



MANAGING FOR DEVELOPMENT RESULTS



NATIONAL RESULTS FRAMEWORK AGREED

- There are 47 indicators in the national results framework and 10 indicators are effectively monitored.



HEALTH MANAGEMENT INFORMATION SYSTEMS (HMIS)

- The last year of available data is 2009. This data is generally available in the first half of the following year. For the most recent year, 100% of the reports were completed.



JOINT HEALTH SECTOR REVIEWS CONDUCTED

- In 2009 representatives of all groups were present. Performance data was examined but very little was discussed on aid effectiveness. The discussion on results was limited. The JAR is improving but could be better at encouraging accountability.



DECISIONS BASED ON RESULTS

- There is a transparent national framework for performance evaluation and joint evaluation reviews which bring together all involved partners.



COUNTRY OWNERSHIP & ACCOUNTABILITY



COMMITMENTS DOCUMENTED

- Signed Agreement

The 'Cadre de Partenariat entre le Ministère de la Santé Publique et de la lutte contre les endémies et les Partenaires Techniques et Financiers pour la mise en œuvre du PNDS 2005-2009' was signed in 2005.



HEALTH SECTOR PLAN AND AIDS STRATEGIES

- Includes current targets and budgets
- Jointly Assessed



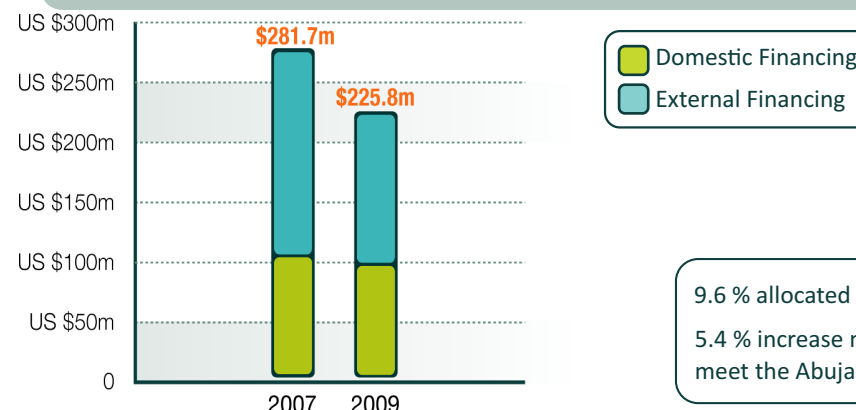
HEALTH SECTOR AID EFFECTIVENESS MONITORING

- 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



9.6 % allocated to health
5.4 % increase needed to meet the Abuja target

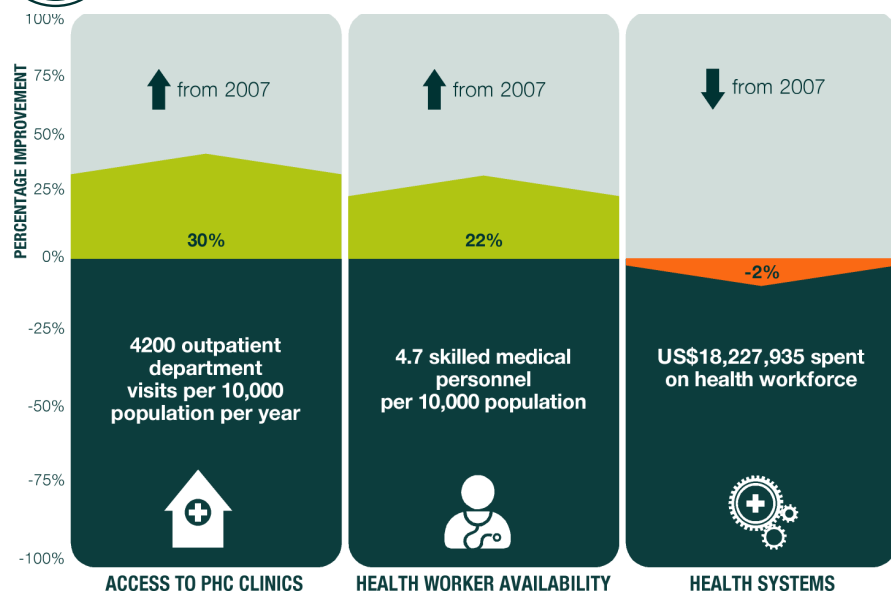
EXTERNAL FINANCING USING POOLED MECHANISMS

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The World Bank, AFD, Spain, Belgium, UNICEF, WHO and UNFPA all participate.



HEALTH SYSTEMS STRENGTHENING



COUNTRY SYSTEMS

PUBLIC FINANCIAL MANAGEMENT

- REFLECTS GOOD PRACTICE (OR REFORM IN PROGRESS)

There is no change in the PFM/CPIA scale from 3.5 (2005) to 3.5 (2009).

PROCUREMENT

- REFLECTS GOOD PRACTICE (OR REFORM IN PROGRESS)

In 2007, Niger scored a B in the 4 point evaluation scale.

TECHNICAL ASSISTANCE

- DONOR CAPACITY DEVELOPMENT PROVIDED THROUGH COORDINATED PROGRAMMES

Joint programming meetings for preparation, undertaking initiatives and joint evaluations are held regularly.

PROGRESS ON MILLENNIUM DEVELOPMENT GOALS



Population living on less than \$1 a day 65.9% in 2005 (↓ 12.3% since 1994)



Children enrolled in primary education 54.0% in 2009 (↑ 4.5% since 2008)



Gender parity index in primary level enrolment 0.8 in 2008 (↑ 0.02 since 2008)



Under 5 Mortality rate 198.0 per 1000 live births in 2008 (↓ 76.0 since 2005)



Maternal mortality ratio 648.0 per 100,000 live births in 2005 (↓ 52.0 since 2000)

Unmet need for family planning 15.8 in 2006 (↓ 0.8 since 1998)



HIV prevalence 0.8% in 2007 (↑ 0.1% since 2001)



Children U-5 sleeping under insecticide treated bednet 7.4% in 2006 (↑ 6.4% since 2000)



TB incidence 180.0 per 100,000 in 2008 (↑ 10.0 since 2005)



Population using improved drinking water sources 48.0% in 2008 (↑ 3.0% since 2005)



Population using improved sanitation sources 9.0% in 2008 (= same% since 2005)



NIGER COUNTRY SCORECARD 2010*

GOVERNMENT OF Niger

PROGRESS IN IMPLEMENTING ITS IHP+ COMMITMENTS

EXPECTED RESULTS

PROGRESS

OVERALL RESULTS



Commitments are documented and mutually agreed.



An agreement was signed in 2005 called the 'Cadre de Partenariat entre le Ministère de la Santé Publique et de la lutte contre les endémies et les Partenaires Techniques et Financiers pour la mise en oeuvre du PND 2005-2009'



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.



In 2009 Niger allocated 9.6% of its approved annual national budget to health.



Funds are disbursed predictably, as committed.



In 2009, 63% of health sector funding was disbursed against the approved annual budget.



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



In 2009, Niger achieved a score of 3.5 on the PFM/CPIA scale of performance.



In 2007, Niger scored a B in the 4 point evaluation scale. No comparable evaluation took place to enable a rating.



Resources are being managed for Development Results.



In 2009 there was a transparent and monitorable performance assessment framework in place to assess progress against (a) the national development strategies relevant to health and (b) health sector programmes.



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 35% 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)
- 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
- **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.