Assessment of collaboration

Former SLGP and sector programme staff interviewed for this study confirmed that collaboration between SLGP and sector programmes was strongly encouraged by DFID – and at the start of the programmes, with DFID engagement at state level just getting established and a limited number of programmes overall, information exchange and joint working were relatively straightforward. Joint work on Issues Based Programming in the second half of SLGP also supported good working relationships. A summary of SLGP programme reviews notes that, where working relationships were good, this was generally dependent on the personality of the staff in particular locations, with DFID State Coordinators sometimes playing a positive reinforcing role.[9]

However, during the course of the programmes, some relationships became more difficult. The SLGP review summary concludes that overall adequate coordination between SLGP and the other programmes was always a problem. One review noted that this was understandable, with the SLGP State Team Leaders having enough on their plates without having to devote extra time to working alongside the priorities of the other programmes. DFID State Coordinators were sometimes perceived as pushing for coordination in ways which appeared to run counter to the objectives of particular programmes as understood by programme staff.[10]

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[9] SLGP Summary of Programme Reviews (n.d.), p. 14.

[10] SLGP Summary of Programme Reviews (n.d.), p. 14.

Section Three: The State Level Programmes suite (2008–2016): collaboration between governance, health and education programmes

3.1 Potential and structures for collaboration

The successor programmes to SLGP, PATHS and CUBE, known as the State Level Programmes (SLP) suite, were launched simultaneously in the same states – Kaduna, Kano, Jigawa, Enugu and Lagos – in 2008. The SLP suite comprised two core governance programmes succeeding SLGP: the State Partnership for Accountability, Responsiveness and Capability (SPARC, 2008–2016) working on supply-side reforms and the State Accountability and Voice Initiative (SAVI, 2008–2016) working on demand-side reforms. PATHS2 (2008–2015), focused on health sector reform following on from PATHS1 and Education Support Programme in Nigeria (ESSPIN, 2008–2017), focused on education sector reform continuing the work of CUBE. A group of market development programmes (Growth and Employment in the States) was formally included in the SLP suite, but in practice its start was delayed and had little connection to the other programmes. With ESSPIN having a budget £129.5 million, PATHS2 a budget of £176 million, SPARC £62.3 million and SAVI £32.4million, the sector programmes dwarfed the governance programmes, and SPARC was significantly larger than SAVI.

The SLP suite was DFID's carefully planned response to the experience of limited coordination between SLGP, PATHS and CUBE. The SLPs were expected to have a high level of coordination, and to impact collectively on their common high-level purpose 'to increase the efficiency and effectiveness of utilisation of Nigeria's resources to meet the Millennium Development Goals' (MDGs).

The SLP suite rationale was set out in a submission to the DFID Secretary of State in November 2007.

> Achieving a transformation in the capacity of State Governments to deliver effective public services and to support growth requires that our programmes are mutually reinforcing and focus explicitly on systemic change. Only some of the weaknesses which undermine the effective delivery of education or health care are sector specific. Core problems around the management of finance and people cut right across the Government system and need to be tackled simultaneously at both sectoral and central levels […] Interdependence between the programmes is central to their design and is reinforced at the purpose level, with public financial management and public sector reforms supported by SPARC facilitating reforms in the sectors, and with sectoral level reforms driving and feeding into the central reform process from below.[11]

DFID did not fully articulate how the SLPs were supposed to work together and did not develop a theory of change either for the SLP suite as a whole, or for its engagement in each state. Key assumptions of the SLP suite intervention logic are set out in Box 1.

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[11] See also IMEP (2017) SLP Final Evaluation, p.9.

Box 1. Elements of the intervention logic underlying the SLP suite

Nigeria has sufficient resources of its own to make improvements towards attainment of the MDGs and DFID's resources should be used to help that happen.

Weak governance and government systems, and limited accountability, are the reasons that Government of Nigeria resources are not currently being used effectively.

Reforms are interdependent and mutually reinforcing – reforms in line ministries must be complemented by reforms in the operation of the centre of government and of Local Government Areas (LGAs).

Reforms face capacity constraints, so technical assistance will assist governments that want to reform to improve in planning, budgeting and managing.

These reforms will enable government resources to be used more effectively towards improving basic services that will contribute to progress towards achieving the MDGs.

This must be complemented by actions to increase the effective demand from the population for improved services and more accountable government.

Given the limited capacity of state governments and the importance of knowledge and expertise in specific areas, the assistance is contracted out to sectoral-based programmes that cover multiple states.

Source: IMEP (2017) SLP Final Evaluation, p. 12.

DFID initially put in place a number of processes and mechanisms to encourage coordination, and these were continued by participating programmes. These included:

- A common high-level impact statement in the individual programme results frameworks.

- Broadly agreed thematic responsibilities for each programme. On supply-side governance, SPARC focused on upstream governance reforms with centre of government MDAs, with PATHS2 and ESSPIN focusing on sectoral MDAs. Agreement was reached during the Inception Review that SAVI should focus its efforts on supporting partners with 'long route accountability' – advocacy directed towards influencing state government policy and budgets, while PATHS2 and ESSPIN would focus on supporting 'short route accountability', support to School Based Management Committees (SBMCs) and Facility Health Committees (FHCs) to shape local level service delivery. It was envisaged that issues arising from the community-level engagement supported by PATHS2 and ESSPIN would feed into state-level advocacy supported by SAVI.

- Regular coordination meetings in states, including monthly planning meetings chaired by SPARC, and quarterly meetings convened by DFID Regional Coordinators.

- Co-location of some programme offices[12] assisting the development of some close formal and informal relationships between state-level SLP staff.

- Preparation by participating programmes in 2009 of a number of structured approach papers on common themes and issues – particularly for the joint development of MTSSs.

- A Joint Inception Review, commissioned by DFID, with active involvement of DFID Governance, Health and Education staff.

- In 2010, collaborative definition for each state of 'Big Common Impact Areas' in an effort to encourage and reinforce joint work in response to coordination challenges identified by reviews.

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[12] All SAVI offices were separate from the other programmes, because of the SLGP experience of government suspicion of the programme supporting both government and non-government sides of reforms.

- From 2011, DFID contracted a separate monitoring and evaluation support structure (the Independent Monitoring and Evaluation Project, IMEP). IMEP conducted joint Mid Term and Programme Completion Reviews, but Annual Reviews for the individual programmes were conducted separately.

Over time, the programmes comprising the SLP suite diminished in connectivity as geographical footprints changed. In 2011, in accordance with the 2011–2016 DFID Operational Plan, SPARC and SAVI extended their operations into three additional northern states (Katsina, Yobe and Zamfara), and later into Anambra and Niger, without ESSPIN and PATHS2. The Partnership for Reviving Routine Immunisation in Northern Nigeria - Maternal Newborn and Child Health (PRRINN-MNCH), which was already working in Katsina, Yobe and Zamfara, was instrumental in influencing DFID to extend SPARC and SAVI engagement to these states, recognising their need for core governance programme assistance. In a separate restructuring, the work of PATHS2 in northern states was handed over to PRRINN-MNCH, with PATHS2 focusing on southern states. With a diminishing geographical overlap, the programmes comprising the SLP suite defaulted to their own sectoral silos, reporting to their own SROs on their own results frameworks.

3.2 Experiences of collaboration

Collaboration on health and education Medium Term Sector Strategies

SPARC focused on supporting partner state governments with a structured and coordinated approach to core governance reform (encompassing State Development Plans, MTSSs, Medium Term Expenditure Frameworks and annual budget processes). SPARC engaged with PATHS2 and ESSPIN largely in relation to health and education MTSSs, but also on health and education service charters and organisational development support to health and education MDA, including support on corporate planning, succession and workforce planning. MTSSs were promoted by the federal government and SPARC supported state government planning and budget offices to develop state specific guidelines to ensure coherence and coordination across all state government budget and planning processes. SAVI facilitated the involvement of non-government stakeholders in MTSS processes.

PATHS2 and ESSPIN supported MTSS development in the Ministries of Health and Education. Over time, Sector Performance Reviews were introduced in each state to track the implementation of MTSSs, including inputs from each of the SLPs. In some states, SPARC, PATHS2 and ESSPIN worked well together. For example, in Jigawa state, SPARC's role in the MTSS process was fully acknowledged in ESSPIN MTSS guidance. The programmes collaborated on the Education Sector Strategy 2010–2013, and on Education Sector Annual Reviews between 2008–2016 and ESSPIN used SPARC's Human Resources Managements tools. However, in some other states, interviewees noted that SPARC was frequently concerned that PATHS2 and ESSPIN were appointing international consultants to support MTSS development, and these consultants did not necessarily follow the state government agreed procedures supported by SPARC – and the existence and structure of the SLP suite proved unable to address this internal contradiction. In the view of some interviewees for this study, the structure of the SLP suite discouraged state government ownership of MTSSs. Health and education MTSSs were seen as pertaining to ESSPIN and PATHS2, with limited government ownership. As such, they focused on issues of concern to PATHS2 and ESSPIN to the extent of excluding even the health and education issues addressed by other DFID programmes operating in the same states.

Collaboration on 'demand-side' reform with PATHS2 and ESSPIN

SAVI supported non-government partners (broadly defined to encompass Civil Society Groups, Community Based Organisations, the media, State House of Assembly (SHoA) politicians, professional bodies and retired civil servants) to form loose issues-based Advocacy Partnerships (APs) on issues found to have traction both with state governments and citizens. Most APs, under

guidance from DFID, focused on health and education to complement the work of PATHS2 and ESSPIN.[13]

SPARC, PATHS2 and ESSPIN all assisted in brokering working relationships between SAVI-supported AP members and state government MDAs. They built AP members' knowledge and skills in relation to government policy, budgeting and planning processes; supported them with health and education data; and opened doors within government policy, planning and budget processes for citizen engagement. Table 1 below sets out SAVI-supported health and education APs and their reported results.

Table 1. SAVI-supported Advocacy Partnerships and activities

Partnership	Reported results
Education: collaboration with ESSPIN	
Kaduna: Gender Working Group (GWG). Activities included: providing gender inputs into the Education MTSS from 2009 onwards; providing gender mainstreaming training to government MTSS planning teams	2009 – Gender concerns reflected in Education MTSS 2010 and 2011: GWG engagement extended to health MTSS and in 2012 to agriculture MTSS 2011: State Government MTSS Guidance stipulated civil society involvement in all MTSS processes
Kano: Education Support Group (made up of teachers, principals, lecturers and media). Activities included: inputs into the 2013–2015 Education sector plan; budget analysis and tracking; advocacy on school security and need for female head-teachers	2014: Government released funding budgeted for school security fencing 2015: Government incentivised female teachers to take up head teacher positions
Jigawa: Partnership for Transforming Education. Activities included: inputs into the 2013–2015 state education plan; budget analysis and tracking; raising concerns to the SHoA Education Committee on congested classrooms, poor infrastructure and insufficient teachers; media coverage on issues of concern	2012: Government released 700 million Nigerian naira (N) for school furniture, and N274 to State Colleges 2015: Government approved recruitment of 4,500 additional teachers
Enugu: Inclusive Education Advocacy Partnership. Activities included: survey of out-of-school children across the state; raising awareness on need for inclusive education through 'Nigeria Go Better' broadcasts; advocacy to ESSPIN on importance of disability; collaboration with government on development of a draft Inclusive Education Policy	2014: Enugu State Governor signed the Inclusive Education Policy into law, allowing the state government to draw on N1.8 billion of federal government funds to improve primary school access for pupils with disabilities 2014: Construction of pilot inclusive school commenced in Oji River LGA
Health: collaboration with PATHS2	
Kaduna: Free Maternal and Child Health Partnership. Activities included: regular oversight visits to community health facilities; use of media to engage directly with citizens; advocacy on free MNCH Bill, increased funding, and health management and implementation; participation from 2010 in annual MTSS planning and budgeting cycles	2011: Kaduna State Government scale up of Free MNCH services from 115–255 facilities 2012: start-up of primary Health Care and Drug Management Agencies – allocation of budget, appointment of staff 2012/13 Additional N500m for provision of free MNCH services after budget increases for three successive years

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[13] Additionally, some APs focused on influencing and tracking state budgets including Know Your Budget in Kaduna State, and the Project Monitoring Partnership in Jigawa State.

Kano: Partnership for the Promotion of Maternal and Child Health. Activities included: advocacy on free Maternal and Child Health Bill; shift in focus to monitoring effectiveness of spending (after SPARC and PATHS2 analysis found Free Maternal and Child Health Programme (FMCH) to be unaffordable); field research; advocacy on monthly disbursement of funds to health centres	2013: Kano State Government introduced monthly disbursement of funds for free maternal and child health care – N12.4 million monthly for essential drugs for 34 secondary health facilities
Jigawa: Maternal, Newborn and Child Health Partnership (MNCH). Activities included: budget analysis; participation in Ministry of Health review and planning processes; advocacy for free MNCH Bill; campaign on need for more female health staff; working with government to communicate health care messages to the public	2012: Jigawa State Government recruitment of 218 additional female health workers, and N500m investment in midwifery college 2013: MNCH members co-opted onto five Ministry of Health working committees 2014: Creation of separate budget line for free MNCH in 2015 budget

Source: SAVI results, available at http://savi-nigeria.org/results/

The SAVI PCR found that partnership with PATHS2 and ESSPIN provided SAVI-supported AP members with important access to technical expertise.[14] They also brokered critical access to government processes and working relationships with government staff. As summarised above, SAVI partners achieved some advocacy successes, particularly in terms of influencing increases in budgets and staffing for health and education services, and monitoring the quality and coverage of service delivery.

However, the envisaged link between the 'short route' accountability systems established by ESSPIN and PATHS2 at the point of service delivery – i.e. SBMCs and FHCs – and 'long route' accountability and advocacy supported by SAVI at state level, did not materialise.[15] At times, partly as a consequence, community-level and state-level advocacy partners were championing different and incompatible policy positions. For example, in some states, SAVI partners, working together with PATHS2, were advocating for effective implementation of state government commitments to free maternal and child health services, while PATHS2 community groups focused more pragmatically on promoting improved availability and affordability of essential drugs and services. Overall, only limited attempts were made to connect SBMCs and FHCs to state-level accountability and advocacy processes, and connections to local government were mainly absent.

This disconnect reflects commonly expressed frustrations in the relationship between programmes. Staff interviewed for this study consider that much more could have been achieved had coordination been better. Coordination of work planning was made particularly difficult by the fact that planning and decision-making in PATHS2 and ESSPIN was centralised in Abuja, whereas in SAVI and SPARC decision-making was decentralised to state level. SAVI, PATHS2 and ESSPIN also had different, and at times incompatible, approaches to supporting partners. Both sector programmes provided grants to civil society and media organisations, in effect sub-contracting partners to implement programme objectives and agendas. SAVI's behind-the-scenes 'facilitated partnership approach' focused instead on capacity building, brokering relationships and providing small amounts of seed funding on a diminishing basis. The aim was to support a more sustainable, locally-led approach, with partners defining objectives and strategies, shaping their relationship with each other and their state government, and diminishing their dependency on external resources. The SAVI PCR concluded that the SAVI approach was more effective than a challenge fund model of providing grants, particularly as it moved towards a broader and more flexible form of engagement, and focused on strengthening connections between civil society, media and SHoAs .

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[14] DFID SAVI Project Completion Review (2016), p. 8.

[15] DFID SAVI Mid Term Review (2012), p. 44.

Collaboration with PRRINN-MNCH

In 2011, SPARC and SAVI moved into three new states – Yobe, Zamfara and Katsina – without PATHS2 and ESSPIN. PRRINN-MNCH had been operating in these states since 2006 (from 2006–2008 as a routine immunisation programme, and from 2008, with added funding from Norway, additionally focusing on maternal, newborn and child health). PRRINN-MNCH was succeeded by MNCH2 in 2014, with a different service provider, but retaining some of the same staff and partners. SPARC. SAVI's work in the new states benefited from their experience in the first five states, and in particular from the close working relationship they were forging with each other. Table 2 below sets out reported activities and results.

Table 2. SPARC/SAVI collaboration with PRRINN-MNCH

Partnership	Reported results
Yobe. Activities included: Collaboration on the Health MTSS and annual operational plan, with SPARC providing governance expertise, SAVI organising civil society participation and PRRINN-MNCH mobilising health professionals SAVI-supported Better Health for All Partnership (high-level advocacy platform – including professional bodies), working closely with PRRINN-MNCH health facility/ward level platform, later forming the amalgamated State Accountability Mechanism on Health. Activities included: studies on health care and staffing; quarterly tracking of budget releases; persistent advocacy and work with media and SHoA; building good working relationship with SHoA	Completion of Health Sector Plan: the first ever MTSS in the state 2013 Appropriation Bill – SHoA increased health care budget from 8% in 2012 to 10.7% (N1.87 billion increase) 2014: Yobe State Government approved recruitment of 50 additional health staff and retention of 12 midwives from the National Midwifery scheme after expiration of federal funding
Zamfara. Activities included: SPARC's work with the Ministry of Budget and Planning helped PRRINN-MNCH to understand the reasons for and politics of low budget performance SAVI complemented PRRINN-MNCH community/ward level 'short route accountability' with support to high-level policy advocacy. Collaboration on advocacy to the SHoA to enable the passage of the Primary Healthcare Under One Roof legislation	Establishment of annual budgeting and three-year budget cycle (from a situation where health budget lines 'had not been used for years') Primary Health Care Under One Roof legislation passed

Interviewed staff from all participating programmes described the relationship between SAVI, SPARC and PRRINN-MNCH/MNCH2 in Yobe and Zamfara as close and effective. They identified a number of factors as being critical to this success. First, PRRINN-MNCH welcomed the arrival of SPARC and SAVI. In Zamfara, the Permanent Secretary for Health, supported by PRRINN-MNCH, had in fact raised with DFID the need to have core governance programme support, recognising that most of the issues they were dealing with were governance issues, going far beyond sectoral technical inputs and the expertise of health professionals. Second, all three programmes were decentralised with decision-making devolved to state teams. And third, there were close and trusting working relationships between the different programme teams. The state programmes were small (as in the early days of SLGP) and regular meetings of programme partners helped to build significant levels of

trust. There was also some transfer of staff between programmes – the SAVI State Team Leader in Zamfara had, for example, previously worked for PRRINN-MNCH.

3.3   Assessment of collaboration

As reported above, SLP governance programmes reported examples of states increasing their financial and human resource allocation to health and education. However, these changes were reported by programmes in a selective way, highlighting success rather than failure. It is not necessarily clear whether budget allocations and commitments to increase staffing levels were implemented, nor whether these results were sustained over time. The SLP Final Evaluation conducted in 2016 found limited evidence that improvements in governance processes had led to service delivery improvements,[16] and concluded that advocacy work focusing on upstream policy and planning (including the preparation of new legislation) delivered limited results without corresponding attention also being paid to downstream implementation issues.[17]

The SLP Final Evaluation identified a number of significant challenges in implementing the SLP concept. Some of the envisaged coordination mechanisms such as the National Programme Manager Steering Committee, and the State Government SLP Steering Committees functioned only to a limited extent or not at all. While SPARC chaired the monthly state planning meetings, there was no lead programme, no unit charged with ensuring coordination, no one in DFID responsible for the SLP suite as a whole.

The individual programmes were separately contracted, had separate results frameworks, and remained largely separately managed. Results frameworks, and accountability for delivery, focused on activities directly under the control of each programme rather than on the achievement of joint state-level results. Individual work plans submitted to DFID were not sequenced to tally with related programmes. Most annual reviews were conducted individually, and, other than for SAVI and SPARC at the end of the SLP suite, collaboration was not a formal scoring criterion.

DFID did not fully articulate how the SLPs were supposed to work together and did not develop a theory of change either for the SLP suite as a whole, or for its engagement in each state. The individual programme theories of change were significantly different to each other, both in how causal links were conceptualised and in the types of results defined as outcomes and impacts.[18] Informants for this study highlighted major unresolved tensions around use of programme resources and the timescale of reform. The kind of structured systemic governance reform supported by SPARC and SAVI is a long and slow process, characterised by year-on-year incremental change, steps forward and steps backward. PATHS2 and ESSPIN, in contrast, were both required to deliver service improvements in the lifetime of their programmes. Both programmes provided substantial funding to this end, including for infrastructure improvements, equipment and materials, and health and education staff training. The level of resources provided by PATHS2 and ESSPIN commanded great interest from state government partners, and potentially provided an important 'carrot' to incentivise governance reform, which is less attractive to governments in the short term. However, with timescales short and expectations high, service delivery interventions tended to bypass or attempt to short-cut governance reform processes. Many interviewees suggested that the effect was to risk undermining rather than incentivising the governance reform processes necessary to 'to increase the efficiency and effectiveness of utilisation of Nigeria's resources to meet the MDGs'.[19]

As noted above, from 2011 the connection between the SLPs was diminished by changes in the geographical footprint of participating programmes. High turnover of staff and rigid sectoral silos in

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[16] IMEP (2017), p. iii.

[17] IMEP (2017), p. vi.

[18] IMEP ((2017), p. 17.

[19] SLP common high level impact statement.

DFID compounded this disconnect,[20] and the launch of many new DFID programmes between 2008–2016, including health, education and accountability programmes with similar objectives to the SLPs in the same states, further undermined the SLP concept. In 2008, the SLPs had made up the bulk of DFID programming in relevant states. By 2016 their importance had been significantly diluted.

The SLP Final Evaluation concluded that, while cooperation between SPARC and SAVI became increasingly strong over the course of the SLP suite, linkages with ESSPIN and PATHS2 were significantly weaker.[21] A key indicator of this was the failure of the ESSPIN PCR to mention governance programmes or the SLP suite at all, and scant details in the PATHS2 PCR. The evaluation stated that: 'Over time the SLPs developed pragmatic ways of working together where there were perceived synergies, but the model of an integrated approach has not in practice been realised.'[22]

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[20] PATHS and ESSPIN were the responsibility of the DFID Human Development team, SPARC and SAVI in the Conflict and Governance team. IMEP (2017), p. 83.

[21] IMEP (2017), p. 94. The personal experiences of the authors of this report when working on SPARC and SAVI support this conclusion.

[22] IMEP (2017), p. 102.

Section Four: PERL (2016–2020): collaboration with health and education programmes

4.1   Potential and mechanisms for collaboration

SPARC and SAVI had worked increasingly closely together during the course of the SLP suite, and this strong partnership was recognised and reinforced in the design of PERL, which brought the supply and demand sides of governance reform back together again within a single programme. These functions were provided by separately contracted, but connected, pillars responsible for: supply-side reform (Accountable, Responsive and Capable Government, ARC), demand-side reform (Engaged Citizens, ECP) and learning, evidence and research (Learning Evidence and Advocacy Partnership, LEAP). The suppliers who had implemented SPARC and SAVI won the competitive tenders for ARC and ECP, so ensuring continuity of staff and partners.

A renewed emphasis on Issues Based Programming,[23] involving close collaboration with sector and sub-sector programmes and with service delivery reform, was built into the design of PERL in several ways:

> 'The programme will combine a focus on supporting centre of government reforms (e.g. budget and planning processes) with sectoral governance reforms. This will enable the programme to focus on specific service delivery problems with political traction and to demonstrate the link to cross-government, public sector management issues.'[24]

And:

> 'We will also work with our service delivery and growth programmes to resolve governance issues in key service delivery areas that have political traction, and use them as entry points to demonstrate and replicate reform in key governance processes. It is important that better governance is seen to deliver concrete results to Nigerians.'[25]

Additionally, 'improvements in service delivery' feature as impact indicators in the PERL results framework, and a Partnership Fund was established to incentivise joint work between PERL and sector/sub-sector programmes. The PERL Business Case makes repeated references to health and education as the PERL sectoral focus, but, during inception, the first DFID SRO, who had also overseen the design of PERL, gave much more latitude. In accordance with this, initial political economy studies conducted by PERL identified issues including youth unemployment, security and agricultural development as having traction with government and citizens. However, at the end of the PERL inception period, the second DFID SRO reasserted PERL's focus on health and education.

PATHS2 closed in 2015, and ESSPIN followed suit in 2017. It was expected that the replacement health and education sector programmes, Lafiya and PLANE, would be rapidly contracted. The current FCDO Governance SRO supporting PERL participated in the development of Business Cases for Lafiya and PLANE and both were designed to connect closely with PERL and to have a similar geographical footprint. However, with substantial delays in contracting (Lafiya finally started in 2020 and PLANE began inception in September 2021) implementation will now overlap for two years at most, significantly less than was envisaged at the time all three programmes were designed.

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[23] DFID (2016), PERL Business Case p. 13.

[24] DFID (2016), PERL Business Case, p. 1.

[25] DFID (2016), PERL Business Case, p. 23.

In the absence of large health and education sector programmes, PERL has been limited to collaborating with smaller sub-sectoral programmes. These include collaboration with Women for Health (W4H) on MTSSs,[26] but most notably MNCH2, which was in its fourth year of implementation when PERL started, and the TDP whose three-year extension phase into Kaduna, Jigawa and Kano coincided with the start of PERL. Both MNCH2 and TDP closed in 2019, leaving PERL with no health and education programme partner until Lafiya started in 2020.

The most recent phases of some other DFID/FCDO sub-sector programmes such as Support to the National Malaria Programme (2017–2022) and Working to Improve Nutrition in Northern Nigeria (WINNN) (2011–2019) included commitments to collaborate with PERL to improve government stewardship and investment in malaria and nutrition services. However, collaboration has been difficult because of the 'missing middle', the absence of an overarching health sector programme able to bridge core governance and sub-sector reforms. Meetings have been held in a number of places to discuss collaboration. There has been some joint sponsorship of events (such as the Open Kaduna Health Interactive Forum) and collaboration on awareness raising. The North East Nigeria Transition to Development Programme (NENTAD) (2017–2022), DFID/FCDO's humanitarian assistance and transition to development programme in Yobe, Borno and Adamawa, was also expected to work with PERL in supporting transition from humanitarian assistance to development. However, in 2020 the NENTAD annual review confirmed that this transition was no longer expected during the programme lifetime:

> 'NENTAD's Theory of Change (ToC) is premised on the assumption that humanitarian assistance would reduce during the life of the programme, to be replaced with increasing levels of development assistance. Key assumptions that would allow a gradual transition towards development have not held; particularly those relating to improvements in security, humanitarian needs, safe access to target locations and the enabling environment. NENTAD is no longer anticipated to reduce humanitarian expenditure with a transition to development well underway by the end of the programme.'

Perhaps because of this shift in emphasis, PERL has had only limited engagement with NENTAD. Civil society organisations (CSOs) working with NENTAD are all sub-contracted grantees with designated activities and limited flexibility to collaborate.

All this means that PERL has had no sector programmes and a very limited range of sub-sector programmes to collaborate with – and in seeking to work on service delivery issues and deliver service delivery impacts, PERL has sometimes had to work outside its core governance competencies and mandate.

Where possible, PERL has sought, in accordance with an Issues Based Approach, to bring together government and non-government stakeholders around health and education issues with local salience and traction, in partnership with relevant DFID/FCDO health and education programmes. These partnerships have been charged with identifying and addressing governance blockages to service delivery problems. In this context, PERL-Engaged Citizens has consciously bridged the gap, evident during the SLP suite, between 'long route' and 'short route' accountability, building links between community-level groups monitoring health and education facilities and services and advocacy groups engaged in multi-stakeholder partnerships at state level. Nigeria's signing up to the Open Government Partnership in 2016 has incentivised this 'co-creation' approach with government and non-government stakeholders sitting and working together. This kind of joint working is new in many places and PERL has worked behind the scenes to midwife the relationships involved.[27]

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[26] W4H worked in Borno, Jigawa, Kano, Katsina, Yobe and Zamfara from 2012 to 2020.

[27] See DFID (2019), PERL Mid Term Report, June 2019.

4.2 Experiences of collaboration

Collaboration with MNCH2

Table 3. PERL collaboration with MNCH2

Collaboration	Reported results
<u>Jigawa:</u> Formation of <u>Technical Working Group (TWG) on Maternal and Child Health</u> (also including WINNN and the Child Development Grant Programme). (Most Significant Change study, MSC 2020-12) *PERL activities include:* facilitating TWG Action Plan; series of Public Policy Dialogues on blockages identified; citizen monitoring of health centres communicating findings to TWG, SHoA and through traditional and social media; supporting evidence-based advocacy	2017: Jigawa State Government increased the monthly budget for MNCH services from Naira 15 million to Naira 75 million 2018: Reports of improving staff attendance, service delivery and documentation at health centres 2018: Launch of Jakadan Lafiya, state-wide awareness-raising campaign on MNCH services 2018: Promotion of ready to use therapeutic food through local suppliers
<u>Kaduna:</u> Context of <u>Primary Health Care Memorandum of Understanding (MoU)</u> (led by the Kaduna State Government and involving all major donors to the health sector including the Bill and Melinda Gates Foundation, the Aliko Dangote Foundation, UNICEF and the Global Fund) focused on the upgrade and renovation of 255 Primary Health Care Centres across the state. (MSC 2020-5) *PERL activities include:* strategic alignment of health initiatives with core governance planning and budgeting around State Development Plan and the Health Sector Implementation Plan (previously MTSS); capacity building/organisational development support to health MDA, civil society and media partners; mentoring and organisational development support to Kaduna Maternal Accountability Mechanism (KADMAM), the health civil society accountability platform (built by MNCH2 from SAVI's FMCH Advocacy Partnership) tracking health centre renovation; the Open Kaduna Interactive Forum	Kaduna Health MoU results are reported collectively. PERL contributed to: 2019 health budget implementation 71% (up from 41% in 2018) 212 health centres fully upgraded and remainder above 50% completion First cohort of 3,059 health workers recruited State Primary Health Care Development Agency attained 2019 performance score of 81% (up from 62% in 2018) 2020: over 300,000 people registered for the Kaduna State Contributory Health Care Insurance scheme
<u>Kano:</u> Some collaboration around health budget, the Basic Health Care Fund and the Health Contributory scheme	
<u>Yobe:</u> PERL activities included: work with MNCH2 on the health MTSS; continuation of the relationship, started under PRRINN-MNCH, strengthening the Yobe Accountability Platform for Health	2018: Yobe State Government committed to spending 15% of budget on health, in accordance with the Abuja Declaration

Source: PERL Most Significant Change (MSC) Case Studies

PERL's partnership with MNCH2 was most successful and productive in Kaduna state – a partnership that is now continuing with Lafiya. The context for this is provided by the Kaduna State Development Cooperation Framework coordinated by the Kaduna State Planning Commission and

signed by development partners, and the related Health MoU. This was established by the Kaduna State Government in 2016, coordinating the inputs of all major health development partners in support of agreed priorities in the State Development Plan and Health Sector Investment Plan. While the Health MoU contains a large (and expanding) group of high-spending development partners, PERL played a critical and valued role in shaping the governance framework which is used to coordinate inputs, providing organisational development inputs, and linking health sector reform to wider governance reform processes in the state. PERL and MNCH2 worked well together in supporting KADMAM, a very active civil society partnership monitoring community-level health facilities built on the basis of the SAVI-supported FMCH Advocacy Partnership.[28]

In contrast, in Kano State, MNCH2 expressed limited interest in engaging with PERL in a new kind of issues based partnership. The programme had been on the ground for four years when PERL started and was fully engaged in its existing programme of activity.

Collaboration with TDP

Table 4. PERL collaboration with TDP

Collaboration	Reported results
Jigawa: Formation of <u>TWG on Teacher Quality</u>. *PERL activities included:* collaboration on Teacher Recruitment and Deployment policy; Public Policy Dialogues; research (in conjunction with the DFID-funded Education, Data, Research and Evaluation project) on teacher quality; support to civil society – animated discussion on teacher recruitment on social and traditional media and lobbying for increase in the education budget; inclusive engagement in Education MTSS review	2017: Teacher recruitment is an ongoing phased process; TWG monitoring robust recruitment process and drawing attention to anomalies 2018: Government announced N200m in 2018 budget for teacher training
<u>Kaduna</u>: Collaboration between PERL and TDP, funded by PERL Partnership Fund. *PERL activities include:* multi-stakeholder engagement in development of Education Policy; Organisational Development Support to the Ministry of Education, Science and Technology support to the newly established Kaduna Basic Education Accountability Mechanism (KADBEAM); support to media on improving content of education-related programmes (MSC 2020-6)	2019: Development and consultations around Kaduna State Education Policy supported by PERL and led by Ministry of Education. Scaling up of free schooling policy. 2019–2020 Teacher Recruitment and Deployment plan developed and implemented leading to large-scale recruitment on a merit basis. 2019–2020 KADBEAM network reporting effectively on school performance
<u>Kano</u>: Partnership formed with TDP and two smaller DFID education programmes, Fitila and Engage, on congested classrooms, inadequate instructional materials and poor trained teachers. *PERL activities included:* Public Policy Dialogues; facilitating partnership with the Service Compact With All Nigerians (SERVICOM) and citizen groups to monitor the implementation of Action Plans; technical support in developing draft Teacher Policy (MSC 2020-8)	2018 Teacher Policy forwarded to the Executive Council (ExCo) for approval 2018 Kano State Government recruited 1,539 female teachers, responding to a recommendation in the draft Teacher Policy 2018: ExCo approved SERVICOM recommendations on dilapidated school structures and commenced renovations

Source: PERL Most Significant Change Case Studies (see Annex 2).

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[28] See PERL Most Significant Change Case Study 2019–2020: MSC 2020-5 – Partnership between the Kaduna State Government and development partners including PERL, in conjunction with active CSO and media engagement, is continuing to contribute to health service improvements in the state – May 2020.

As with MNCH2, partnership between PERL and TDP has been most successful in Kaduna State, again in the context of a substantial education reform initiative led by the Kaduna State Government. Kaduna State Government asked for support from DFID; as TDP had no resources for additional work, PERL through its Partnership Fund stepped in to work alongside TDP in responding. PERL's activities focused on supporting revision of the Kaduna State Education Policy in conjunction with TDP and support to KADBEAM, the civil society accountability mechanism, linking state-level groups previously supported by SAVI and with SBMCs previously supported by ESSPIN. PERL Partnership Funds were also used to pay for training 8,000 teachers.

FCDO Education and TDP staff interviewed for this study all expressed huge appreciation for the flexibility PERL demonstrated in responding to this request. But both education sector and PERL respondents also recognised that this is not what PERL was designed to do: 'In Kaduna, PERL were pushed to be educationalists [...] I commend them but they did overstretch themselves.' 'We should not have had that role [...] we were getting too enmeshed.'

In Kano, again in contrast, PERL partnered well with TDP on developing a Teacher Policy, but faced a challenge when TDP ended just three years later in 2019 just as the Kano State Governor launched his Flagship Free and Compulsory Basic and Post Basic Education Programme. PERL is recognised by the Kano State Government as a key technical partner in the implementation of the programme, coordinating development of an implementation road map and seeking ways to institutionalise education reforms. It is hard for PERL to manage partner expectations without the technical and financial support provided by sector programmes – and, at the same time, PERL interviewees reported that the programme had been criticised by FCDO sector staff for straying too far into sector territory.

Collaboration with Lafiya

Lafiya is at an early stage of implementation and the COVID-19 pandemic has dominated its Inception Phase. Collaboration with PERL is built into the programme design, and the FCDO Governance SRO supporting PERL was part of the design team in a cross-cutting advisory role. COVID-19 has restricted opportunities for new FCDO health staff to liaise with the governance team. The National Programme Managers Forum rarely meets. Consequently linkages between PERL and Lafiya have only been discussed in broad terms.

PERL and Lafiya interviewees reported that collaboration has so far mainly been driven by contacts within the states rather than by central programme management or FCDO instruction. At the front line, in all programme locations, PERL and Lafiya staff have met to discuss collaboration; in some places Lafiya has been able to leverage PERL's social capital to assist their inception; and everywhere PERL and Lafiya are working together in relation to COVID-19 response, including cost sharing some events. Some activities have also started in relation to accessing and monitoring the implementation of the Basic Health Care Provision Fund, collaboration on Lafiya's Human Capital Development Programme, and continuing to strengthen transparency and accountability in the health sector.

The states experiencing the best working relationships are those with a positive legacy of constructive partnership with MNCH2 to build on, particularly in view of the continuity of front-line staff between MNCH2 and Lafiya. This is the case in Jigawa and Yobe to an extent, but most notably in Kaduna, where the Health MoU led by the Kaduna State Government continues to coordinate the work of all health partners in the state. Where there was more limited partnership with MNCH2, and/or where state government commitment to and coordination of reform is weak, it is proving harder for PERL to demonstrate its value to Lafiya.

Lafiya's focus on strengthening health systems rather than direct provision of health services should create opportunities for productive collaboration with PERL. PERL and Lafiya staff interviewed for this study recognised that much remains to be done to develop and optimise collaboration between the programmes, whose recent focus has been diverted by the COVID-19 crisis. In particular, Lafiya has recognised the problem of unreliable budget releases in the health sector and the need to strengthen health accountability systems as key priorities where it needs more support from PERL.

However, Lafiya has its own supply- and demand-side governance outputs, and this also risks creating duplication. The budget cuts faced by both programmes add urgency to discussions between them on how they can make better use of their limited resources through collaboration.

4.3   Assessment of collaboration

The overall view of persons interviewed for this study was that PERL's collaboration with health and education programmes was strongest in Kaduna State. However, in Jigawa and Kano collaboration appears to have reduced in intensity and impact since the SLP suite. In Yobe the dominance of high-spending humanitarian programmes constitutes a major challenge.

LEAP case study evidence suggests that PERL partnership with TDP and MNCH2 has contributed to the recruitment and deployment of qualified teachers in Kaduna.[29] Several PERL MSC Case Studies also suggest that PERL contributed to increases in resource allocation and staffing for maternal and child health services in Jigawa and Kaduna.[30] Research being carried out by PERL on the impact of 20 years of governance programming in Nigeria points to increases in the share of budgets allocated to the health and education sectors, particularly in the period since 2015 in these states.[31]

Collaborations have successfully built on relationships established by predecessor programmes. Collaboration in Kaduna State has been particularly successful because of effective state government leadership, using governance systems (the State Development Plan and related Sector Investment Plans), developed with the support of SPARC, SAVI and PERL, to manage and coordinate donor inputs through a donor Mutual Accountability Framework. PERL sets the templates and framework and sector programmes provide content. PERL has access to government even at senior levels, which is useful to sector programmes. Development partner contributions are transparent and centrally reported: 'All the relationships have worked effectively, and we consolidate on individual programme strengthen and expertise.'

The Partnership Fund, designed to incentivise joint work with sector programmes, did not prove to be an effective mechanism. In practice, it was used only once to support partnership with a health or education programme – the partnership with TDP in Kaduna State. This was necessary because TDP had run out of funds just as they were being asked to support the Kaduna State Governor's education reforms. The major issue was the lack of health and education programmes to partner with, and in practice the fund has mainly been used for partnerships with other governance programmes (e.g. with Policy Development Facility Phase 2 on the federal audit bill and with the World Bank State Fiscal Transparency, Accountability and Sustainability programme). The usually much larger budgets of sector programmes mean that this fund would usually provide little incentive for them. The Partnership Fund has now been reabsorbed into general PERL funding.

The dearth of health and education programmes has at times pushed PERL into areas beyond its core expertise. It has been sometimes difficult to manage FCDO and partner government expectations for service delivery impact level results. Recognising this, interviewees for this study welcomed the arrival of the new sector programmes, Lafiya and PLANE – but there is also a wariness that their arrival could presage a return to uncollaborative practices.

PERL also has an innovative three pillar structure of separately contracted pillars required to work together to a common results framework. A lot of time, energy and resources have gone into just trying to get collaboration working well between these three pillars internally, leaving little energy, and no cross-pillar joint PERL strategy, to really focus on sector programme collaboration.

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[29] Williams, Cummings and Kulutuye (2021)

[30] PERL Most Significant Change case studies, see Annex 2.

[31] Piron et al. (2021)

To achieve a more productive partnership, it will be essential to avoid the mistakes of the past. It is essential to learn lessons about why the effectiveness of collaboration has been variable and what are the critical success factors. The following section provides this analysis.

Section Five: Explanatory factors

The examples provided in the last three sections of this paper demonstrate that collaboration between governance, health and education programmes has been extensive over time and across states. There have been some good results in a limited number of places where programmes have achieved results together that they could not have achieved separately, and there has been operational collaboration, focused on cost sharing and avoiding duplication. There have also been numerous gaps and weaknesses. Increasing fragmentation in the timing and geographical complementarity of governance, health and education programmes, particularly since the start of PERL in 2016, has fundamentally compromised even the possibilities for collaboration.

The overall assessment of this paper is that due to a range of practical challenges and disincentives which are discussed below, collaboration has not met its potential to deliver the synergies described in Section 1.1. Overall, there has been a lack of collective strategic vision on *what* issues the programmes should work on together and *how* they should collaborate.

While successive generations of governance programmes have followed versions of an Issues Based Approach, since the start of the SLP suite the focus of collaboration between supply and demand, and between governance, health and education programmes, has been on upstream governance blockages. This is different to the vision of an Issues Based Approach as originally set out, which was to use visible front-line service delivery improvements to demonstrate the relevance of governance reform to citizens and galvanise political commitment to reform.

Collaboration has in general focused on a limited range of issues, and some key bottlenecks in the governance-service delivery chain have not received much emphasis. Upstream planning, MTSS and annual budget processes have received the most attention, aiming to allocate more government resources to the health and education sectors and increase the number of staff. There has been less focus on weak budget execution which undermines the coverage and quality of health and education services – and some of the civil society monitoring in partnership with health and education programmes is monitoring roll-out of donor-funded rather than state government funded interventions. Public financial management has received more attention than public service reform, with consequently fewer initiatives to ensure that front-line staff are properly qualified, effectively incentivised and optimally deployed.[32]

5.1 Synchronisation and geographical overlap

A clear conclusion from the preceding analysis is that the timeline and geographical footprint of governance, health and education programmes affect the extent to which they can collaborate. The absence of health and education sector programmes since the start of PERL has fundamentally reduced the scope for collaboration, and has only partly been compensated by the temporary presence of a few smaller sub-sector programmes. It is a matter of concern that lessons learned from the experience of the SLP suite were not able to be immediately applied, and key personnel, particularly in DFID/FCDO, are no longer in post.

5.2 Cross-programme strategic vision and theory of change

The governance, health and education FCDO and programme staff interviewed for this study were in agreement that complementarity between governance, health and education reform, and between governance, health and education programmes, is fundamental. However, this complementarity has tended to be expressed in terms of high-level principles in programme design, rather than a detailed

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[32] See Piron et al. (2021)

assessment of where core governance and sector programmes are best placed to intervene in the governance-service delivery chain, which type of bottleneck each can address, and how the most effective division of labour can be achieved to delivery clear complementarity and synergy. This lack of attention to the specifics of collaboration in programme design is a major problem because there are inherent fault lines which, unless acknowledged and carefully managed, undermine collaboration in practice.

The relationship between achieving service delivery results and governance reform results

Governance programmes are focused on building and strengthening, through technical assistance and long-term engagement, sustainable governance systems, a long-term incremental process of change shaped through year-on-year cycles of activity. In contrast, the mission of health and education programmes is to deliver, during the lifetime of the programme, rapid improvements in service delivery aimed at tackling urgent challenges, such as infant mortality or failed schools. While health and education programmes also seek to strengthen the governance systems and processes required to sustain these reforms over the longer term, there is an obvious and unresolved tension between these two sets of objectives.

In principle, the presence of governance programmes should help to remind sector programmes of the need to work with state government policy and planning processes, to consider the long-term financing needs to sustain operating costs of expanded service provision, to take a broad view of the performance of the sector and to balance the needs of their sector against others. However, in practice, the pressure to demonstrate immediate results can militate against these principles, and governance programmes can be perceived as stalling and blocking the action required to respond to immediate service delivery needs by sector programmes.

This major challenge is compounded by the fact that health and education programmes have large budgets, and at least some of this money is used for direct service delivery, bypassing fragile and evolving governance systems.[33] Interviewees explained that state governments are highly receptive to offers of large-scale funding from health and education programmes for service delivery – with their attendant photo opportunities, attractive per diems and fringe benefits. In contrast, the technical assistance offered by governance programmes comes with no fringe benefits and places responsibility on state governments to demonstrate performance and accountability. Governance programme staff expressed frustration that more attention has not been paid to incentivising governance reform through funding for service delivery – using the funds from sector programmes as an incentive to encourage state governments to implement governance reforms.

Division of labour on governance reform

Almost all health and education programmes include supply- and demand-side governance outputs and objectives, which can weaken the rationale and incentives for joint work with governance programmes. It was a major challenge during the SLP suite to achieve clarity on the division of labour between PATHS2 and ESSPIN's governance activities and SPARC and SAVI's activities. Even when a division of labour was agreed, this was not necessarily adhered to (for example in relation to SPARC, PATHS2 and ESSPIN contributions to MTSSs), and linkages were poor (for example between SAVI support to 'long route' state-level advocacy and PATHS and ESSPIN support to 'short route', facility-level advocacy).

The absence of large sector programmes has in some ways constituted an opportunity for governance reform, with PERL able to support state governments to step into that space, take control of MTSS processes and force sectors to comply with one approach, so ensuring greater coherence across government. This works in the context of strong state leadership, and Kaduna State is the clear example of this. However, even in the absence of large sector programmes there are challenges in terms of division of labour. In Jigawa, for example, after nine years of support from SPARC, SAVI and PERL, the state government was in a position to take responsibility for MTSS processes itself. However, one interview remarked that, without consultation with PERL, two other

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[33] Lafiya is now mainly focused on strengthening health systems, and has moved away from the model of direct service provision observed during MNCH2.

DFID-funded sub-sector programmes have come up with a flexible fund to provide continuing support.

The Business Cases for PLANE and Lafiya include supply- and demand-side governance outputs, and there is understandable nervousness among PERL staff that challenges experienced during the SLP suite will repeat themselves.

5.3 Leadership and management of coordination

The role of state governments

Collaboration between governance, health and education programmes has been most successful where state governments have shown leadership in coordinating donor support. The political context in the state clearly has a determining influence on the success of failure of collaboration. This has been notably the case in Kaduna State since the election of Governor El Rufai in 2015. He took ownership of the State Development Plan, developed with SPARC assistance; used it to streamline Sector Investment Plans (SIPs, as MTSSs have been renamed in Kaduna State) with state priorities; and is using SIPs to coordinate donor support. The health sector MoU, which coordinates the work of all major health development partners in Kaduna State, is the prime example of this. Governance frameworks, established with the long-term support of DFID governance programmes, are acting as a central coordination mechanism for governance and sector programmes, helping to build trust between government and development partners, and encourage the use and strengthening of government systems rather than parallel systems for service delivery.

DFID-FCDO has played a key role in establishing constructive relations between programmes and state governments, for example by promoting the Development Cooperation Framework in Kaduna, coordinating the work of donor partners behind Kaduna State priorities. This is developing towards the model of a Mutual Accountability Framework setting out the commitments of the state government and development partners, and so creating conditions for more stable and trusting relationships, close alignment of development programmes with government's plans, use of government systems, and stronger collaboration between development programmes. DFID-FCDO is trying to promote the same principles in other places, including Jigawa, but take-up has been more limited. A more concerted approach towards developing Mutual Accountability Frameworks backed by UK diplomatic pressure and connecting the whole FCDO portfolio across sectors is required.

The role of FCDO

There was widespread consensus among interviewees for this study that collaboration between governance, health and education programmes has been greatly facilitated where DFID-FCDO has played a hands-on role, providing strategic direction and promoting collaboration. Interviews with FCDO staff demonstrated that the importance of and rationale for collaboration between governance, health and education programmes is well understood and agreed upon. However, most interviewees, both from FCDO and from programmes, pointed to important shortcomings in how this function has been performed in practice.

One interviewee described DFID-FCDO as 'demanding, not driving'. In other words, frequent messaging about the importance of collaboration between programmes has not been backed by a clear strategic vision or management framework to deliver on this principle. Interviewees were critical of the tendency of the DFID-FCDO governance and human development teams to work in silos, and the lack of overall responsibility for cross-programme coordination and cohesion. This was explained in terms of management practices and organisational culture, as well as competitiveness to demonstrate which programmes are most effective and offer the greatest value for money. While there have been individuals committed to breaking down silos, and initiatives to build linkages (such as the Deputy Head of Office championing work on Big Common Impact Areas across the SLPs, and more recently in the early years of PERL, a cross-cutting governance adviser working with the health and education teams), rapid staff turnover has tended to dilute their influence. Reversion to silos appears to be the norm, a trend exacerbated by the COVID-19 crisis and remote working.

Interviewees for this study also noted that greater coordination is needed between FCDO's procurement and contracting functions and its programme management functions in-country to ensure common messaging on the importance of cross-programme collaboration.

Since 2012 the importance of DFID's state-level representation (later organised as a Regional Team) has been emphasised to exploit synergies between programmes. These structures have provided important functions, including developing cross-programme State Engagement Strategies, mainly covering the period from 2013 to 2015. They have also used their convening power to bring together sector and governance programmes in regular coordination meetings and provide strong messaging on the importance of collaboration. However, some interviewees suggested that the effectiveness of State and Regional Coordinators has been mixed. This relates to the amount of time that coordinators spend in Abuja relative to their states and their relatively limited powers compared to the SROs, who have more direct influence over programme operations.

5.4   Programme incentives to collaborate

Competition between service providers

Service provider commercial incentives were generally mentioned as factors that interfere with the ability of governance, health and education programmes to collaborate effectively. Competition to secure future business can generate rivalry between programmes, manifesting itself in a reluctance to engage in joint interventions, or a tendency to claim individual credit for joint results. Some suggested that, under present market conditions, such behaviour is particularly likely as programme management has become consolidated among a smaller number of suppliers who operate both core governance and sector programmes. Interviewees suggested that, even where core governance and sectoral programmes were delivered by the same supplier, there were sometimes problems achieving collaboration as project teams continue to work as separate units.

Financial incentives

Learning lessons from the disappointing level of collaboration in the SLP suite, the view of the SRO designing PERL was that financial incentives were the only way of overcoming the substantial barriers to collaboration, both structurally within DFID and between programmes and suppliers. Consequently, the design of PERL placed great emphasis on the use of Partnership Funds and MoUs with sector programmes to incentivise collaboration on agreed deliverables in agreed ways. However, in practice these arrangements have not materialised and no health and education programmes have been designed with modalities that require collaboration with governance programmes. As noted above, the PERL Partnership Fund has only been used once to facilitate collaboration between governance and sector programmes, and was ultimately reabsorbed into general programme funding.

Results frameworks

Service providers are accountable to FCDO for delivering on performance targets and progress markers established in their individual contracts and results frameworks, and annual review scores assess performance against these frameworks. Many interviewees noted that the shift towards payment for results modalities and the increasing emphasis on measuring value for money on a programme by programme basis had exacerbated a tendency for management and staff to pursue narrow, predefined, programme specific goals to the detriment of looking for opportunities to collaborate with other programmes. In most cases the results frameworks of governance and sector programmes have not been linked, other than at very high level in the SLP suite. There have been no shared targets and limited use of process-based indicators to assess the extent to which programmes had collaborated.

Considerable scope exists to adjust results frameworks to incentivise joint working. As one interviewee stated: 'if it is not in the results framework it disappears from view'. This could include greater use of process indicators on the extent and quality of collaboration; joint high-level service delivery targets, appropriate to local context and aligned with state priorities; joint outputs; and links to an agreed Mutual Accountability Framework.

PERL uses cross-pillar progress markers to incentivise joint working between ARC, ECP and LEAP. The impact of these on cross-pillar working is examined in a separate LEAP study on PERL's architecture, and there may be useful lessons to draw to inform ways of incentivising collaboration between governance, health and education programmes (Aston and Rocha Menocal, 2021).

Learning and adaptation

Collaboration between governance, health and education programmes could have been strengthened if complementarity had been built into programme design from the outset and reinforced through ongoing processes of learning, review and adaptation, including shared political economy analyses. With the exception of some SLP reviews, there appear to have been few assessments of the extent to which programmes were effectively collaborating, what added value was being created, what opportunities were being missed and what adaptations needed to be made. Scope therefore exists to build in cross-programme reflection, learning and adaptation.

5.5   Enabling collaboration at point of delivery

Levels of decision-making

A practical challenge to effective collaboration has been different levels of decision-making between health, education and governance programmes, different planning timetables, and different levels of flexibility. Notably during the SLP suite, PATHS2 and ESSPIN were largely centralised, with programmes of work being centrally planned in Abuja and administered by state teams, whereas planning and decision-making in SPARC and SAVI were decentralised to state teams. This not only undermined even the possibility for joint planning, but made it difficult for PATHS2 and ESSPIN to adapt to the opportunities and challenges of different state contexts, including their different governance processes, and different opportunities for collaboration. Interviewees reflected that an important facilitating factor in the constructive relationship between PRRINN-MNCH, SPARC and SAVI was the high level of decentralisation and flexibility in all three programmes.

An important lesson FCDO education staff drew from the SLP experience was the value of decentralised decision-making and planning – and this was incorporated into the design of PLANE.

Interpersonal relations

Many of the interviewees reflected that possibly the critical driver of collaboration has been strong interpersonal relationships between front-line staff working on different programmes. This conclusion is supported by other reviews. It is important to note that this is not always the case. There are examples of rivalry between individuals – with egos, professional competition and personal power-plays all playing a part – but, overall, as the SLP Final Evaluation notes, successful cases of collaboration 'have arisen on an ad hoc basis in cases where staff from the different projects have good interpersonal relations and have been proactive in looking for opportunities to collaborate'.[34] Relationships between front-line staff have sometimes been strong enough to offset some of the many factors cited above that interfere with collaboration – but this is not always the case. As one interviewee stated: 'It is important to note that there is no fight between individuals working in governance and sector programmes. We take advantage of personal relationships to make programmes work. There is no quarrel but the architecture of collaboration is not there.'

Interviewees mentioned several factors that have facilitated collaboration – the most important being personal relationships, understanding and trust; mutual appreciation where staff are competent, professional and see the value in working together; and where staff values are oriented towards collaboration rather than competition. Locally recruited staff have a good understanding of the local context, and this is often an important factor but not sufficient in itself. Collaboration was considered to be more about competence and personality. Co-location of offices has facilitated collaboration between governance and sector programmes in some instances, and some staff have pursued

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[34] IMEP (2017) p. 94.

career paths that have spanned sectoral and governance programmes, and have drawn on previous experience to build linkages. Some interviewees suggested that staff secondments between sectoral and governance programmes could be more actively used to encourage such behaviour.

Section Six: Ways forward

The following table presents recommendations based on each of the key issues analysed in Section 5. They were discussed during the PERL learning and reflection workshop on 15 February 2021.

Challenges/issue to address	Recommendations
Synchronisation and geographical overlap	
• Increasing fragmentation in the timing and geographical complementarity of UK governance, health and education programmes, particularly since the start of PERL.	Coordinated planning **Recommendation 1.** FCDO should invest in careful coordination and advance planning to ensure greater synchronisation and geographical overlap of governance and sector programmes. *In the immediate term, the reality of imperfect synchronisation and incomplete overlap needs to be accepted, and collaboration pursued on a more opportunistic rather than designed basis.*
Cross-programme strategic vision and theory of change	
• Need for a clear strategic vision and theory of change across PERL, Lafiya and PLANE on why collaboration is essential and how to deliver this, including more integrated vision and analysis of the service delivery chain. • Need for clarity on complementary roles, division of labour and approach between PERL and governance components of Lafiya and PLANE.	**Recommendation 2.** FCDO should facilitate discussion and agreement internally, and with PERL, Lafiya and PLANE programme staff on the strategic vision for collaboration and theory of change on complementary interventions. *Issues to clarify:* - *The relationship between achieving service delivery results, and longer-term governance reform; use of FCDO funding for service delivery as 'carrot' to incentivise governance reforms* - *Integrated vision and analysis of the service delivery chain: collaboration on 'upstream' and 'downstream' reform* - *Clarity on complementary roles and approaches between PERL, Lafiya and PLANE* - *State/place level discussions on the nature of governance blockages in particular states, and programme complementary roles to address these* *LEAP to offer to organise reflection sessions during (April–June 2021) in FCDO and with governance, health and education programme staff to discuss, improve and socialise this paper.*

Cross-programme leadership and management of coordination

- Need for cross-programme leadership and management of programme coordination.
- This is best achieved by proactive state governments coordinating donor inputs around state priorities.
- Critical role for FCDO in influencing state government leadership, and in ensuring programme coordination.

Recommendation 3. FCDO should adopt a concerted approach to developing Mutual Accountability Frameworks, backed by UK diplomatic pressure, setting out commitments of state governments and development partners, including governance reforms to leverage support to service delivery, and connecting the whole FCDO portfolio.

Recommendation 4. FCDO should pay attention to cross-programme coordination in FCDO, across sectoral silos and including economic development programmes, particularly in view of recent changes in staff and reduced cross-team contact due to COVID-19. Common approaches to promoting cross-programme collaboration also need to be agreed between FCDO's procurement and programme management functions.

Recommendation 5. FCDO should strengthen its regional/state-level coordination function.

Recommendation 6. FCDO should support state governments to coordinate donor programmes following models used in Kaduna and Jigawa.

Recommendation 7. FCDO should use its six-monthly reviews to focus on cross-programme collaboration issues.

Recommendation 8. FCDO should use the preparation of a possible PERL successor programme as an opportunity to build collaboration into programme design.

Programme incentives to collaborate

- Programme service providers are accountable for delivering what is in their results framework.
- FCDO needs to be more willing to hold programmes to account for failing to collaborate.
- Important to incentivise strategic as well as operational collaboration (i.e. synergy not just cost sharing).
- Important to reinforce collaboration and complementarities through ongoing processes of learning, review and adaptation.

Recommendation 9. FCDO should build strategic collaboration between sector and governance programmes into programmes' result frameworks.

Indicators on collaboration need to feature not only in relation to impact and outcomes, but at output level so as to require attention to be given to this issue during annual reviews.

Links to agreed Mutual Accountability Frameworks should also feature in programme results frameworks.

Recommendation 10. FCDO should consider the use of joint payment milestones shared between core governance and sector programmes.

Recommendation 11. FCDO should facilitate periodic cross-programme reflection, learning and adaptation on extent to which programmes are effectively collaborating, the value added, opportunities missed and adaptations to be made.

Enabling collaboration at point of delivery

- For programmes to collaborate effectively, levels of programme decision-making need to be compatible. Experience demonstrates that decentralising decision-making to state level both facilitates collaboration and effective adaptation to the local political economy context.
- Personal and working relationships and trust between governance, health and education programme staff in state programmes have often been the key driver of collaboration.

Recommendation 12. FCDO programmes should consider decentralising decision-making to state-level staff as much as possible, with attendant implications for staff recruitment and support.

Recommendation 13. FCDO programmes should consider measures to promote understanding and good working relationships between front-line staff in governance and sector programmes, such as co-locating offices; local recruitment; sector programmes recruiting staff who have previously worked for governance programmes and vice versa; and cross-programme secondments.

Annexes

Annex 1: Programme mapping

Figure 1. Timeline of the main DFID/FCDO-funded governance, health and education programmes 2002–2020

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
				SLGP								SLP suite					PERL and sub-sector progs			
Governance programmes																				
				SLGP 2001–2018								SPARC 2008–2016					PERL 2016–2023			
												SAVI 2008–2016								
Education programmes																				
				CUBE 2003–2008								ESSPIN 2008–2017								
														TDP 2013–2019						
						GEP 2005–2020														
Health programmes																				
				PATHS1 2001–2008								PATHS2 2008–2015								
							PRRINN-MNCH 2006–2013							MNCH2 2014–2019						
												Women for Health (W4H) 2012–2018								
												Malaria prog (SuNMaP) 2011–2022								
												Nutrition prog (WINNN) 2011–2019								
									HIV/AIDS programme (ENR) 2009–2016											
																				Lafiya
Humanitarian programmes																				
																	NENTAD 2017–2022			

	Jigawa	Kaduna	Kano	Enugu	Lagos	Yobe	Zamfara[35]
Governance programmes							
SLGP (State and Local Governance Programme) 2002–2008	x (from 2001)	x (from 2006)	x (from 2005)	x (from 2002)	x (from 2005)		
SPARC (State Partnership for Accountability Responsiveness and Capability) 2008–2016	x	x	x	x	x	x (from 2011)	x (from 2011)
SAVI (State Accountability and Voice Initiative) 2008–2016	x	x	x	x	x	x (from 2011)	x (from 2011)
PERL (Partnership to Engage, Reform and Learn) 2016–2023	x	x	x			x	
Education programmes							
CUBE (Capacity Building for Universal Basic Education) 2003–2008	x	x	x				
GEP (Girls Education Programme) 2005–2020			x				
ESSPIN (Education Sector Support Programme in Nigeria) 2008–2017	x	x	x	x	x		
TDP (Teacher Development Programme) (2013–2019)	x	x (from 2016)	x (from 2016)				x
Health programmes							
PATHS (Partnership for Transforming Health Systems) 2002–2008	x	x	x				
PRRINN-MNCH (Partnership for Reviving Routine Immunisation in Northern Nigeria-Maternal, Newborn and Child Health) 2006–2013	x					x	**x**
PATHS2 (Partnership for Transforming Health Systems, phase 2) 2008–2015)	x	x	x	x	x		

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[35] This table includes the states where governance, health and education programmes coincided. The geographical footprint of a number of the programmes is wider than this.

Programme							
SuNMaP (DFID Support to the National Malaria Programme) 2011–2022	x	x	x				
WINNN (Working to Improve Nutrition in Northern Nigeria) 2011–2017	x					x	x
W4H (Women for Health) (2012–2018)	x		x			x	x
MNCH2 (Maternal, Newborn and Child Health, phase 2) 2014–2019	x	x	x			x	x
Lafiya (UK support for health in Nigeria) 2020–2026	x	x	x			x	
Humanitarian programmes							
NENTAD (North East Nigeria Transition to Development Programme) 2017–2022							x

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Annex 3: List of interviews

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Partnership to Engage, Reform and Learn