2nd ANNUAL MONITORING OF INTERNATIONAL HEALTH PARTNERSHIP

+Related Initiatives

Guide to Key Terms & Definitions

ihp+ results

About this Guidance

This document should be read in conjunction with the “Survey Tool, with How to … guide”, as a guide for completing the IHP+Results 2010 survey tool. An electronic copy of this and related documents can be found on the IHP+Results website (www.ihpresults.net)

We have provided below detailed information for each of the agreed IHP+Results Standard Performance Measures in order to enable a consistent interpretation of the key terms used. Much of this information is drawn directly from OECD/DAC guidance for the Paris Survey 2011.

Key terms are highlighted in orange, and definitions are provided for each of these.

Indicator numbers are used for ease of reference – these are drawn from the Standard Performance Measures (SPM), which are shown in full in “Overview for participating signatories”.

If you have any questions or require support in using this or other IHP+Results documents, please contact Tim Shorten (tim@human-scale.net), or James Fairfax (james@human-scale.net).

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1G: IHP+ Compact or equivalent mutual agreement in place

Numerator	Evidence that an IHP+ Compact or equivalent mutual agreement is in place
Denominator	In this country
Target	An IHP+ Compact or equivalent mutual agreement is in place

Definitions

Evidence: Written confirmation through completing IHP+Results survey tool. An electronic copy of the agreement is available, preferably in the public domain (please provide a weblink to this document, or an electronic copy).

IHP+ Compact: The country Compact is a negotiated and signed time-bound agreement in which all partners commit to implement and uphold the defined country health priorities outlined in the validated country health strategy. Therefore, signatories to the country Compact agree that all existing and future investments are based on the ONE validated country health strategy, which is results-based and costed, with clear performance benchmarks for all parties and which is transparently monitored and evaluated for purposes of mutual accountability. For more guidance on IHP+ country compacts see the IHP+ website[1].

Equivalent mutual agreement: A document developed under the stewardship of the government, which defines priorities for health sector support and is signed by the government and (a number of) development partners – ie not a bilateral agreement.

In place: Has been signed by the government and (a number of) development partners – ie not still under development. Published in the public domain (please provide a weblink to this document, or an electronic copy).

[1] http://www.internationalhealthpartnership.net/CMS_files/documents/ihp_compact_guidance_note_EN.pdf

2Ga: National Health Sector Plans/Strategy in place with current targets & budgets that have been jointly assessed

Numerator	Evidence of National Health Sector Plans/Strategy with current targets & budgets that have been jointly assessed
Denominator	In this country
Target	A National Health Sector Plan/Strategy is in place with current targets & budgets that have been jointly assessed

Definitions

Evidence: Written confirmation through completing IHP+Results survey tool, there is an electronic copy of the plan is available, preferably in the public domain (please provide a weblink to this document, or an electronic copy); and documentation is available on the Joint Assessment process.

Current targets: Targets that relate to an ongoing (ie not expired) period of implementation.

Current budgets: Budgets that relate to the existing annual or multi-year budget (eg MTEF).

Jointly assessed: Joint assessment is a shared approach to assessing the strengths and weaknesses of a national strategy. IHP+ partners have developed a process for the Joint Assessment of National Strategies (JANS) with the intention that a JANS assessment is accepted by multiple stakeholders, and can be used as the basis for technical and financial support. In this definition, a plan has been jointly assessed if the JANS process, or a similar joint assessment, has been completed (please provide details in the "Answers and additional information column of the survey tool). For more information on JANS see the IHP+ website[2].

[2] http://www.internationalhealthpartnership.net/en/documents/category/joint_ass_1253609049

2Gb: Costed and evidence-based HRH plan in place that is integrated with the national health plan

Numerator	Evidence that the national government is implementing (or developing) a costed, comprehensive national HRH plan that is integrated with the health plan
Denominator	In this country
Target	A costed, comprehensive national HRH plan (integrated with the health plan) is being implemented or developed

Definitions

Evidence: Written confirmation through completing IHP+Results survey tool, and the ability to share a copy of the plan (please provide a weblink to this document, or an electronic copy); or documentation that shows an HRH plan is being developed.

Costed HRH plan: Human Resources for Health (HRH) plan, which has been developed in the context of available resources – budgets for each action should be defined, including the responsibility for providing finances.

Comprehensive national HRH plan: Plan that addresses (directly or by reference to other plans/strategies) the key constraints that need to be addressed to achieve agreed objectives on HRH.

Evidence based HRH plan: Plan that has been developed and informed through understanding of what works to achieve the stated objectives.

Integrated with the national health plan: The HRH plan is referred to in the national health plan (ie the HRH budget and other implications are reflected in the national health plan) and other higher- or lower-level plans/strategies as appropriate; the HRH plan should also make reference to higher- or lower-level strategies.

3G: Proportion of public funding allocated to Health

Numerator	Total amount of public funding allocated to the health sector
Denominator	Total amount of public funding/national budget
Target	15% (or an equivalent published target) of the national budget is allocated to health

Definitions

Public funding allocated to Health: African governments have demonstrated their commitment to health services by committing to allocate a 15% share of their *own* resources to the health sector. 15% is understood to mean *domestic* public spending on health, *excluding* external funding[3], as set out in the national budget that has been approved by the country's legislature. If data is available, we would like to get a figure for domestic funding for health (ie without external funding included). If this data is not available, an overall figure for the discretionary resources spent on health will suffice.

Equivalent published target: The 15% target has only been agreed by African governments. Other IHP+ Governments may have agreed alternative targets, which we can use in place of 15%. However, it is important that these targets have been made public prior to IHP+Results monitoring in 2010; and we would prefer to see evidence (publication, press release, notes of parliamentary statement) of the prior public communication of alternative target.

[3] http://www.ansa-africa.net/uploads/documents/publications/Equinet_Abuja_2008.pdf

4G: Proportion of health sector funding disbursed against the approved annual budget

Numerator	Total amount of funding disbursed against the approved annual budget for the health sector
Denominator	Total amount of the approved annual budget for the health sector
Target	Halve the proportion of health sector funding not disbursed against the approved annual budget

Definitions

- **Disbursement**: A disbursement is the placement of resources at the disposal of a recipient country or agency. Resources provided in-kind should only be included when the value of the resources have been monetised in an agreement or in a document communicated to government.

- **Approved annual budget for the health sector:** Is the annual budget as it was originally approved by the legislature. In order to support discipline and credibility of the budget preparation process, subsequent revisions to the original annual budget — even when approved by the legislature — ***should NOT be recorded*** here. This is because it is the credibility of the original, approved budget that is important to measure and because revisions to the annual budget in many cases are retroactive.

5G: Country procurement and public financial management systems either (a) adhere to broadly accepted good practices or (b) have a reform programme in place to achieve these

Numerator	Most recent scores on: • PFM/CPIA scale of performance • four-point scale
Denominator	Baseline scores on: • PFM/CPIA scale of performance • four-point scale
Target	Improvement of at least one measure (ie 0.5 points) on the PFM/CPIA scale of performance Improvement of at least one measure on the four-point scale used to assess performance for this sector

Definitions

Country procurement systems: Donors use national procurement procedures when the funds they provide for the implementation of projects and programmes are managed according to the national procurement procedures as they were established in the general legislation and implemented by government. The use of national procurement procedures means that donors do not make additional, or special, requirements on governments for the procurement of works, goods and services. (Where weaknesses in national procurement systems have been identified, donors may work with partner countries in order to improve the efficiency, economy, and transparency of their implementation).

Country public financial management systems: Legislative frameworks normally provide for specific types of financial reports to be produced as well as periodicity of such reporting. The use of national financial reporting means that donors do not impose additional requirements on governments for financial reporting. In particular donors do NOT require: (i) maintenance of a separate accounting system to satisfy donor reporting requirements, and (ii) creation of a separate chart of accounts to record the use of donor funds.

Adhere to broadly accepted good practices: As a means to objectively assess the strength of national procurement and public financial management systems, IHP+Results plans to draw on scores from two existing mechanisms, described below:

1) PFM/CPIA scale of performance: This indicator is based on the World Bank Country Policy and Institutional Assessment (CPIA) data. The CPIA framework of analysis includes 16 indicators, one of which — CPIA Indicator 13 — measures the quality of partner countries budget and financial management systems[4]. Four assessment criteria are used for this indicator:

- A comprehensive and credible budget linked to policy priorities.
- Effective financial management systems of budget expenditure and budget revenues.
- Timely and accurate fiscal reporting.
- Clear and balanced assignment of expenditures and revenues to each level of government.

IHP+Results has gathered the available data from the World Bank website, presented below. IHP+ Country Governments are asked to verify this data, and to raise any objections with evidence to support these objections. We will use this data to provide ratings on the quality of PFM systems. Data is presented for 2005 – when the Paris Declaration (which is the source of this target) was signed – and for 2009, which is the most recent available year.

[4] Taken from www.oecd.org/dataoecd/45/46/35230756.pdf

	CPIA score		
Country	2005	2009	Change
Burkina Faso	4	4.5	+0.5
Burundi	2.5	3	+0.5
DRC	2.5	2.5	0
Djibouti	3	3	0
Ethiopia	3.5	3.5	0
Kenya	3.5	3.5	0
Mali	4	3.5	-0.5
Mozambique	3.5	4	+0.5
Nepal	3.5	3	-0.5
Niger	3.5	3.5	0
Nigeria	3	3	0

2) Four-point scale used to assess performance in the procurement sector: The OCED has outlined a procedure to produce an indicative picture of the quality of procurement systems, based on a 4-point scale. IHP+Results will use the data generated by this approach in order to reduce duplication and minimize transaction costs. Detailed information on this procedure can be found on the OECD website[5] and specifically at the following web address: www.unpcdc.org/media/4182/global%20monitoring%20paris%20dec.doc. To date, data for this indicator is only available in two of the IHP+ countries participating in IHP+Results 2010 monitoring (see below)[6].

Relevant IHP+ country scores (participating in IHP+Results 2010 monitoring):

IHP+ country	4-point score	% score	Raw score (out of 158)
Kenya	C	66	104
Niger	B	73.5-77.2	119-125

This data is not sufficient for IHP+Results to assess any country's progress towards the agreed target. In the absence of more comprehensive data, IHP+ Governments are asked to provide any relevant data on assessments that they have conducted of their procurement systems, or to provide information on any reform programmes that are in place (see following definition). In the meantime, IHP+Results supports calls for the OECD Task Force on Procurement to promote a greater number of assessments by end 2010, including some repeat assessments in the 17 countries that completed the exercise for the 2008 Paris survey.

Reform programme in place: A strategy to reform and strengthen national PFM and/or Procurement systems has been finalised and approved by the government (ie not still under development), communicated to DPs and published in the public domain (please provide a weblink to this document, or an electronic copy).

[5] http://www.oecd.org/document/59/0,3343,en_2649_3236398_43440827_1_1_1_1,00.html

[6] See also p34 of 2008 Paris Survey (http://browse.oecdbookshop.org/oecd/pdfs/browseit/4308131E.PDF). 17 countries provided data: 7 are IHP+ signatories, of which 1 (Niger) has volunteered to participate in IHP+Results 2010 monitoring process. Kenya also participated: http://www.oecd.org/dataoecd/6/12/41583965.pdf

6G: An agreed transparent and monitorable performance assessment framework is being used to assess progress in the health sector

Numerator	Evidence that a transparent and monitorable performance assessment framework for the health sector is in place
Denominator	For this country
Target	A transparent and monitorable performance assessment framework is in place to assess progress in the health sector

Definitions

Evidence: Written confirmation through completing IHP+Results' survey tool, and an electronic copy of relevant documentation is available in the public domain (please provide a weblink to this document, or an electronic copy).

Transparent: Agreed and published, preferably with good awareness amongst key stakeholders including civil society.

Monitorable: Including a limited number of agreed indicators that are tracked through the Health Management Information System and other sources.

Performance assessment framework: The basis of a government's policy to make information about the quality and performance of health care services available to the public and partners. National Performance Assessment Frameworks should be comprehensive (ie cover all areas of health sector performance).

In place: Has been finalised and adopted by the government – ie not under development

7G: Mutual Assessments, such as Joint Annual Health Sector Reviews, have been made of progress implementing commitments in the health sector, including on aid effectiveness *

Numerator	Evidence that Mutual assessments (such as a joint Annual Health Sector Review) are being made of progress implementing commitments in the health sector, including on aid effectiveness
Denominator	In this country
Target	Mutual assessments (such as a joint Annual Health Sector Review) are being made of progress implementing commitments in the health sector, including on aid effectiveness

Definitions

Evidence: Written confirmation through completing IHP+Results survey tool, and an electronic copy of relevant documentation is available, preferably in the public domain (please provide a weblink to this document, or an electronic copy).

Mutual assessments of progress: Exercises that engage at a national level both partner authorities and donors in a review of mutual performance. In determining whether mutual assessments of progress have been undertaken, partner authorities and donors may be guided by the following criteria:

- ***Broad-based dialogue*** — Mutual assessments should engage in dialogue a broad range of government ministries (including line ministries and relevant departments) and donors (bilateral, multilateral and global initiatives). Government and donors should also consider engaging with civil society organisations.
- ***Country mechanisms for monitoring progress*** — A formal process for measuring progress and following-up the assessment on a regular basis (e.g. one to two years) might be supplemented, wherever possible, through independent/impartial reviews. The results of such assessments should be made publicly available through appropriate means to ensure transparency.
- ***Country targets*** — Partner countries have established country targets for improved aid effectiveness and health sector performance including within the framework of the agreed Partnerships Commitments and Indicators of Progress included in the Paris Declaration (PD-§9). They may, however, go beyond the Paris Declaration wherever government and donors agree to do so.
- ***High-level support*** — The assessments should be transparent and country led with significant support at the highest levels and with an appropriate level of resources.

8G: Evidence that Civil Society is actively represented in health sector policy processes – including Health Sector planning, coordination & review mechanisms

Numerator	Number of seats on the health sector coordination mechanism allocated to civil society
Denominator	Number of seats on the health sector coordination mechanism
Target	At least 10% of seats in the country's health sector coordination mechanisms are allocated to Civil Society representatives

Definitions

Health sector coordination mechanism: Multi-stakeholder body that meets regularly (usually monthly or quarterly) to provide the main forum for dialogue on health sector policy and planning.

NB: This Standard Performance Measure will be supplemented by the equivalent DP Standard Performance Measure (8DP), and a qualitative survey of national civil society organisations to be carried out by the IHP +Results team, which will explore the quality of civil society engagement in health sector policy dialogue.

Guidance on completing other questions

A limited number of questions are also asked to enable the completion of the Country Scorecard:

Number of Development Partner / Donor missions: Donor missions to the field are defined as missions that meet all of the following criteria:

- The mission is undertaken by, or on behalf of, a donor, including programme developers, appraisers and evaluators, sector assessment teams commissioned by a donor.
- The mission involved international travel typically, but not exclusively, from donor headquarters.
- The mission made a request to meet with government officials including local government.

This definition should exclude missions:

- Undertaken by donors to attend events (workshops, conferences, etc.) that do not involve request to meet with government officials.
- Undertaken by parliamentary or other political delegations.
- Special event missions undertaken as part of a defined program, e.g. electoral observers.
- External consultants that are executing work as part of scheduled programme implementation plans.
- Disaster assessment teams.

Pooled funding mechanism: A funding mechanism which receives contributions from more than one donor which are then pooled and disbursed upon instructions from the Fund's decision-making structure by an Administrative Agent (or Fund Manager) to a number of recipients. Sometimes known as a Multi-Donor Trust Fund. Taken from http://www.undg.org/index.cfm?P=152

Skilled medical personnel: Those who are properly trained and who have appropriate equipment and drugs. Excludes traditional birth attendants, even if they have received a short training course.[7]

Outpatient Department visits: Total number of outpatient (A person who goes to a health care facility for consultation, is not admitted to the facility and does not occupy a hospital bed for any length of time) visits per year, divided by the sum of total population / 10,000.

Example:
Total population: 2,000,000
Total outpatient department visits: 500,000

2,000,000 / 10,000 = 200

500,000 / 200 = 2,500

Total outpatient department visits per 10,000 = 2,500.

[7] http://www.wpro.who.int/NR/rdonlyres/45B45060-A38E-496F-B2C1-BD2DC6C04C52/0/44Definitionofterms2009.pdf

Definitions for IHP+ Development Partner Standard Performance Measures

Note: In numerators and denominators, the term "IHP+ countries" refers only to those countries in which the signatory operates AND where the country has agreed to participate in the IHP+Results process[8].

1DP: Proportion of IHP+ countries in which the partner has signed commitment to (or documented support for) the IHP+ Country Compact, or equivalent agreement

Numerator	Number of IHP+ countries in which the signatory has documented support for/ commitment to a country compact (or equivalent) agreement
Denominator	Number of IHP+ countries in which the signatory operates where there is a country compact or equivalent agreement with priorities linked to the national health sector plan/strategy & annual budgets
Target	100% of IHP+ countries where the signatory operates have support for/ commitment to the IHP+ compact (or equivalent) mutually agreed and documented

Definitions

IHP+ Country Compact: The country Compact is a negotiated and signed time-bound agreement in which all partners commit to implement and uphold the defined country health priorities outlined in the [jointly assessed] health strategy. Therefore, signatories to the country Compact agree that all existing and future investments are based on the ONE validated country health strategy, which is results-based and costed, with clear performance benchmarks for all parties and which is transparently monitored and evaluated for purposes of mutual accountability. For more guidance on IHP+ country compacts see the IHP+ website[9].

Equivalent agreement: A document developed under the stewardship of the government, which defines priorities for health sector support and is signed by the government and (a number of) development partners – ie not a bilateral agreement.

[8] The countries that have volunteered to participate in IHP+Results 2010 monitoring include: Burkina Faso, Burundi, DRC, Djibouti, Ethiopia, Kenya (TBC), Mali, Mozambique, Nepal, Niger and Nigeria

[9] http://www.internationalhealthpartnership.net/CMS_files/documents/ihp_compact_guidance_note_EN.pdf

2DPa: Percent of aid flows to the health sector that is reported on national health sector budgets

Numerator	Amount of disbursed health sector aid for the government sector reported on national health sector budgets
Denominator	Amount of health sector aid for the government sector disbursed at country level
Target	Halve the proportion of aid flows to the health sector not reported on government's budget(s) (with at least 85% reported on budget)

Definitions

Health sector aid: ODA contributed to the health sector. ODA includes all transactions defined in OECD/DAC statistical directives paragraph 35, including official transactions that:

- are administered with the promotion of economic development and welfare of developing countries as its main objective; and

- are concessional in character and convey a grant element of at least 25%.

Disbursed for the government sector: Health sector aid disbursed in the context of an agreement with administrations (ministries, departments, agencies or municipalities) authorised to receive revenue or undertake expenditures on behalf of central government. This includes works, goods or services delegated or subcontracted by these administrations to other entities such as:

- Non-Governmental organisations (NGOs);
- Semi-autonomous government agencies
- Private companies

Reported on national health sector budgets: This should include all health sector aid recorded in the annual budget as grants, revenue or loans.

National health sector budget: Is the annual budget as it was originally approved by the legislature. In order to support discipline and credibility of the budget preparation process, subsequent revisions to the original annual budget — even when approved by the legislature — ***should NOT be recorded*** here. This is because it is the credibility of the original, approved budget that is important to measure and because revisions to the annual budget in many cases are retroactive.

Disbursed: A disbursement is the placement of resources at the disposal of a recipient country or agency. Resources provided in-kind should only be included when the values of the resources have been monetised in an agreement or in a document communicated to the government**. In order to avoid double counting in cases where one donor disburses ODA funds on behalf of another, it is the donor who makes the final disbursement to the government who should report on these funds.** The only exception to this is Q18 for DPs against which donors should record total ODA funds channelled through other donors. Direct Budget Support (General- and Sector- Budget Support) should be included as appropriate. For the purposes of calculating the health sector element of General Budget Support (GBS), please provide the total amount of GBS that you have provided and IHP+Results will calculate the amount to the health sector based on the government allocation to health from the national budget.

2DPb: Percent of current capacity-development support provided through coordinated programmes consistent with national plans/strategies for the health sector

Numerator	Amount of technical cooperation disbursed for the health sector through coordinated programmes for capacity development
Denominator	Amount of technical cooperation disbursed for the health sector
Target	50% or more of technical cooperation flows to each IHP+ country in which the signatory operates are implemented through coordinated programmes that are consistent with national plans/strategies for the health sector

Definitions

Technical cooperation (also referred to as technical assistance) is the provision of know-how in the form of personnel, training, research and associated costs. (OECD DAC Statistical Reporting Directives 40-44). It comprises donor-financed:

- Activities that augment the level of knowledge, skills, technical know-how or productive aptitudes of people in developing countries; and
- Services such as consultancies, technical support or the provision of know-how that contribute to the execution of a capital project.

Technical co-operation includes both free standing technical co-operation and technical co-operation that is embedded in investment programmes (or included in programme-based approaches).

Capacity-development: The process whereby people, organisations and society as a whole unleash, strengthen, create, adapt and maintain capacity over time. Recent research shows that capacity development is more likely to be effective when:

- Capacity development is treated as a goal in its own right and that increased efforts are made to identify the objectives it seeks to achieve ("Capacity development for what?").
- Support for capacity development addresses three dimensions: human capacity, organisational capacity and broader institutional capacity.
- Capacity development is country owned rather than donor driven.

Coordinated technical cooperation: Co-ordinated technical co-operation means free standing and embedded technical co-operation that respects the following principles. *Ownership* -- Partner countries exercise effective leadership over their capacity development programmes. *Alignment* – Technical co-operation in support of capacity development is aligned with countries' development objectives and strategies. *Harmonisation* – Where more than one donor is involved in supporting partner-led capacity development, donors co-ordinate their activities and contributions.

You are invited to review all your health sector support with a view to determining how much technical co-operation was disbursed through co-ordinated programmes that meet ***BOTH criteria:***

1. Have relevant country authorities (government or non-government) communicated clear capacity development objectives as part of the health sector strategy? (Y/N)
2. Is the technical co-operation aligned with these capacity development objectives? (Y/N)
AND at least ONE of the criteria below:
3. Do relevant country authorities (government or non-government) have control over the technical co-operation? (Y/N)
4. If more than one donor is involved in supporting country programmes, are arrangements in place involving the country authorities for co-ordinating technical co-operation provided by different donors? (Y/N)

Disbursed: A disbursement is the placement of resources at the disposal of a recipient country or agency. Resources provided in-kind should only be included when the values of the resources have been monetised in an agreement or in a document communicated to the government**. In order to avoid double counting in cases where one donor disburses ODA funds on behalf of another, it is the donor who makes the final disbursement to the government who should report on these funds.** The only exception to this is Q18 for DPs against which donors should record total ODA funds channelled through other donors. Direct Budget Support (General- and Sector- Budget Support) should be included as appropriate. For the purposes of calculating the health sector element of General Budget Support (GBS), please provide the total amount of GBS that you have provided and IHP+Results will calculate the amount to the health sector based on the government allocation to health from the national budget

2DPc: Percent of health sector aid provided as programme based approaches

Numerator	Amount of health sector aid disbursed in support of initiatives adopting programme-based approaches
Denominator	Amount of health sector aid disbursed at country level
Target	66% of aid flows are provided in the context of programme based approaches

Definitions

Health sector aid: ODA contributed to the health sector. ODA includes all transactions defined in OECD/DAC statistical directives paragraph 35, including official transactions that:

- are administered with the promotion of economic development and welfare of developing countries as its main objective; and
- are concessional in character and convey a grant element of at least 25%.

Programme based approaches: Programme based approaches (PBA) are a way of engaging in development co-operation based on the principles of co-ordinated support for a locally owned programme of development, such as a national development strategy, a sector programme, a thematic programme or a programme of a specific organisation. Programme based approaches share the following features: (i) Leadership by the host country or organisation; (ii) A single comprehensive programme and budget framework; (iii) A formalised process for donor co-ordination and harmonisation of donor procedures for reporting, budgeting, financial management and procurement; (iv) Efforts to increase the use of local systems for programme design and implementation, financial management, monitoring and evaluation.

Donors can support and implement programme based approaches in different ways and across a range of aid modalities including budget support, sector budget support, project support, pooled arrangements and trust funds.

Donors are invited to review all their development activities with a view to determining how much health sector aid was disbursed in support of programme based approaches that meet ***ALL 4 of the following criteria*** (anything less does not qualify as a PBA):

1. Is the host country or organisation exercising leadership over the programme supported by donors? (Y/N)

2. Is a single comprehensive programme and budget framework used? (Y/N)

3. Is there a formal process for donor co-ordination and harmonisation of donor procedures for ***at least two*** of the following systems: (i) reporting, (ii) budgeting, (iii) financial management and (iv) procurement? (Y/N)

4. Does your support to the programme use ***at least two*** of the following local systems: (i) programme design, (ii) programme implementation, (iii) financial management and (iv) monitoring and evaluation? (Y/N)

Disbursed: A disbursement is the placement of resources at the disposal of a recipient country or agency. Resources provided in-kind should only be included when the values of the resources have been monetised in an agreement or in a document communicated to the government. In order to avoid double counting in cases where one donor disburses ODA funds on behalf of another, it is the donor who makes the final disbursement to the government who should report on these funds. The only exception to this is Q18 for DPs against which donors should record total ODA funds channelled through other donors. Direct Budget Support (General- and Sector- Budget Support) should be included as appropriate. For the purposes of calculating the health sector element of General Budget Support (GBS), please provide the total amount of GBS that you have provided and IHP+Results will calculate the amount to the health sector based on the government allocation to health from the national budget.

3DP: Percent of health sector aid provided through multi-year commitments

Numerator	Total health sector aid disbursed through multi-year commitments (a minimum of 3 years)
Denominator	Total health sector aid disbursed at country level
Target	90% (or an equivalent published target) of health sector funding disbursed through multi-year commitments (min. 3 years)

Definitions

Health sector aid: ODA contributed to the health sector. ODA includes all transactions defined in OECD/DAC statistical directives paragraph 35, including official transactions that:

- are administered with the promotion of economic development and welfare of developing countries as its main objective; and
- are concessional in character and convey a grant element of at least 25%.

Disbursed: A disbursement is the placement of resources at the disposal of a recipient country or agency. Resources provided in-kind should only be included when the values of the resources have been monetised in an agreement or in a document communicated to the government**. In order to avoid double counting in cases where one donor disburses ODA funds on behalf of another, it is the donor who makes the final disbursement to the government who should report on these funds.** The only exception to this is Q18 for DPs against which donors should record total ODA funds channelled through other donors. Direct Budget Support (General- and Sector- Budget Support) should be included as appropriate. For the purposes of calculating the health sector element of General Budget Support (GBS), please provide the total amount of GBS that you have provided and IHP+Results will calculate the amount to the health sector based on the government allocation to health from the national budget

Multi-year commitments: Commitments to disburse funding that are designed to fund expenditures for several years. For the purposes of this work, a minimum of 3 years.

4DP: Percent of health sector aid disbursed within the year for which it was scheduled

Numerator	Amount of health sector aid disbursed within the year for which it was scheduled
Denominator	Total Amount of health sector aid disbursed at country level
Target	Halve the proportion of health sector aid not disbursed within the year for which it was scheduled

Definitions

Health sector aid: ODA contributed to the health sector. ODA includes all transactions defined in OECD/DAC statistical directives paragraph 35, including official transactions that:

- are administered with the promotion of economic development and welfare of developing countries as its main objective; and
- are concessional in character and convey a grant element of at least 25%.

Disbursed: A disbursement is the placement of resources at the disposal of a recipient country or agency. Resources provided in-kind should only be included when the values of the resources have been monetised in an agreement or in a document communicated to the government. **In order to avoid double counting in cases where one donor disburses ODA funds on behalf of another, it is the donor who makes the final disbursement to the government who should report on these funds.** The only exception to this is Q18 for DPs against which donors should record total ODA funds channelled through other donors. Direct Budget Support (General- and Sector- Budget Support) should be included as appropriate. For the purposes of calculating the health sector element of General Budget Support (GBS), please provide the total amount of GBS that you have provided and IHP+Results will calculate the amount to the health sector based on the government allocation to health from the national budget

5DPa: Percent of health sector aid that uses country procurement systems

Numerator	Amount of health sector aid for procurement that uses national procurement systems in countries where procurement systems are generally considered to adhere to broadly accepted good practices, or to have a reform system in place
Denominator	Total amount of health sector for procurement aid in countries where procurement systems are generally considered to adhere to broadly accepted good practices, or to have a reform system in place
Target	One-third reduction in the % of health sector aid for procurement to the public sector not using partner countries' procurement systems

Definitions:

Health sector aid: ODA contributed to the health sector. ODA includes all transactions defined in OECD/ DAC statistical directives paragraph 35, including official transactions that:

- are administered with the promotion of economic development and welfare of developing countries as its main objective; and
- are concessional in character and convey a grant element of at least 25%.

Uses national procurement systems: DPs use national procurement systems when the funds they provide for the implementation of projects and programmes are managed according to the national procurement procedures as they were established in the general legislation and implemented by government. The use of national procurement procedures means that DPs do not make additional, or special, requirements on governments for the procurement of works, goods and services. (Where weaknesses in national procurement systems have been identified, DPs may work with partner countries in order to improve the efficiency, economy and transparency of their implementation).

NB: For this Standard Performance Measure we are requesting only data from those countries where you are active, and where there is a procurement system that is generally considered to adhere to broadly accepted good practices, or to have a reform system in place.

Adhere to broadly accepted good practices: The objective indicator that IHP+Results is using is drawn directly from the Paris Declaration target for indicator 5b, which refers to a four point scale to assess performance in the procurement sector and uses points A and B on the scale for the purposes of targeting.

- **Four point scale (A, B, C, D):** The OCED has outlined a procedure to produce an indicative picture of the quality of procurement systems, based on a 4-point scale. IHP+Results will use the data generated by this approach in order to reduce duplication and minimize transaction costs. Detailed information on this procedure can be found on the OECD website[10] and specifically at the following web address: www.unpcdc.org/media/4182/global%20monitoring%20paris%20dec.doc. Data for this indicator is only available in two of the IHP+ countries participating in IHP+Results 2010 monitoring (see below) and also read the 2008 Paris survey[11].

Relevant IHP+ country scores (participating in IHP+Results 2010 monitoring):

IHP+ country	4-point score	% score	Raw score (out of 158)
Kenya	C	66	104
Niger	B	73.5-77.2	119-125

In the absence of a more comprehensive data for this 4-point scale, we are asking DPs to make their own

[10] http://www.oecd.org/document/59/0,3343,en_2649_3236398_43440827_1_1_1_1,00.html

[11] p34 of 2008 Paris Survey (http://browse.oecdbookshop.org/oecd/pdfs/browseit/4308131E.PDF). 17 countries provided data: 7 are IHP+ signatories, of which 1 (Niger) has volunteered to participate in IHP+Results 2010 monitoring process. Kenya also participated: http://www.oecd.org/dataoecd/6/12/41583965.pdf

explicit judgements about whether the procurement systems are of sufficient quality to enable them to increase the proportion of their funding channelled through these systems. Where you feel that any country's procurement system is of insufficient quality, please record $0 (zero dollars) in response to questions 9 and 10 in the survey tool. In these instances, please use the "answers and additional information" column to describe the weaknesses that must be addressed in order for your agency to start using the procurement system and any steps you are taking to help strengthen the procurement system. We will compare your assessments with those of other DPs working in the same country, and may request additional clarification if your assessments and therefore funding using the national procurement systems differ.

In those countries where you do feel national procurement system is of sufficient quality for you to channel resources through it, please include the potential amount (denominator) that could be channelled through national procurement systems (Q9) and the actual amount (numerator) that was disbursed through national procurement systems (Q10).

In the meantime, IHP+Results supports calls for the OECD Task Force on Procurement to promote a greater number of assessments by end 2010, including some repeat assessments in the 17 countries that completed the exercise for the 2008 Paris survey.

Reform system in place: A strategy to reform and strengthen national PFM and/or Procurement systems has been finalised and approved by the government (ie not still under development), communicated to DPs and published in the public domain (please provide a weblink to this document, or an electronic copy).

5DPb: Percent of aid that uses public financial management systems

Numerator	Amount of health sector aid disbursed for the government sector that uses national public financial management systems in countries where procurement systems are generally considered to adhere to broadly accepted good practices, or to have a reform system in place
Denominator	Total amount of health sector aid disbursed for the government sector in countries where public financial management systems are generally considered to adhere to broadly accepted good practices, or to have a reform system in place
Target	One-third reduction in the % of health sector aid to the public sector not using partner countries' PFM systems

Definitions

Health sector aid: ODA contributed to the health sector. ODA includes all transactions defined in OECD/DAC statistical directives paragraph 35, including official transactions that:

- are administered with the promotion of economic development and welfare of developing countries as its main objective; and

- are concessional in character and convey a grant element of at least 25%.

Disbursed for the government sector: Health sector aid disbursed in the context of an agreement with administrations (ministries, departments, agencies or municipalities) authorised to receive revenue or undertake expenditures on behalf of central government. This includes works, goods or services delegated or subcontracted by these administrations to other entities such as:

- - Non-Governmental organisations (NGOs);
- - Semi-autonomous government agencies
- - Private companies

Public financial management systems: Legislative frameworks normally provide for specific types of financial reports to be produced as well as periodicity of such reporting. The use of national financial reporting means that donors do not impose additional requirements on governments for financial reporting. In particular donors do NOT require: (i) maintenance of a separate accounting system to satisfy donor reporting requirements, and (ii) creation of a separate chart of accounts to record the use of donor funds.

Donors are invited to review all their health sector activities with a view to determining how much health sector aid for the government sector meet ***BOTH criteria*** below (anything less does not qualify):

1. You do NOT require maintenance of a separate accounting system to satisfy your own reporting requirements?

2. You ONLY require financial reports prepared using country's established financial reporting arrangements? (Y/N).

Broadly accepted good practices: **For this Standard Performance Measure we are requesting only data from those countries where you are active, and where there is a PFM system that is generally considered to adhere to broadly accepted good practices, or to have a reform system in place.**

The objective indicator that IHP+Results is using is drawn directly from the Paris Declaration target for indicator 5a, which refers to the PFM/CPIA scale of performance[12]. The CPIA assessments are completed annually, and data is available on a country basis on the World Bank website (from 2005). The relevant data for the IHP+ countries participating in IHP+Results 2010 monitoring is presented below for information:

[12] Taken from www.oecd.org/dataoecd/45/46/35230756.pdf

	CPIA score		
Country	**2005**	**2009**	**Change**
Burkina Faso	4	4.5	+0.5
Burundi	2.5	3	+0.5
DRC	2.5	2.5	0
Djibouti	3	3	0
Ethiopia	3.5	3.5	0
Kenya	3.5	3.5	0
Mali	4	3.5	-0.5
Mozambique	3.5	4	+0.5
Nepal	3.5	3	-0.5
Niger	3.5	3.5	0
Nigeria	3	3	0

In those countries with a score of 3.5 or more where you are providing health sector support, please provide the data requested in questions 11 and 12 of the survey tool –these countries can be considered to have sufficient quality PFM systems for your agency to use the PFM systems. In countries with a score below 3.5, please provide any information that you consider relevant – either to describe the weaknesses that must be addressed in order for your agency to start using the procurement system and any steps you are taking to help strengthen the procurement system; or data on the amount of your support that uses PFM systems, if any,

5DPc: Number of parallel Project Implementation Units (PIUs) per country

Numerator	Number of parallel PIUs in the health sector (used to provide health sector aid for the government sector) in all IHP+ countries where the signatory operates
Denominator	Number of IHP+ Countries where the signatory operates
Target	Reduce by two-thirds the stock of parallel project implementation units (PIUs)

Definitions

Parallel Project Implementation Unit (PIU): When providing development assistance in a country, some donors establish Project Implementation Units (They are also commonly referred to as project management units, project management consultants, project management offices, project co-ordination offices etc.). These are dedicated management units designed to support the implementation and administration of projects or programmes. PIUs typically share the following key features:

→ PIUs are TYPICALLY required to perform subsidiary (rather than principal) tasks with regard to the implementation of a project or programme: monitoring and reporting on technical and/or financial progress, accounting, procurement of works, goods and services, drawing-up of terms of reference, contract supervision, detailed design or equipment specification.
→ PIUs are often established at the request of a donor following the inception of a project or programme.
→ The staff of PIUs vary considerably in size and composition. Staff size can vary from 1 to as many as 200 but most count less than 10 professional staff. Although a significant number of PIUs make use of government staff, most PIUs rely on staff recruited outside the civil service (e.g. long-term local consultants).
→ A distinction is made here between a PIU and technical advice provided directly to national administrations.

Parallel Project Implementation Units (PIUs): A PIU is parallel when it is created and operates outside existing country institutional and administrative structures at the behest of a donor. In practice, there is a continuum between parallel and integrated PIUs. The criteria below have been designed to help donors and partner authorities draw a line within this continuum and identify with greater certainty parallel PIUs.

Donors are invited to review all their development activities with a view to determining how many PIUS are parallel. For the purpose of this survey, PIUs are said to be parallel when there are ***three or more "Yes"*** to the four questions below (anything less counts as integrated):

1. Are the PIUs accountable to the external funding agencies/donors rather than to the country implementing agencies (ministries, departments, agencies etc)? (Y/N)
2. Are the terms of reference for externally appointed staff determined by the donor (rather than by the country implementing agencies)? (Y/N)
3. Is most of the professional staff appointed (hired) by the donor (rather than the country implementing agencies)? (Y/N)
4. Is the salary structure of national staff (including benefits) higher than those of civil service personnel? (Y/N).

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- are concessional in character and convey a grant element of at least 25%.

Aid for the government sector: Health sector aid disbursed in the context of an agreement with administrations (ministries, departments, agencies or municipalities) authorised to receive revenue or undertake expenditures on behalf of central government. This includes works, goods or services delegated or subcontracted by these administrations to other entities such as:

- - Non-Governmental organisations (NGOs);
- - Semi-autonomous government agencies
- Private companies

6DP: Proportion of countries in which agreed, transparent and monitorable performance assessment frameworks are being used to assess progress in the health sector

Numerator	Number of IHP+ countries in which the signatory is using an agreed, transparent and monitorable performance assessment frameworks to assess progress in the health sector
Denominator	Number of IHP+ countries in which the signatory operates
Target	Single national performance assessment frameworks are used, where they exist, as the primary basis to assess progress in all countries where the signatory operates

Definitions

Transparent: Agreed and published, preferably with good awareness amongst key stakeholders including civil society.

Monitorable: Including a limited number of agreed indicators that are tracked through the Health Management Information System and other sources.

National performance assessment frameworks: The basis of a government's policy to make information about the quality and performance of health care services available to the public and partners. National Performance Assessment Frameworks should be comprehensive (ie cover all areas of health sector performance).

Assess progress: progress in relation to your funding/support in the country - rather than progress in the health sector generally.

7DP: Proportion of countries where mutual assessments have been made of progress implementing commitments in the health sector, including on aid effectiveness

Numerator	Number of IHP+ countries where the signatory will take part during the current year in mutual assessments of progress in implementing their health sector commitments & agreements (such as the IHP+ country compact and on aid effectiveness in the health sector)
Denominator	Number of IHP+ countries in which the signatory operates
Target	Annual mutual assessment of progress in implementing health sector commitments & agreements (such as the IHP+ country compact and on aid effectiveness in the health sector), is being made in all the countries where the signatory operates

Definitions

Mutual assessments: Mutual assessments of progress are exercises that engage at a national level both partner authorities and donors in a review of mutual performance. In determining whether mutual assessments of progress have been undertaken, partner authorities and donors may be guided by the following criteria:

- ***Broad-based dialogue*** — Mutual assessments should engage in dialogue a broad range of government ministries (including line ministries and relevant departments) and donors (bilateral, multilateral and global initiatives). Government and donors should also consider engaging with civil society organisations.
- ***Country mechanisms for monitoring progress*** — A formal process for measuring progress and following-up the assessment on a regular basis (e.g. one to two years) might be supplemented, wherever possible, through independent/impartial reviews. The results of such assessments should be made publicly available through appropriate means to ensure transparency.
- ***Country targets*** — Partner countries have established country targets for improved aid effectiveness and health sector performance including within the framework of the agreed Partnerships Commitments and Indicators of Progress included in the Paris Declaration (PD-§9). They may, however, go beyond the Paris Declaration wherever government and donors agree to do so.
- ***High-level support*** — The assessments should be transparent and country led with significant support at the highest levels and with an appropriate level of resources.

NB: The survey tool asks whether you have undertaken a mutual assessment of progress. It is intended that this mutual assessment should be organised by the government, or jointly with other partners - ie not to arrange a separate mutual assessment.

8DP: Evidence of support for Civil Society to be actively represented in health sector policy processes - including health sector planning, coordination and review mechanisms

Numerator	Number of IHP+ countries in which the signatory can give documented evidence of their support to civil society organisations that enables them to participate in health sector policy processes
Denominator	Number of IHP+ countries in which the signatory operates
Target	All signatories can provide documented evidence of supporting active Civil Society engagement in all the countries where they operate

NB: This Standard Performance Measure will be supplemented by the equivalent IHP+ Government Standard Performance Measure (8G), and a qualitative survey of national civil society organisations to be carried out by the IHP+Results team, which will explore the quality of civil society engagement in health sector policy dialogue.

Definitions

Support: Technical or financial resources provided to civil society in order to strengthen their engagement in health sector policy dialogue (ie not for service delivery).

Documented evidence: Electronic copies can be shared of grant documentation, signed by DP and recipient civil society organisation, detailing support objectives and timeframes.

Guidance on completing other questions

A limited number of questions have been included in the survey tool for DPs in order to reflect the different aid modalities used by different IHP+ signatories. These questions required the following definitions:

Q: How much health sector aid ($USD) did you disburse through other donors (ie health sector aid that is not captured in your response to Q2 above).

Recognising that some agencies have a limited number of bilateral programmes to support health sector development, we are requesting additional information on funding for health channelled through other donors.

In this question, we ask DPs to report on the volume of health sector aid for the government sector that they provided in 2010 through other donors in-country - in other words, that volume of ODA that is not reported on in the remainder of the questionnaire. This includes, for example, ODA which is channelled through another donor or multilateral agency at the country level in the context of a silent partnership, delegated co-operation, multi-donor trust fund or similar arrangement.

For all other questions, to avoid double counting, where one donor disburses ODA funds on behalf of another it is the donor who makes the final disbursement to the government who should report on these funds.

Health sector aid: ODA contributed to the health sector. ODA includes all transactions defined in OECD/DAC statistical directives paragraph 35, including official transactions that:

- are administered with the promotion of economic development and welfare of developing countries as its main objective; and
- are concessional in character and convey a grant element of at least 25%.

Q: How much direct budget support ($USD) did you disburse in 2007 and 2009?

For all preceding questions, where data is requested on health sector aid, general and sector budget support should have been included. This question has been asked only to separate out budget support contributions from other health sector aid.

Direct Budget Support: Direct budget support is defined as a method of financing a partner country's budget through a transfer of resources from a donor to the partner government's national treasury. The funds thus transferred are managed in accordance with the recipient's budgetary procedures. Funds transferred to the national treasury for financing programmes or projects managed according to different budgetary procedures from those of the partner country, with the intention or earmarking the resources for specific uses, are therefore excluded from this definition of budget support (OECD 200612) This definition also includes sector budget support provided and general budget support (see definitions below).

Sector Budget Support: For the purposes of this Survey, sector budget support is a sub-category of direct budget support. Sector budget support means that dialogue between donors and partner governments focuses on sector-specific concerns rather than on overall policy and budget priorities (OECD 2006).

General Budget Support: General budget support is a sub-category of direct budget support. In the case of general budget support, the dialogue between donors and partner governments focuses on overall policy and budget priorities (OECD 2006).