

# PARTNER SCORECARD FOR UNICEF



# **AGENCY PROFILE**

UNICEF is mandated by the United Nations General Assembly to advocate for the protection of children's rights, to help meet their basic needs and to expand their opportunities to reach their full potential. UNICEF works in 190 countries through country programmes and National Committees to help build a world where the rights of every child are realized.

# COUNTRIES WHERE THE AGENCY IS DEMONSTRATING PROGRESS













# **COUNTRIES WHERE THE AGENCY IS REPORTING LIMITED PROGRESS**



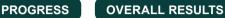


#### **EXPECTED RESULTS**



Commitments are documented and mutually agreed.







An IHP+ Country Compact or equivalent has been signed by the agency in 100% of IHP+ countries where they exist. Target = 100%.



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



In 2009 72% of health sector aid was reported by the agency on national health sector budgets - an increase from 34%. Target = 50% reduction in aid not on budget (with  $\geq$  85% on budget).



In 2009 96.9% of capacity development was provided by the agency through coordinated programmes - an increase from 95.8%. Target = 50%.



In 2009 99% of health sector aid was provided by the agency through programme based approaches - an increase from 98%. Target = 66%.



Funding commitments are long-term.



In 2009 65% of health sector aid was provided by the agency through multi-year commitments - a decrease from 80%. Target



Funds are disbursed predictably, as committed.



In 2009 100% of health sector aid disbursements provided by the agency were released according to agreed schedules - an increase from 93% in 2005. Target = 90%.



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



In 2009 6.6% of health sector aid provided by the agency used country procurement systems - an increase from 0.6%. Target = 33% reduction in aid not using procurement systems (with ≥ 80% using country systems).



In 2009 63% of health sector aid provided by the agency used national public financial management systems - an increase from 61%. Target = 33% reduction in aid not using PFM systems (with  $\geq$  80% using country systems).



In 2009 the stock of parallel project implementation units (PIUs) used by the agency in the surveyed countries was 0.0 - no change from 0.0. Target = 66% reduction in stock of PIUs.



Resources are being managed for Development Results.



In 2009 national performance assessment frameworks were routinely used by the agency to assess progress in 83% of IHP+ countries where they exist. Target = 100%.



Mutual accountability is being demonstrated.



In 2009 the agency participated in health sector mutual assessments of progress in 100% of IHP+ countries where they exist. Target = 100%.



Civil Society actively engaged.



In 2009, evidence exists in 57% of IHP+ countries that the agency supported civil society engagement in health sector policy processes. Target = 100%.





# DETAILS OF WHAT THE AGENCY IS DOING TO ACHIEVE RESULTS

This additional information is reported by the Agency to explain what specific actions it is taking to implement its IHP+commitments to the 8 Expected Results, or to qualify its measures of progress.



# Commitments are documented and mutually agreed

UNICEF has signed a compact or equivalent agreement where they exist. In Nepal, UNICEF reported providing ongoing support to implement Nepal's compact.



Support is based on country plans and strategies that sufficiently address Health Systems Strengthening The increase from 34-72% in aid reported on budget is due to results in Ethiopia and Nepal, although it is not clear what enabled these improvements. Slight increases in coordination of TA, and increases in use of PBAs is also due to reported results in Nepal. In Nepal, activities are coordinated with partners in various forums such as the safe motherhood or child health sub-committees which allocate tasks to agencies - so planning is but financing is not always coordinated.



#### Funding commitments are long-term

The reported fall in % of multi-year commitments is due to results in Ethiopia (where 100% of funding was multi-year in 2007, but this fell to 78% in 2009), Burkina Faso and Burundi (where no multi-year funds are reported). In Burundi, a 5 year Country Programme (CPAP 2010-2014) was signed between UNICEF and the government in 2010. The overall reduction here reflects the programme cycle duration and additional funding commitments for the reporting countries rather than a change in funding policy or practice.



### Funds are disbursed predictably, as committed

The increase in disbursements on-schedule is due to results in Burundi (which saw on-schedule disbursements increase from 23-100%) and Nepal (which saw increases from 80-100%). It is not clear what enabled these improvements.



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

UNICEF use of national procurement systems increased due to reported results in Burkina Faso and Burundi. UNICEF supplements national procurement systems as a major global supplier of low priced high quality commodities from its own resources through its Supply Division, which also procures large volumes for both programme country governments and donor partners. Use of PFM systems increased due to results in Nepal and Mozambique. In Nepal, UNICEF signed the Joint Financing Agreement and hopes to use government standardised systems soon.



#### Resources are being managed for Development Results

In Ethiopia, UNICEF uses IHP+ and HSDP result framework to assess performance. In Nepal, UNICEF's audit system is different and does not allow this; the Nepal office sought HQ guidance in overcoming this problem. In Burundi, despite weak Health Information and management system (HIMS) data, UNICEF is using available national data to assess health sector progress. UNICEF is supporting the government in building a



#### Mutual Accountability is being demonstrated

UNICEF reported participating in mutual assessments of progress in all countries where they exist.



#### Civil Society actively engaged

In 3 countries (Burkina Faso, Burundi, Mozambique) UNICEF reported no support to CS for policy engagement in the baseline year, but some form of support in 2009. In Niger, UNICEF reported no support to CSOs for policy engagement in either the baseline year or in 2009; here they reported that civil society is present during health sector reviews and planning processes, and that representatives of NGO are present in partner coordination.

# HOW TO INTERPRET THIS SCORECARD

12 Standard Performance Measures (SPMs) were agreed by IHP+ signatories to track the implementation of Expected Results (see below). A detailed list of SPMs can be found at www.ihpresults.net

Countries where the Agency is reporting limited progress: Where ratings of of for the minority of SPMs.

**Expected Results:** Reflect key commitments made in the IHP+ Global Compact.

**Progress:** Symbols illustrate whether the Agency has achieved , is making progress , or has not made progress against 12 SPMs. Specific points on interpreting progress:

- Comparability of ratings: Five targets\* track change over time. For these, 🔁 reflects progress since baseline, rather than absolute performance in 2009. Negative or flatline trend performance receives []. These ratings should not be used to compare absolute performance between agencies. In all instances shows that the target has been met.
- Scorecard ratings are aggregates of performance across a number of countries. Aggregates might hide variations in the agency's performance. The additional information above provides more detail on the agency's performance. This was drafted by IHP+Results using data provided by the agency, but in some cases the agency made significant changes before the final text was agreed.

<sup>\*</sup> Corresponding to the following Standard Performance Measures (SPMs) - 2DPa, 4DP, 5DPa, 5DPb, 5DPc. For more information on SPMs and targets see www.ihpresults.net