

2012 IHP+Results Monitoring Process

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Last updated: 31 January 2012

OVERVIEW: THE 2012 MONITORING PROCESS

Welcome to the 3rd annual monitoring of progress against the International Health Partnership (IHP+) Global Compact commitments, by IHP+Results. IHP+Results is an independent consortium of research and advocacy organisations mandated to provide an annual assessment of the results of IHP+.

PURPOSE OF THIS GUIDE

This guide is designed to provide you with the guidance you need to report on progress in implementing the commitments that you made on signing the IHP+ Global Compact.

PURPOSE OF THE IHP+RESULTS MONITORING PROCESS

Your organisation/government has opted to participate in this 3rd round of reporting on IHP+ progress, which will take place during 2012 (see below for more details on timing). Through providing data against a set of Standard Performance Measures (indicators) that have been agreed by IHP+ signatories, you are enabling a rigorous assessment of progress. This assessment can help strengthen mutual accountability. In some countries (e.g. in Mozambique, Nigeria,) it has already been used as part of regular tracking of partners' commitments to improve the effectiveness of aid to the health sector.

BACKGROUND AND CONTEXT

34 IHP+ signatories have opted to participate in the 2012 monitoring process (last updated 31 January 2012), up from 25 in 2010: **The governments of:** Benin, Burkina Faso, Burundi, Djibouti, DRC, El Salvador, Ethiopia, Mali, Mauritania, Mozambique, Nepal, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, Sudan, Togo, Uganda. **And the following Development Partners:** AfDB, AusAID, Belgium, European Commission, GAVI, Germany, Global Fund to Fight HIV/AIDS, Tuberculosis, and Malaria, The Netherlands, Spain, Sweden, United Kingdom, UNAIDS, UNICEF, WHO, World Bank

The 2012 process builds on experience from 2009 and 2010 of monitoring IHP+ progress. Feedback has highlighted the need for continuity during 2012, so **the Standard Performance Measures, process (timeframes), and reporting tools described here remain broadly the same as in 2010.**

However, some changes were agreed with the IHP+ Working Group on Mutual Accountability in July 2011 in order to help make the process and tools more useful, and to reduce the burden of data collection:

Reduced transaction costs

We have reviewed the survey tool to remove any questions where data were not used in 2010. We have simplified the survey tool and guidance. We are using data from existing sources where this is feasible.

Increased emphasis on country-ownership of IHP+ monitoring

We are exploring all options to align IHP+Results data process with existing country mechanisms. We encourage discussion of draft findings in appropriate country forums that include civil society organisations. Please contact IHP+Results if you would like more support in this regard.

Closer collaboration with other initiatives

IHP+Results is now a member of the IHP+ M&E working group. We are also working to ensure complementarity with the Commission on Information and Accountability for Women's and Children's Health

and Countdown 2015. We continue to liaise closely with the Organisation for Economic Cooperation and Development (OECD), following the Fourth High Level Forum on Aid Effectiveness¹.

COMPLETING THE DATA COLLECTION (tools and timing)

We will ask you to provide data for a maximum of 12 Standard Performance Measures (SPMs) as a Development Partner (DP), and 10 SPMs as an IHP+ country government, using a self-administered, question-based survey tool (either completed in MS Excel or online format). You should be able to draw extensively on your organisation's existing information sources and monitoring processes to complete this survey.

ANALYSIS AND PRESENTATION OF FINDINGS

The data that you submit to IHP+Results will be summarised in a performance scorecard and narrative report. The scorecards are the key products of IHP+Results work and present an independent performance rating of IHP+ Country Governments and Development Partners, based on self-reported data, using the agreed Standard Performance Measures (SPMs). The scorecards will also be available online, and give access to disaggregated data (by country) and to raw data. Further information on the scorecards is available at www.ihpreults.net/results/scorecards/

More detailed documentation about the 2012 process is available at www.ihpreults.net/2012monitoring. Here you can find guidance on the key terms and definitions used in the survey. Complying with the definitions and instructions in the guidance is critical to ensure consistent reporting and comparisons of findings.

We are ready to assist you in any way possible to make this task manageable. The IHP+Results team will provide a responsive source of support at the key points in the data collection process (below).



Milestones in the Monitoring & Reporting Process

¹ <http://www.unwomen.org/wp-content/uploads/2011/11/HLF4-OUTCOME-DOCUMENT-FINAL-EN.pdf>


OVERVIEW: HOW TO COMPLETE THE SURVEY TOOL

IMPORTANT INFORMATION, PLEASE NOTE:

For Development Partners:

- Please complete a **separate survey tool** for each of the participating countries* in which you are supporting health sector development**.

For Development Partners & Country Governments:

- Data is requested for **calendar years**, not fiscal years.
- You should enter financial data in the most appropriate currency. Please select your currency from the drop-down list.
- Please provide source information – ideally weblinks or references to published documents – in the ‘Voluntary additional information’ column.
- You should only input data into the cells that are highlighted in green.
- Some cells have drop-down menus – click  to select the most appropriate option.
- Please send completed tools to: survey2012@ihpresults.net

* Benin, Burkina Faso, Burundi, Djibouti, DRC, El Salvador, Ethiopia, Mali, Mauritania, Mozambique, Nepal, Nigeria, Niger, Rwanda, Senegal, Sierra Leone, Sudan, Togo, Uganda (last updated: 17 January)

** DPs should report in any country where they are providing health sector aid (directly or indirectly). Health sector aid is defined as: “ODA contributed to the health sector.”

RESPONDING TO QUESTIONS

In total there are 12 indicators - or Standard Performance Measures – with 18 questions for Development Partners (down from 23 in 2010) and 26 for IHP+ Governments (the same number as in 2010). There are usually two questions for each Standard Performance Measure (SPM)². The first question gathers data on the numerator, and the second for the denominator. Collecting these data will enable the analysis of progress by country and by development partner and comparison over time and across countries.

TERMS HIGHLIGHTED IN RED

It is really important for these terms to be interpreted in the same way by all respondents, so that the data submitted is consistent and can be compared. We have provided interpretation notes for these terms in the definitions document³, drawing on OECD/DAC definitions where possible.

BASELINE DATA

For countries that participated in the 2010 survey⁴ there is no need to provide baseline data, as this was provided during the 2010 monitoring process. For those countries that are new participants in 2012⁵, we need to collect baseline data and latest year data, as this maximises the usefulness of the findings and enables some targets (that track change over time) to be tracked. Please provide baseline data for either 2005, 2006 or 2007. See the table below that summarises what data participants are asked to provide according to the previous participation in the IHP+Results monitoring. If data for these years is not available, please contact the IHP+Results team (contact details below).

² A full list of Standard Performance Measures is available at www.ihpresults.net/2012monitoring

³ ‘Guide to key terms and definitions’

⁴ Burkina Faso, Burundi, Djibouti, DRC, Ethiopia, Mali, Mozambique, Nepal, Niger, Nigeria

⁵ Benin, El Salvador, Mauritania, Rwanda, Senegal, Sierra Leone, Sudan, Togo, Uganda

LATEST YEAR DATA

This data should be from calendar year 2011. If you cannot provide data for 2011 please provide data for 2010. If data for these years is not available, please contact the IHP+Results team (contact details below).

Countries <i>[last updated: 9 January 2012]</i>	Baseline data	Most recent data
Countries participating for the first time in IHP+Results monitoring: <ul style="list-style-type: none"> • Benin • El Salvador • Mauritania • Rwanda • Senegal • Sierra Leone • Sudan • Togo • Uganda 	Please provide baseline data for either: 2005 or 2006 or 2007	Preferably 2011, otherwise 2010
Countries that have previously participated in IHP+Results monitoring: <ul style="list-style-type: none"> • Burkina Faso • Burundi • DRC • Djibouti • Ethiopia • Mali • Mozambique • Nepal • Niger • Nigeria 	No baseline data is required for these countries (as these data were collected in the 2010 monitoring round)	Preferably 2011, otherwise 2010

CURRENCY

You should enter financial data in the currency of your choice by selecting from the drop-down list. This will then be converted into USD\$ using the average exchange rate for that year.⁶

VOLUNTARY ADDITIONAL INFORMATION

The 'Voluntary additional information' column in the survey tool enables you to provide contextual detail and explanations of reported progress or lack of it. **Use of this column is on a voluntary basis.** Please also use this column to provide source information (either weblinks or document titles), to enable a degree of triangulation.

ONLINE SURVEY TOOL

The survey tool can be completed in either MS Excel format, or online. The online system includes helpful functions that will assist in completing the survey. For participants of the 2010 monitoring, for example, previously submitted data will be automatically accessible through the online tool. Other features include: automatic currency conversions, direct links to key terms and definitions. The online survey tool can be accessed at www.ihpresults.net/2012monitoring/. If you have any problems completing and submitting the online survey, please get in touch with the IHP+Results team using the contact details below.

⁶ Exchange rates taken from www.oanda.com

For further information and guidance

For further information please contact Tim Shorten (tim@human-scale.net), or James Fairfax (james@human-scale.net) on +44 (0) 207 2676767, or visit our website (www.ihpreults.net).

Agreed Standard Performance Measures

IHP+ GOVERNMENTS			
Expected Results	Indicator #	Standard Performance Measures	Target
1. Commitments are documented and mutually agreed	1G	IHP+ Compact or equivalent mutual agreement in place.	An IHP+ Compact or equivalent mutual agreement is in place.
2. Support is based on country plans & strategies, including to strengthen Health Systems	2Ga	National Health Sector Plans/Strategy in place with current targets & budgets that have been jointly assessed.	A National Health Sector Plan/Strategy is in place with current targets & budgets that have been jointly assessed.
	2Gb	Costed and evidence-based HRH plan in place that is integrated with the national health plan.	A costed, comprehensive national HRH plan (integrated with the health plan) is being implemented or developed.
3. Funding commitments are increased and/or longer-term	3G	Proportion of public funding allocated to health.	15% (or an equivalent published target) of the national budget is allocated to health.
4. Funds are disbursed predictably, as committed	4G	Proportion of health sector funding disbursed against the approved annual budget.	Halve the proportion of health sector funding not disbursed against the approved annual budget.
5. Country Systems for procurement & public financial management are used and strengthened	5G	Country procurement and public financial management systems for the health sector either (a) adhere to broadly accepted good practices or (b) have a reform programme in place to achieve these.	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.
6. Resources are being managed for Development Results	6G	An agreed transparent and monitorable performance assessment framework is being used to assess progress in the health sector.	A transparent and monitorable performance assessment framework is in place to assess progress in the health sector.
7. Mutual Accountability is being demonstrated	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.*	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.
8. Civil Society meaningfully engaged	8G	Evidence that Civil Society is meaningfully engaged in health sector policy processes - including Health Sector planning, coordination & review mechanisms.	CSOs are represented at all key points of policy and planning process (Joint Annual Reviews, Monthly/quarterly coordination meetings, Technical Working Groups, Budget/resource allocation processes)

* Preferably using indicators to review progress that are based on this set of standard performance measures.

IHP+ DEVELOPMENT PARTNERS			
Expected Results	Indicator #	Standard Performance Measure	Target
1. Commitments are documented and mutually agreed	1DP	Proportion of IHP+ countries in which the partner has signed commitment to (or documented support for) the IHP+ Country Compact, or equivalent agreement.	100% of IHP+ countries where the signatory operates have support for/commitment to the IHP+ compact (or equivalent) mutually agreed and documented.
2. Support is based on country plans & strategies, including to strengthen Health Systems	2DPa	Percent of aid flows to the health sector that is reported on national health sector budgets.	Halve the proportion of aid flows to the health sector not reported on government's budget(s) (with at least 85% reported on budget).
	2DPb	Percent of current capacity-development support provided through coordinated programmes consistent with national plans/strategies for the health sector.	50% or more of capacity development support to each IHP+ country in which the signatory operates are based on national health sector plans/strategies.
	2DPc	Percent of health sector aid provided as programme based approaches.	66% of health sector aid flows are provided in the context of programme based approaches.
3. Funding commitments are increased and/or longer-term	3DP	Percent of health sector aid provided through multi-year commitments.	90% (or an equivalent published target) of health sector funding provided through multi-year commitments (min. 3 years).
4. Funds are disbursed predictably, as committed	4DP	Percent of health sector aid disbursements released according to agreed schedules in annual or multi-year frameworks.	Halve the proportion of health sector aid not disbursed within the fiscal year for which it was scheduled (with at least 71% released according to agreed schedules).
5. Country Systems for procurement & public financial management are used and strengthened	5DPa	Percent of health sector aid that uses country procurement systems.	One-third reduction in the % of health sector aid for procurement to the public sector not using partner countries' procurement systems. (with at least 80% using country procurement systems)
	5DPb	Percent of health sector aid that uses public financial management systems.	One-third reduction in the % of health sector aid to the public sector not using partner countries' PFM systems. (with at least 80% using country PFM systems)
	5DPc	Number of parallel Project Implementation Units (PIUs) per country.	Reduce by two-thirds the stock of parallel project implementation units (PIUs).
6. Resources are being managed for Development Results	6DP	Proportion of countries in which agreed, transparent and monitorable performance assessment frameworks are being used to assess progress in the health sector.	Single national performance assessment frameworks are used, where they exist, as the primary basis to assess progress in all countries where the signatory operates.
7. Mutual Accountability is being demonstrated	7DP	Proportion of countries where mutual assessments have been made of progress implementing commitments in the health sector, including on aid effectiveness.*	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.
8. Civil Society meaningful engaged	8DP	Evidence of support for civil society to be meaningfully engaged in health sector policy processes - including Health Sector planning, coordination & review mechanisms.	All Signatories can provide some evidence of supporting meaningful civil society engagement.

* Preferably using indicators to review progress that are based on this set of standard performance measures.