



## MANAGING FOR DEVELOPMENT RESULTS



### NATIONAL RESULTS FRAMEWORK AGREED

- 46 indicators in the national results framework and 67 indicators are effectively monitored



### HEALTH MANAGEMENT INFORMATION SYSTEMS (HMIS)

- There are problems with the reliability of the data in certain districts, especially where the HMIS has not yet reached the desired degree of performance.



### JOINT HEALTH SECTOR REVIEWS CONDUCTED

- Annual reviews are national fora where all actors in the health sector participate and where data from the provinces are analysed. The weakness is that there is no current national framework for performance against which we can evaluate the results.

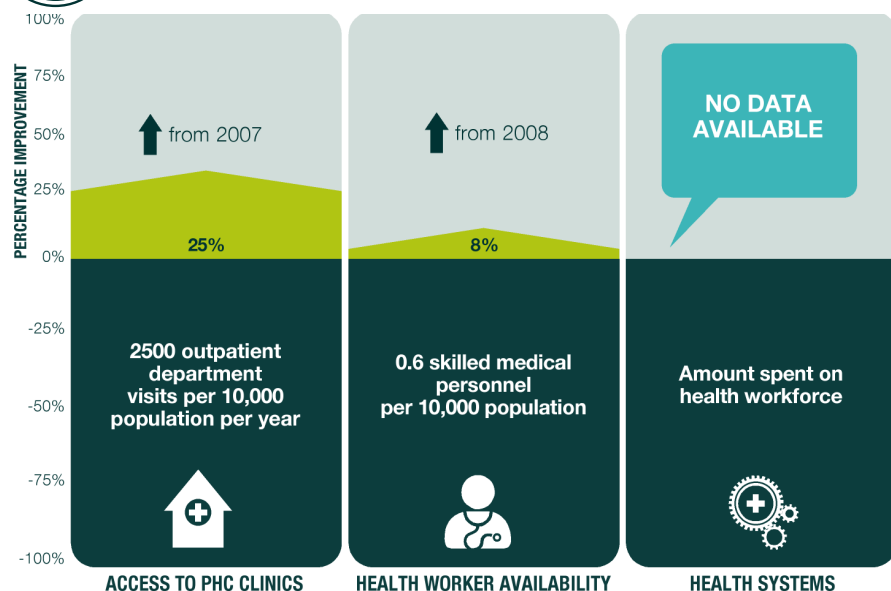


### DECISIONS BASED ON RESULTS

- A national framework of performance monitoring and evaluation was developed in 2010.



## HEALTH SYSTEMS STRENGTHENING



## COUNTRY OWNERSHIP & ACCOUNTABILITY



### COMMITMENTS DOCUMENTED

- Signed Agreement
- The national compact will be signed before the end of the first term of 2011.



### HEALTH SECTOR PLAN AND AIDS STRATEGIES

- Includes current targets and budgets
- Jointly Assessed



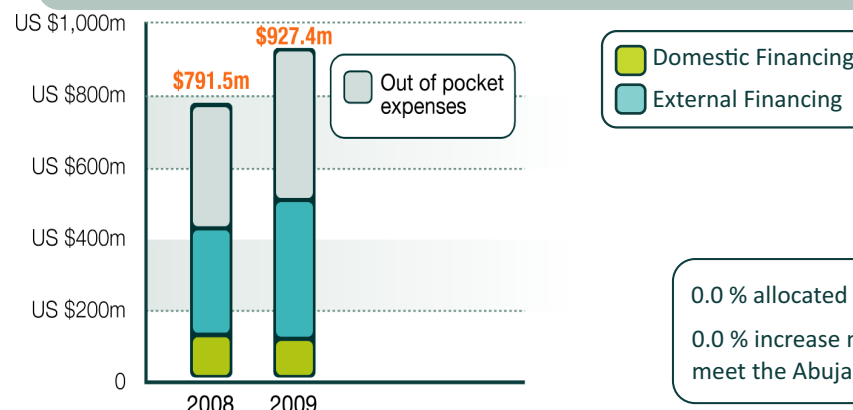
### HEALTH SECTOR AID EFFECTIVENESS MONITORING

- Active joint monitoring
- Number of development partner missions
- > 10% of seats in the health sector coordination mechanism are allocated to civil society
- Quality of civil society engagement health sector policy and accountability processes



## HEALTH FINANCING

### TOTAL HEALTH FINANCING



0.0 % allocated to health  
0.0 % increase needed to meet the Abuja target

### EXTERNAL FINANCING USING POOLED MECHANISMS

0

Joint financing mechanisms did not exist in the country until 2009.



## COUNTRY SYSTEMS

### PUBLIC FINANCIAL MANAGEMENT

- REFLECTS GOOD PRACTICE (OR REFORM IN PROGRESS)

There is no change in the PFM/CPIA scale from 2.5 (2005) to 2.5 (2009).

### PROCUREMENT

- REFLECTS GOOD PRACTICE (OR REFORM IN PROGRESS)

The Ministry is currently undertaking actions to reinforce the system after a number of evaluations.

### TECHNICAL ASSISTANCE

- DONOR CAPACITY DEVELOPMENT PROVIDED THROUGH COORDINATED PROGRAMMES

WHO has launched a large-scale programme in management training for the health services.

## PROGRESS ON MILLENNIUM DEVELOPMENT GOALS



Population living on less than \$1 a day 70.0% in 2007 (↑ 10.8% since 2006)



Children enrolled in primary education 32.6% in 1999 (↓ 23.3% since 1991)



Gender parity index in primary level enrolment 0.83 in 2008 (↑ 0.02 since 2007)



Under 5 Mortality rate 146.0 per 1000 live births in 2007 (↓ 53.0 since 2005)



Maternal mortality ratio 549.0 per 100,000 live births in 2007 (↓ 441.0 since 2000)

Unmet need for family planning 24.4 in 2007 (↑ since )



HIV prevalence 1.3% in 2007 (= same% since 2001)



Children U-5 sleeping under insecticide treated bednet 5.8% in 2007 (↑ 5.1% since 2001)



TB incidence 380.0 per 100,000 in 2008 (↓ 30.0 since 2005)



Population using improved drinking water sources 46.0% in 2008 (↑ 1.0% since 2005)



Population using improved sanitation sources 23.0% in 2008 (↑ 3.0% since 2005)



# DRC COUNTRY SCORECARD 2010\*

## GOVERNMENT OF DRC

## PROGRESS IN IMPLEMENTING ITS IHP+ COMMITMENTS

### EXPECTED RESULTS

### PROGRESS

### OVERALL RESULTS



Commitments are documented and mutually agreed.



There are no current plans to develop a Compact or equivalent agreement.



Support is based on country plans & strategies, including to strengthen Health Systems.



A National Health Sector Plan/Strategy is in place with current targets & budgets that have been jointly assessed.



At the end of 2009 there was no costing and evidence based HRH plan in place, or plans to develop one.



Funding commitments are long-term.



Insufficient data has been provided to enable a rating for this Standard Performance Measure.



Funds are disbursed predictably, as committed.



Insufficient data has been provided to enable a rating for this Standard Performance Measure.



Country systems for procurement & public financial management are used & strengthened.



This Standard Performance Measure uses data from the OECD/DAC Paris Survey monitoring. The relevant assessment was not completed in the DRC.



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Resources are being managed for Development Results.



At the end of 2009 there was no transparent and monitorable performance assessment framework in place and no plans to develop one were clear or being implemented.



Mutual accountability is being demonstrated.



Mutual assessments are being made of progress implementing commitments in the health sector, including on aid effectiveness.



Civil Society actively engaged.



In 2009 10% of seats in the Health Sector Coordination Mechanism (or equivalent body) were allocated to Civil Society representatives.

## AGENCIES DEMONSTRATING PROGRESS



## AGENCIES REPORTING LIMITED PROGRESS



## HOW TO INTERPRET THIS SCORECARD

- The majority of data presented in this Scorecard is from the Ministry of Health. There are two exceptions - the ratings for Technical Assistance and the quality of civil society engagement\*.
- The Scorecard shows results using 5 Results Areas (see below) to tell the story of IHP+ implementation in a logical flow: from the national health plan to monitoring and evaluation of that plan.
- Where they are used, rating symbols illustrate whether the government has achieved , is working towards , or has not made progress against agreed targets. Details of these ratings can be found online in the North-South Observatory for IHP+Results ([www.ihpresults.net](http://www.ihpresults.net))
- Progress against the Millennium Development Goals is provided for contextual purposes.

## Results Areas

**Country Ownership & Accountability:** This tracks whether an IHP+ Compact or equivalent agreement exists, the quality of the national health sector plan, and the extent of aid effectiveness monitoring.

**Health Financing:** This shows changes of domestic and external health financing over time. Public funding for health is shown, as a proportion of the national budget. The number of donors using pooled financing mechanisms is also shown. Where appropriate, blue call-out boxes provide further information.

**Country Systems:** The quality of country systems is presented in in this section using Paris Declaration indicators and IHP+Results ratings.

**Health Systems:** As a key focus of the IHP+, we present data on key health systems resources - access to primary health care clinics, availability of health workers, and amount spent on health workforce. Each shows progress (positive or negative) in increasing the availability of these resources.

**Managing for Results:** This tracks the existence, quality and use of the national health system to provide data on results. It presents information on the Health Management Information System (HMIS), the National Results Framework, the Joint Health Sector Review and the use of this framework for decision making.

## Additional information

The reverse of the Scorecard (opposite), shows national government performance against an agreed set of Standard Performance Measures (SPMs). The following headings are used:

- **Expected Results** reflect key commitments made in the IHP+ Global Compact.
- **Progress symbols** illustrate whether the government has achieved , is making progress , or has not made progress against 10 SPMs.
- **Δ Targets** for each SPM can be found at [www.ihpresults.net](http://www.ihpresults.net)
- **Agencies reporting limited progress** shows a summary of ratings against 12 agreed SPMs for Development Partners that are active in this country, and who have voluntarily disclosed to IHP+Results 2010 monitoring survey. Where ratings of or have been scored for the minority of SPMs.

\* The Technical Assistance rating summarises data provided by the IHP+ Development Partner signatories that are active in this country. The quality of civil society engagement was assessed through conducting surveys with in-country civil society organisations.

\* Ratings are calculated using data up to and including 2009. Data from 2010 will be reported in IHP+Results' 2011 monitoring.