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Empty rituals? A qualitative study of users' experience of monitoring & evaluation systems in HIV interventions in western India



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ABSTRACT

In global health initiatives, particularly in the context of private philanthropy and its 'business minded' approach, detailed programme data plays an increasing role in informing assessments, improvements, evaluations, and ultimately continuation or discontinuation of funds for individual programmes. The HIV/AIDS literature predominantly treats monitoring as unproblematic. However, the social science of audit and indicators emphasises the constitutive power of indicators, noting that their effects at a grassroots level are often at odds with the goals specified in policy. This paper investigates users' experiences of Monitoring and Evaluation (M&E) systems in the context of HIV interventions in western India. Six focus groups (totalling 51 participants) were held with employees of 6 different NGOs working for government or philanthropy-funded HIV interventions for sex workers in western India. Ten donor employees were interviewed. Thematic analysis was conducted. NGO employees described a major gap between what they considered their "real work" and the indicators used to monitor it. They could explain the official purposes of M&E systems in terms of programme improvement and financial accountability. More cynically, they valued M&E experience on their CVs and the rhetorical role of data in demonstrating their achievements. They believed that inappropriate and unethical means were being used to meet targets, including incentives and coercion, and criticised indicators for being misleading and inflexible. Donor employees valued the role of M&E in programme improvement, financial accountability, and professionalising NGO-donor relationships. However, they were suspicious that NGOs might be falsifying data, criticised the insensitivity of indicators, and complained that data were under-used. For its users, M&E appears an 'empty ritual', enacted because donors require it, but not put to local use. In this context, monitoring is constituted as an instrument of performance management rather than as a means of rational programme improvement.

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1. Background

Recent decades have seen a rapid increase in the breadth and intensity of Monitoring and Evaluation (M&E) practices in health and development systems. For 'New Public Management', 'Results-Based Management' and 'Payment by Results', the collection of accurate monitoring data is seen as essential to the professionalisation and rationalisation of health interventions (Binnendijk, 2000; Hood, 1995). Progress towards highly-specified targets can be monitored, and good performance rewarded (Earle, 2003; Kilby, 2004). The advent of major global health initiatives

funded by philanthropic organisations such as the Gates Foundation has brought a 'business minded' shift to New Public Management in the 21st century. The Gates Foundation-funded Avahan programme, for instance, emphasises its 'data driven business approach' and 'effective management model' (Avahan, 2008; Rau, 2011), in which the management of performance through the compilation of data is central.

According to evaluation literature, the major purposes of M&E are threefold: (i) assessing programme effectiveness (ii) preventing misappropriation of funds (iii) feedback and learning to improve programme performance (Green and South, 2006; Rossi et al., 2003; Shadish et al., 1991). While M&E policies presume a rational model in which accurate information leads to better performance, critics have cautioned that monitoring systems (for example using key performance indicators) should not be simply

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assumed to 'mirror' reality (Power, 1999; Strathern, 2000). Indicators are partial, capturing some aspects of reality but not others, thus leading to systematic gaps in what is recorded (Armytage, 2011; Ika & Lytvynov, 2011; Savedoff et al., 2006). More profoundly, it is argued that indicators actively construct reality. Particularly when indicators are used as a basis for performance management, those indicators come to define the problem, the role of practitioners, and the identities of the 'beneficiaries' (Erikson, 2012; Lorway and Khan, 2014; Mawdsley et al., 2005). In the interest of exploring the effects of monitoring systems at the grassroots level, this article investigates the experiences of the users of M&E systems – NGO and donor staff – charged with putting monitoring into practice.

In the HIV/AIDS literature to date, monitoring has been largely treated either as a health-systems issue (regarding HIV incidence and prevalence rates, sentinel surveillance), where the concern is whether M&E is sufficiently resourced and embedded in health systems (Peersman et al., 2009; Porter et al., 2012), or as a technical issue, where the concern is with developing the 'right' indicators and the focus is on indicators of service delivery, clinical work or behaviour change communication (Ahonkhai et al., 2012; Catumbela et al., 2013; Mannell et al., 2014) and achieving high 'data quality' (typically through web based applications with decentralised data entry) (Nash et al., 2009). Collectively, this body of work is oriented to incremental improvement of individual indicators, improvement of M&E frameworks, and the institutionalisation of M&E. There is generally little attention paid to how M&E is actually implemented at grassroots level, how it is experienced by frontline staff, or its effects at the grassroots level, despite the fact that those 'at the sharp end' of healthcare policies, who are charged with implementing them, may have important insights to contribute (Aveling et al., 2015).

The exception is a body of recent research which investigates questionable 'data quality' in routine reporting relating to HIV. For example, Kaposhi et al. found that the number of adults receiving antiretroviral therapy in the Eastern Cape, South Africa was over-reported by 36.6% on the District Health Information System, and recommended enhancing staff training, data-verification procedures, and reducing the clinical and reporting burdens on staff, to make accurate record-keeping more manageable (Kaposhi et al., 2015). Surveying the completeness and accuracy of records in a large, prevention of mother to child transmission programme in South Africa, Mate et al. found that reports submitted to the state level were only 50% complete, and accurate only 13% of the time (Mate et al., 2009). They suggest that the challenges are not only technical, but also social, highlighting the commitment of clinic staff as a key factor and therefore recommending that the collection of monitoring data be shown to be useful at a local level, so that staff have a sense of ownership and 'buy-in' to the aim of gathering accurate data. These authors did not gather data about staff perceptions, but speculate about their importance. This paper empirically investigates staff perceptions, assuming, like Mate et al. (2009), that how staff feel about their reporting activities has important implications for both staff enthusiasm and data quality.

The data for this paper are drawn from HIV interventions in a high prevalence state of western India. There is a large and growing literature evaluating HIV interventions in India, which predominantly seeks to establish whether, and to what extent, interventions have achieved positive results in terms of reducing HIV transmission or risk factors (Ng et al., 2011; Vassall et al., 2014). A smaller body of literature examines issues of process, seeking to learn lessons about programme design, mechanisms of change, and implementation (Narayanan et al., 2012; Wheeler et al., 2012).

Until the recent papers by Lorway and Khan (2014); and Biradavolu et al. (2015), however, we could find no evidence of

other studies on HIV in the Indian context that had considered monitoring as an active process, constructing people and practices, rather than simply reflecting them. Lorway and Khan (2014) explore how the epidemiological categories used in HIV intervention terminology came to define new identities and new grounds of inclusion/exclusion among key populations in India. They make a compelling case that monitoring forms do not simply reflect a pre-existing reality, but construct realities. Biradavolu et al. (2015) examine the unintended consequences of a community-based monitoring system for sex worker interventions in India, finding that despite its good intentions, the system deskilled and undermined sex workers, replacing their contextually-sensitive counting systems with a less responsive universal system, thus constituting disempowered sex workers and problematic data. This article seeks to contribute to this research agenda, but with a different focus. It asks: How do the on-the-ground users of M&E systems in HIV interventions in India experience those systems? By asking this question, we seek to understand the effects of M&E practices, not in producing data, but on the everyday work and experience of running interventions.

2. Context: monitoring HIV interventions in India

At the time of the fieldwork for this study (2011–2012), the governance of the HIV response in India was undergoing a transition. Since 2003, it had been led by two agencies, working in parallel: the Indian government's National AIDS Control Organisation (NACO) and the Bill & Melinda Gates Foundation's Avahan programme. These agencies divided their responsibilities geographically, with the Avahan programme operating in certain districts in the six highest-prevalence states, while NACO was responsible for the rest. In line with international principles of 'aid effectiveness', 'harmonisation' and 'coordination', the government and philanthropy-funded programmes were closely coordinated, having similar structures in place at each administrative and geographical level (Hill et al., 2012). Both programmes employed a common operational structure of distributing funds to organisations operating at the state level, i.e. State AIDS Control Societies and international NGOs respectively. In both cases, these state level agencies managed the funding, commissioning, and evaluation of Targeted Interventions, which were sub-contracted to and implemented by local NGOs and CBOs at field level. During the fieldwork, the Avahan programme was in a transition phase, with its funding and HIV intervention programme management being handed over to the Indian Government (Rao, 2010; Sgaier et al., 2013).

The government and Avahan programmes took a common approach to intervention, with three main components. First, prevention activities took place through peer-based outreach, in which members of key populations, working as peer educators, communicated behaviour change messages and distributed condoms. Second, a medical component was provided through project-run clinics for HIV/STI testing and treatment. Finally, a 'social component' aimed at advocacy and empowerment to foster community participation and 'ownership', by promoting local leadership. Across each of these components, M&E activities were conducted, to record and evaluate each NGO's achievements in each intervention strand against targets set centrally by the funding bodies. This study was conducted in the context of Targeted Interventions for sex workers, in a 'high prevalence state' in western India.

M&E was embedded in the job descriptions and management of Targeted Interventions at all levels of programmes. We investigate "M&E" as our participants defined and experienced it. "M&E" ostensibly refers to two separate processes: monitoring (i.e. recording data about activities and outcomes), and evaluation (i.e. assessing the success of a programme in relation to its objectives by

means of those indicators). In practice, in our study, the users of M&E systems do not distinguish these two processes but use the term “M&E” as a catch-all for the work of recording data and its use. With the rise of ‘results-based management’, M&E is understood by participants to be closely associated with the setting of targets and monitoring progress towards those targets, and thus with performance management. In what follows, we describe how the Avahan interventions were monitored, to give a concrete example. Government-funded interventions used slightly different indicators, but with a very similar overall approach. In Avahan interventions, starting from the base, peer educators (i.e. sex workers trained and employed by the Targeted Intervention) completed a daily diary which included indicators such as: number of one-to-one and one-to-group sessions held; new contacts made; prevention materials distributed and condoms distributed. They also completed a weekly ‘micro-plan’ intended to help them keep track of individual sex workers in their outreach area.

Outreach workers (who were professionally trained social workers or experienced peer educators, supervising 10–20 peer educators each) maintained a daily diary recording their personal outreach indicators, such as: number of joint field visits with peer educators; meetings conducted with sex workers; condoms distributed; new sex workers registered as well as recording the minutes of all meetings. Outreach workers had the primary responsibility for data collection from the social component of the interventions, including indicators such as: numbers of sex workers receiving a ration card or voter card; self-help groups formed; core committee meetings; advocacy and sensitisation workshops conducted; local committees formed and networks and linkages developed. As supervisors of the peer educators, outreach workers collated peer educators’ data from daily diaries into a ‘weekly sheet’ and a monthly ‘summary sheet’, and compiled their microplans into a ‘monthly tracking sheet’.

Clinic staff (doctors, counsellors, and paramedics) collected data on clinic performance, STI case management, and clinic operations. Indicators included numbers of: sex workers attending clinic for regular health check-up; follow-up cases; sex workers visiting the project clinic at least once; sex workers attending the clinic for presumptive treatment for STIs, and referrals made.

All of the above data, plus operational data (e.g. records of visits to programme-owned STI clinics, records of registers and minutes of meetings held by community groups and committees at the drop-in centres) were aggregated at the implementing NGO level on a monthly basis. NGOs also maintained detailed daily financial records and were responsible for sending three-monthly reports to the state-level partner. In addition a monthly technical report contained details of reported indicators on infrastructure (such as number of drop in centres functional) and on ‘coverage’ (such as number of new sex workers contacted). Separately, the monthly financial report contained details of project expenses under various budget headings, and the monthly narrative report contained details of advocacy issues and success stories from the field.

At the state-level funding partner organisation, a project officer would cross-verify the data (using registers and physical forms) during monthly supervisory visits to the NGO. The state level office would then compile the data from all sub-contracted NGOs, reporting it at the central level.

This large body of data was then analysed at the central (i.e. national) level, producing ‘league tables’ of the state-level partners. These league tables were displayed at quarterly and annual review meetings of the state-level partners, where achievements were made public and praise or admonishment administered. Individual NGOs felt the pressure to perform, as these data could be used to justify closing an intervention.

3. Method

The qualitative study draws on interviews and focus groups with participants sampled from a wide range of agencies working on Targeted Interventions for female, male and trans sex workers, in a high prevalence state in western India. The identity of research site remains undisclosed for ethical reasons. The paper investigates users’ experiences of M&E systems. The users, in this context, include both NGO staff and donor staff. Data collection took place between August 2011 and January 2012. Ethical approval was granted by the Glasgow Caledonian University School of Health Ethics Committee, and participants took part under conditions of voluntary, informed consent. Interviews and group discussions were conducted in the participants’ preferred language by the first author, audio-recorded, and later translated and transcribed verbatim in English. The first author had formerly been employed as a project officer on an Avahan-funded HIV intervention (2005–2007), followed by research work in the same field. This experience resulted in networks which were used for recruitment for this study, during which new networks were also generated. This research was conducted as an independent PhD project, with university funding.

3.1. NGO participants

We used focus groups to study the experiences of NGO workers, aiming to generate rich, conversational data, reflecting users’ concerns. Each focus group was composed of participants from within the same NGO, so that participants were all talking about the same M&E system, and could build on their common experience.

Purposive sampling of NGOs aimed for diversity along two dimensions seeking to reflect the diversity of provision in the sector. The dimensions were: (i) funding source (Avahan/government); (ii) mission (service delivery/empowerment). Our sample of six NGOs included representatives from three funded by Avahan and three funded by government; and three of the six had a service-delivery ethos and three had an explicit agenda of empowerment or participation.

In total, 51 NGO participants took part, across the six focus groups. Each focus group contained a diversity of participants, and included both professional NGO staff and representatives of sex workers. Professional staff were typically young, middle class, educated to degree level, and held job titles including counsellors, field officers, M&E officers, accountants, project managers or doctors. Sex worker participants usually had very low incomes and little formal education. They were peer educators, community paramedics, and board members of committees.

Focus groups were structured by a topic guide addressing three main issues: (i) workers’ understanding of their organisation’s purposes; (ii) experiences of day-to-day implementation of M&E; (iii) prospects for alternative M&E systems. Focus groups lasted an average of 2 hours.

3.2. Donor participants

We used individual in-depth interviews with donor employees, rather than focus groups, because they were geographically dispersed, and to allow them flexibility, privacy and openness to talk about sensitive issues.

The primary inclusion criterion for donor employees was that they had experience within the last five years of working on funding-management of HIV-related Targeted Interventions in western India. Current and former donor employees (both governmental and Avahan) were included. Purposive sampling aimed for diversity in terms of (i) employer; (ii) level of seniority. A

'snowball' technique was used, starting with the first author's contacts and those of colleagues. Ten interviews were conducted with donor representatives. Five were employees of government organisations, and five were employed by large onward-granting NGOs. The sample included representatives of central, regional and local donor organisation structures: ranging from the Project Officer of a government-funded Technical Support Unit, to senior positions in State-Level (Avahan-funded) and Central-government-level organisations.

Interviews were guided by the same topics as the focus group topic guide, with the addition of a section focusing on the relationships between the different actors involved in M&E. They lasted for an average of 1.5 hours.

3.3. Analysis

Focus groups and interviews were audio-recorded and transcribed for analysis. Thematic analysis was used to code for participants' experiences of M&E. Each dataset was analysed separately, to preserve the distinctiveness of the NGO and donor employee voices. Following Attride-Stirling's step-wise approach to thematic analysis, for each dataset, analysis began by generating descriptive codes, which were progressively grouped into basic themes, further grouped into 'organising themes', and ultimately a 'global theme' for each dataset (Attride-Stirling, 2001). Organising themes had clear value judgements attached. Some identified issues that were clearly positive for participants, others were seen as negative, and we separate out the positive and negative themes when we present them below. Coding was validated by a team of researchers familiar with the project, who reviewed the coding framework, its application to interview and group discussion transcripts, and contributed to interpretation of the data into the organising and global themes.

4. Results

This section presents the findings for each group separately, first the NGO participants, then the donor participants. For each group, we first illustrate the 'global theme', that is, the concept that synthesises their experience as a whole. This sets the context for discussion of the individual organising themes, which convey the positive and negative impacts of M&E in turn.

4.1. NGO workers: targets vs. "real work"

Overall, NGO participants reported overwhelmingly negative perceptions of M&E, repeatedly contrasting what they saw as 'inappropriate' targets with what they considered their 'real work'. The focus groups began with a discussion of each NGO's purpose, principles and history. Participants spoke enthusiastically about their commitment to improving the lives of marginalised people:

R5: We are living for others; we are trying to bring about change in other people's lives. That is one thing I really feel proud of. [Group discussion-4].

When they spoke of what they were proud of, they identified achievements that were often not recorded in M&E systems, and which often went 'beyond the call of duty'. They described working longer than their scheduled hours, beyond their job description (e.g. raising funds for a needy sex worker) or working without pay when funds were delayed, emphasising their commitment to a cause that went beyond how they were monitored and managed.

The empowerment of sex workers and development of trusting relationships featured repeatedly as descriptions of their 'real

work'. In terms of empowerment, achievements identified included supporting sex workers to: negotiate with police officers; resist local thugs; negotiate with clients; work in an NGO office; attend an international conference; or serve as a representative of sex workers at a local or regional level. The goals of behaviour-change-communication with sex workers or distributing condoms (seen as key indicators) were rarely mentioned. In general, they doubted the ability of M&E to capture what was most important:

AS: Can you think of ways in which these things, important from your point of view could be incorporated in the M & E? Whether there are any different methods? Do you have any suggestions?

R5: Trust.

R1: These things we are proud of and are related to our feelings, they cannot be bound anywhere. It cannot be tied down, that is what I think. Like to write it down as data, or put it as data, that cannot be done.

R1: If it is a tick mark then it becomes a form, and how can you put feelings in a form? [Group discussion-1].

According to programme documents, monitoring of the social component of interventions should include measures or narratives reflecting such social achievements as empowerment or advocacy (Bill & Melinda Gates Foundation, 2013). Yet participants expressed a view that clinical and behavioural indicators were prioritised over social indicators, and that the depth of their achievements and extent of their efforts were not recognised in line with findings of George et al. (2015).

Their views were not all negative, however. The following three themes convey the advantages of M&E as reported by participants. While the first can be described as an 'intended benefit' in that it reflects one of the establishing goals in M&E in enabling better programme management and improving accountability, the other two are seen as 'unintended consequences', reflecting a more instrumental, indeed cynical use of M&E, uses which do not contradict participants' claims that existing M&E processes are not reflective of their 'real work'.

4.1.1. Intended benefits: programme planning and financial accountability

Reflecting the formal goals of M&E, NGO participants identified practical benefits of M&E in terms of aiding effective programme planning and financial accountability. They described how compiling routine data on outreach activities enabled them to have a better understanding of the needs of the communities they worked with, to better target their activities, e.g. choosing the best location for their mobile medical van according to numbers of beneficiaries in a particular location. When asked about the value of the daily diaries, the following participants elaborated:

R1: [We learn] what sort of services they [sex workers] have received [and] what services they need. Are they indulging in high risk behaviour? How many clients does she serve? Has the number of clients reduced over time? So we have all that information with us [...].

R3: We understand her condom needs.

R1: If she has forgotten her dates to visit the clinic, we get hold of her and remind her. We understand all this about them. With this data we know about the girls and it is useful for them as well. [Group discussion-5].

The participants felt that one of the plausible purposes of M&E

was to check that funds were being used as intended. This was deemed important in a context in which corruption is acknowledged to be rife, with many stories in circulation of NGO Directors or founders purchasing large properties or multiple vehicles through rents, bribes, or siphoning off funds. A counsellor commented:

R2: When a person gives funds then he would definitely keep a check, if I am giving funding then [I want to know] whether it is reaching the beneficiaries [...] If the funds do not reach the beneficiaries then what is the use of giving money? [Group discussion-4].

In addition, participants also mentioned expenditure information as serving an important role in accountability in terms of tracking whether activities were being undertaken as expected. For instance, an under-spend on 'medical services' might reveal that greater effort needed to be made in that area.

4.1.2. Unintended benefit: CV building

Developing skills in M&E was itself seen as a valuable and marketable advantage for individual NGO participants. Skills in programme management, training, data collection, reporting and documentation, presentation and networking were identified as improving the participants' value in the labour market.

R1: I have learnt a lot from this funding agency, my documentation skill has improved, my presentation skill improved, I met several new people, I will never say that I did not get a chance to learn from it. I learnt a lot. [Group discussion 2].

The skills and experience gained from undertaking M&E, using the computerised system, and the networks developed through a large scale business model programme were all considered useful advantages of working for targeted interventions.

4.1.3. Instrumental benefit: demonstrating success and credibility

NGO workers appreciated the role of M&E in serving as evidence of their own individual work, and the work of their organisation. They valued the data generated as evidence of their high-level of performance and sincerity, and expected it to be useful evidence in the quest for future funding:

R9: Yes, there is [value], we can present it to visitors, particularly those who come from outside: this [is the] sort of work we do. Or when applying for a new project we can show the work we have done so far. Because it is in a written format, so we can show it. It is good in that way.[Group discussion-5].

This instrumentalism carries forward into the negative perceptions of M&E processes, which follow below. Two kinds of complaints were identified: complaints about undesirable or unethical means used to boost performance on the monitored indicators; and complaints about the choice of indicators themselves.

4.1.4. Over-reliance on incentives

For our participants, the meaning of M&E was closely bound up with the use of monitoring data to assess NGOs' performance against targets, often conceived as a competition between NGOs.

Participants expressed concern that an obsession with meeting targets for sex workers' participation was leading to the use of expensive incentives, to achieve short-term results at the expense of sustainability. Participants described an abundance of gifts (such as umbrellas, t-shirts, saris and bags) available to incentivise sex workers' attendance at project events, and generous funds available

to make Targeted Interventions' premises and activities more attractive. This issue was particularly salient for those NGOs undergoing transition from Avahan to government funding, which entailed a controversial drop in funding levels.

R1: When we asked [donors from private philanthropy] for something that would help to increase the number of patients, then they used to immediately sanction it. 'You take anything'. We used to get tents, games [Group discussion-6].

However:

R3: [...] When we received funding from the corporate [donor, i.e. private philanthropy] ... there were plenty of resources, now after government [has taken over], resources have reduced.[Group discussion -6].

Participants explained their grievance as relating to the impact of incentives on sex workers' commitment to HIV-protective behaviour and to the use of sexual health services. They described their 'real work' as mobilising sex workers to protect their health, to demand access to health services, and to take ownership of community interventions, and saw these goals as directly undermined by a model of offering material rewards in return for accessing project services. One participant indicated the likely response by sex workers:

R7: [We provided] all that you can give when there is funding, and when that is not there then, 'why should we come to you? What would we get in return?' This is a big hazard. [Group discussion-2].

4.1.5. Use of coercion

Beyond using incentives, some participants spoke of the use of coercion to boost performance in measured indicators. They described colleagues threatening sex workers that they would involve the police if sufficient numbers of them were not being tested. They explicitly described this problem as deriving from the pressure to perform well on the set indicators – again, irrespective of the means used to meet the targets.

R2: I felt that these women [NGO staff] have invested so much of their energy to change the mindset of these women [sex workers], but today by simply using the word 'police' their 'no's' were transformed into 'yes'. And sex workers immediately agreed to what NGOs were asking them to do. So ultimately what has one achieved by all this? So should we really say that this is voluntary testing? It's the process by which the statistics are increased. [...] But other [NGOs] used all these means to achieve their target. And they will meet targets, if they threaten people like this. [Group discussion-2].

Participants felt that the logic of incentives and coercion was difficult to resist: if other NGOs were seen to play by those rules, thereby achieving high results, in a competitive NGO environment, not using incentives and coercion risked the organisation's results and thus their continued sustainability.

4.1.6. Misleading indicators: inflexible and inappropriate

The majority of participants criticised the choice of indicators used by donors. They felt that indicators were chosen on the basis of being easy to measure whilst neglecting longer-term and hard-to-measure outcomes such as empowerment or 'level of awareness' of HIV status. As a result, they suggested that the donors'

monitoring systems could not distinguish between qualitatively different outcomes.

R3: The indicators should be [measured] through a qualitative process [...] for example number of 'self-reported' women [reporting to an STI clinic voluntarily]. [Under the current funding structure] All of them are escorted: peers accompany them to the clinic. But how many women go by themselves? This could be a qualitative indicator. Definitely! But this is not noticed. [Only] the total number is checked. [Group discussion-2].

R3 here suggests that a sex worker independently attending a clinic is a much more significant achievement, indicating a change in a woman's own health-seeking behaviour, compared to the sex worker being brought in by a peer educator. This is another example of R3 conveying that high quality, 'real work' was not being measured. Arguably, such insights from users could be taken into account in improving the M&E system, to make such distinctions where they are important.

Some NGO staff expressed frustration that a narrow focus on performance according to de-contextualised indicators might achieve ostensibly large numbers, but at the expense of the validity of those numbers. For example:

R12: Does a seventy-year-old woman need to undergo HIV testing or does she require food to eat? She was FSW [female sex worker], now she is seventy years old, would you tell her that: 'you are in this trade, it does not matter how you do it, but you get tested for HIV'. She would say: 'I work on a tea stall, why do you want to do HIV testing?'. They [donors] should implement actual need-based programmes. [Group discussion-4].

Others complained about the narrowness of indicators used, arguing that M&E systems focused on medical aspects of HIV to the neglect of social aspects.

R1: About Mental Health, the funding agency does not feel it's important [...], there is no knowledge of sexuality. [...] [Named NGO] believes that there is a real need for sensitization related to sexual identity and sexuality, [...] but the funds that we are demanding for that [work] are not approved by funding agencies. They think that we are talking nonsense, and there is no need for such things currently. The needs of MSM and the gay community are only HIV and STI according to funders. [Group discussion-1].

Returning to the theory that monitoring systems constitute rather than mirror reality, participants considered that indicators, by virtue of their use to compare NGOs' performance, were constituting a competitive environment, in which Targeted Interventions were becoming constituted as ruthless means of reaching targets, to the neglect of data quality, validity of indicators, or sex workers' rights not to attend clinics or be tested. Moreover, by prioritising clinical indicators over social indicators, the M&E system constitutes peer educators as supports for clinical work rather than as empowering change agents. In the process, it could be argued that M&E is being constituted as an instrument of discipline rather than an instrument of improvement.

4.2. Donor employees: "monitoring is our duty"

Donor staff were often very critical of their M&E system, voicing similar challenges to those raised by the NGO participants cited above. Nonetheless, they spoke of M&E as an important part of their professionalism, describing it as their 'duty'.

4.2.1. Programme improvement through professionalisation, transparency and accountability

The majority of donor staff described the core purpose of M&E as feeding back important information from the field in order to improve programmes. They described the whole process as more flexible than did the NGO participants, suggesting that programmes, and even indicators, could be altered if needed. One donor employee described refining the indicators used, upon observing an anomaly:

R: The peer educator was supposed to be a role model but was not acting as a role model. They were encouraging the community to go for an internal check-up, a monthly check up, but when we asked them whether they themselves conducted the monthly checkups and an internal check-up we realized that they themselves were not following the guidelines. They were preaching but not practising. This immediately got the attention of the donors. Then, I remember, in the next phase of MIS [monitoring and information systems review and revision] we tried to track peer educators so that they have to do their monthly check up. So these changes that we see are some concrete examples that the programmes have changed in line with the learning from the field. [DI-10].

Donor employees also described ensuring financial accountability as another key purpose of M&E; helping to keep a check on potential corruption and malpractice and to respond accordingly:

R: For example, they [NGO] have withdrawn a huge amount of cash when the programme did not need it. Or they have acquired assets without getting quotations [for their purchase]. There are certain indicators which are very sensible; [indicative of whether] they are siphoning off money and not paying the staff. Or they [for example NGO director] have relatives as the staff, or they have rented their own residence to the project. So as far as finances go, they look at these indicators [...]. If there is any stark development, then the team [donors] from the State goes and visits them, and if they are fine, they are given three months [to justify the expenses], and if they are not able to recover then they are terminated midway.[DI-5].

The transparency of the M&E process was described as an advantage. Donor employees valued M&E as a way of professionalising their relationship with NGOs. For example, the NGOs were said to try to use their informal connections at the central level, bypassing their appropriate point of contact at the state level, to try to achieve benefits or to compensate for weak performance. Insisting on the primacy of M&E data was a way of avoiding such interpersonal pressures on donor employees, and the risks that donor representatives might seek to favour particular NGOs. This served two purposes: decentralising the management of programme activities and establishing that powerful connections could not be used by NGOs to gain unfair advantages.

R: We do not want to talk to the facility [NGO] directly because then the facilities think that they have a direct connection to the centre and therefore they do not respect the district and the state levels anymore and they say that 'we are in direct touch with the centre'. That is the situation that we avoid, but we are connected with their performance in a way so we monitor their data.[DI-5].

4.2.2. Donor perceived failings: data problems and local insensitivities

Donor staff expressed even deeper cynicism than NGO workers

regarding abuses of the target system. While NGO employees tended to blame the donors (for choosing the wrong targets, or encouraging the use of incentives), donor staff tended to blame the NGOs.

A majority of informants reported that the current M&E system generated a huge amount of data, but that this data was not analysed fully, undermining its contribution to the intended purpose of programme improvement and learning.

R: We enter lot of data but we do not analyze it. So [a] lot of lengthy reports are generated, a lot of registers are maintained, but nobody sits down and looks at how this is going to help me change and improve my project management at monthly level. They wait for the annual evaluation from the funder agency and then based on that they take corrective actions, otherwise on their own they do not reflect on their data, and analyze it. [DI-5].

The common reasons given for this failure were a lack of human resources, short time frames for reporting or short project duration.

Some donor interviewees were very sceptical of the numbers returned in M&E forms, claiming that NGOs could modify (or falsify) reports to claim better results than were actually justified.

R: Let us say that if we set up a programme which says that only if you can enrol 1000 female sex workers, will you get a project. If that is your criteria set for getting the project and if I am an NGO in the field and I know there are 200 sex workers in the area, [then] I am somehow going to find 1000 sex workers, because I want to get the project [funding]. But to get the project itself, I might have to either openly falsify figures, or I may look at many people who may not be sex workers, to be seen as sex workers. [DI-7].

The same interviewee explained his reasoning, believing that the pressures on NGO staff to demonstrate results were more powerful than the incentive to represent reality truthfully.

R: If I am a worker with an NGO, and I know my boss wants to hear that the moon is black then I say that the moon is black. [DI-7].

Mirroring NGO workers' complaint that indicators were often insensitive to local contexts, donor employees also expressed doubt over the appropriateness of some of the chosen indicators. For example, the following donor employee argued that an unintended consequence of disaggregating the population into different 'risk groups' (e.g. positive people, sex workers) was identification and stigmatisation of individuals attending specific events, in line with [Lorway and Khan's \(2014\)](#) argument that categories used to monitor constitute identities.

R: It should not be that today is Tuesday; it is positive people's day. That is, without saying, you have said it [revealed the HIV status of those who attend]. This should not happen, it is a common programme of ICTC [integrated counselling and testing centre], and in that you invite everybody. [DI-2].

Interviewees conveyed an understanding of the complex realities of practical local contexts, and their dissatisfaction that indicators developed at a central level, designed to provide epidemiologically relevant information, did not take into account the indicators' effects or interpretation at a grassroots level.

5. Discussion

This paper reveals a remarkable congruence between the views

of NGO and donor users of M&E systems in the HIV/AIDS sector in India. Both groups articulated the ostensible purposes of M&E, and identified benefits in terms of financial accountability and accurate record-keeping. However, they also reported failures to measure important social outcomes, failures to distinguish between superficial and more sustainable ways of meeting targets, falsification of data, unintended consequences and under-use of data. The significance of monitoring was bound up with target-setting, pressure to meet or exceed targets, and competition between NGOs to demonstrate results. In terms of the purported aims of M&E, this study suggests that monitoring may be playing a positive role in developing financial accountability; that monitoring is being used to assess programme effectiveness, though participants question the validity of the effectiveness data; and that monitoring is not being used as a means of feedback and programme improvement. We argue that overall, for our participants, the activity of monitoring is being constituted as an instrument of performance management and disciplining of NGOs, and not as an instrument of rational programme improvement. We conclude by discussing methodological, practical and conceptual implications of our findings.

At a methodological level, we hope that this study has demonstrated the value of investigating users' experiences of implementing M&E systems. It is a commonplace in health policy research that policies made in globally central offices are not seamlessly put into practice in local settings, but that they undergo transformations in order to work locally, and that they may have unexpected and adverse effects ([Campbell et al., 2012](#); [Cornish et al., 2012](#); [Lorway and Khan, 2014](#); [Mosse, 2005](#)). Users have important information on the actual processes of implementation, including the relative priority given to different aspects of a programme, the unintended consequences of monitoring efforts, and the activities that are not captured or valued by the monitoring system. Speaking to the users of M&E systems sheds light on the ways that monitoring is put into practice and valued in practice. Written policies and M&E frameworks may mention social outcomes and endorse flexibility, but those principles may not make it through to implementation. If the donor's performance management prioritises clinical indicators over social ones (or is believed to do so), appears unable to take account of local nuance and context, or seems naïve to gaming or coercion, those implementing the M&E system are likely to respond accordingly, and prioritise and present the kinds of data believed to be most important. In sum, the implementation of M&E systems itself requires monitoring.

Practically, could M&E be done better, so that the problems identified by our participants could be resolved? Our participants were asked this question, and had some suggestions. At the simplest level, better indicators could be chosen. For instance, as suggested, indicators could assess whether a sex worker was self-referred or accompanied to a clinic. Indicators for social outcomes such as stigma reduction, advocacy to police, reduction in violence, empowerment or solidarity exist in the research literature and could in principle be developed and modified for local contexts. But social outcomes of HIV/AIDS interventions are often poorly monitored because they have been difficult to define and operationalise, and because they are context-dependent and not as easily transferred and compared across settings as are clinical or behavioural indicators ([Mannell et al., 2014](#)). This problem of context-dependence suggests that simply writing better indicators is not a full solution. If what should be measured is dependent upon context, then the process of designing M&E systems needs to allow for greater grassroots participation in the definition of objectives and monitoring practices, and flexibility in the choice of indicators. Instituting such a flexible process is more challenging than simply writing new indicators because it challenges the objective of

comparability across settings. Gaining meaningful data at the loss of comparability may be a trade-off that is worth making. But implementing community-based monitoring systems raises a host of further challenges and has often resulted in disappointment (Biradavolu et al., 2015). As we suggest below, M&E faces structural problems that go deeper than the selection of indicators or more bottom-up processes.

Conceptually, we have sought to investigate how M&E systems are constituting the practice and experience of NGO and donor work. Monitoring can serve as a useful tool of rational programme improvement, as long as relevant and valued indicators are used, the data are meaningfully compiled at regular intervals, fed back to programme managers and implementers, and acted upon. For programme staff, evidence that monitoring data provides means of advancing their 'real work' makes the process of monitoring meaningful and valuable. In the absence of such experience, monitoring risks becoming a meaningless and 'empty' ritual, completed because it is required by donors but not because it serves local purposes. This has implications for data quality. If, like Mate et al. (2009) we assume that staff buy-in is important to the quality of monitoring data, these findings are worrying. If staff do not have confidence in the M&E system they are unlikely to prioritise accurate record-keeping. Moreover, if M&E does not reflect the 'real work' but is seen as a 'game to be played', then staff may be incentivised to game the system, further undermining the validity of the data. It is possible that the processes identified here are more widespread than this particular case, and therefore that data collected using existing systems may be less valid and reliable than has been assumed.

However, the enormous commitment of resources, high frequency of demands for M&E reports, and major consequences of M&E mean that, of course, the 'ritual' is not 'empty'. As an alternative to being understood as a rational means of programme improvement, M&E can also be understood as a means of performance management, whose massive consequences in contexts of insecurity (e.g., closure or expansion of a project, redundancies, performance-related pay) have been described by Ball (2003) as the "terrors of performativity". The structural situation of M&E systems, as tools for determining flows of resources from donors to implementing NGOs in a situation of competition for shrinking funds, and a hegemony of results-based management, decimates their capacity to function as locally-intelligent means of programme improvement. But rituals would not be maintained if they were entirely empty. The ritual of M&E is full of meaning as a legitimised way of managing a portfolio of projects, encouraging competition, and justifying 'hard decisions'. Our participants question the quality of the data gathered through such M&E systems, and thus the legitimacy of their use for important decisions. Indeed, if the meaning of M&E is given by the use of monitoring data to manage performance and take consequential decisions, and if those data are as badly flawed as our participants suggest, then the current paper is an argument to reduce the meaning and power of current M&E systems, in other words, to further empty the ritual of M&E.

Competing interests

The authors declare that they have no competing interests.

Authors' contributions

AS designed and carried out the empirical research, analysed the data and drafted the manuscript. FC and PT supervised the study. FC conceptualised the study, drafted the literature review and conclusions, and contributed to analysis and interpretation. PT

contributed to analysis, interpretation and writing. All authors read and approved the final manuscript.

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