

2nd ANNUAL MONITORING OF INTERNATIONAL HEALTH PARTNERSHIP +Related Initiatives

Overview for participating signatories

Background and Purpose

Welcome to the 2nd annual monitoring of IHP+ commitments by the IHP+Results independent consortium. In 2008, IHP+Results was contracted to annually monitor progress against commitments made by IHP+ signatories in global and country compacts. This helps put mutual accountability, a central tenet of IHP+, into practice. The experience from 2009 led to the development of an agreed set of Standard Performance Measures (SPMs) for development partners and for country governments, for use in 2010.

Your agency/government has agreed to participate in the 2010 monitoring process and we hope that this guide will help you to answer questions that might come up during the data collection.

We will ask you to provide data for a maximum of 12 SPMs as a Development Partner (DP) and 9 SPMs if you are representing an IHP+ country Government. You should be able to draw extensively on your organisation's existing information sources and monitoring processes to complete this survey. We are ready to assist you in any way possible to make this task manageable.

The findings will be summarised in Partner and Country Scorecards. Most SPMs are based on the established Paris Declaration Indicators, although reported specific to the health sector. IHP+Results is working with the OECD/DAC to coordinate efforts, and in 2011 we will look to synchronise our data collection process with that of the Paris Declaration Survey. IHP+Results will lead in the collection of health sector disaggregated data and avoid duplication where possible.

Potential benefits to national governments: The Scorecards are intended as a tool for dialogue between governments and Development Partners at both the country and international level. Governments can use the Scorecards to raise specific concerns at the international level about how aid is being delivered to the country. The Scorecards can also provide a new input to country-level conversations about aid effectiveness, in turn strengthening mutual accountability.

Potential benefits to Development Partners: Through their Scorecard agencies are able to demonstrate to other partners and governments how they are implementing aid effectiveness measures in the health sector within IHP+ countries that have opted in to IHP+Results monitoring. The aim is to encourage other partners, including governments yet to opt in, to reciprocate and take similar actions.

Purpose of this Guide

This Guide is designed to provide information about the 2010 monitoring process. The Guide is structured as follows:

- Understanding IHP+Results Scorecards
- Understanding the IHP+Results process in 2010
- List of Standard Performance Measures
- List of Rating Criteria

More detailed guidance is available in the accompanying documents, which are also available online at: www.ihpresults.net:

- The **Survey Tool, with How to ... Guide**, which includes instructions on completing the survey tool (see separate tabs in the excel file)
- A detailed **Guide to key terms and definitions**

Partners are invited to comply as rigorously as possible with these definitions and guidance in order to ensure consistency in reporting.

Overview of process and timeline in 2010/11

September to mid-October:	Data compilation.
October-November:	Data analysis – to be summarised in a draft Scorecards.
End of November:	Providing of draft Scorecards to all partners for discussion.
December – January:	Finalisation of Scorecards for mutual discussion; Collated data will be verified during December and January.
End February 2011:	2010 IHP+Results Performance Report will be published.

For further information and assistance 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.ihpresults.net) which contains responses to frequently asked questions as well as all documentation that this guidance refers to.

Understanding the Scorecards

We will work with you to use the data you submit to produce your Partner or Country Scorecard. The Scorecards are the key products of our work and present an independent performance rating of Development Partners and IHP+ Country Governments, based on the agreed Standard Performance Measures (SPMs). They document the actions you are taking to fulfill your IHP+ commitments. More detailed explanations on the Scorecards are included below.

The Partner Scorecards

EXAMPLE COPY FOR ILLUSTRATIVE PURPOSES ONLY

PARTNER LOGO

AGENCY PROFILE Development Agency X is committed to achieving the health MDGs through partnership and supporting country-led priorities.	COUNTRIES WHERE THE AGENCY IS DEMONSTRATING PROGRESS
EXPECTED RESULTS Commitments are documented and mutually agreed.	COUNTRIES WHERE THE AGENCY IS NOT REPORTING PROGRESS
Support is based on country plans and strategies, including to strengthen Health Systems.	RATING
Funding commitments are long-term.	OVERALL PROGRESS An IHP+ Country Compact or equivalent was signed in 75% of IHP+ countries where the agency is active, by the end of 2009. Target = 100% of IHP+ countries where the agency operates have signed (or equivalent) mutually agreed and documented.
Funds are disbursed predictably, as committed.	80% of health sector aid was reported on national health sector budgets by the end of 2009. An increase from 60% in 2008. Target = 85%.
Country systems for procurement and public financial management are used & strengthened.	No report on what capacity development support is provided through co-ordinated programmes.
Resources are being managed for Development Results.	Only 20% of health sector aid was provided through programme-based approaches by the end of 2009, an 8% increase from the 2008 baseline. Target = 40%.
Mutual accountability is being demonstrated.	70% of health sector funding was provided through multi-year commitments by the end of 2009, increased from 50% in 2008. Target = 90%.
Civil Society actively engaged.	In 2009, 75% of health sector aid disbursements were released according to agreed schedules in annual or multi-year frameworks + decrease from 60% in 2007. Target = 75% of health sector aid not disbursed within the fiscal year for which it was scheduled.
	By end 2009, 50% of health sector aid used government partner country public financial management systems, increased from 25% since 2005. Target = all aid to be channelled through partner country PFM systems.
	By end 2009, 50% of health sector aid used country procurement systems in IHP+ partner countries, increased from 35% in 2008. Target = 20% reduction in the % of health sector aid to the public sector and using partner country procurement systems.
	There are no more than 2 parallel Project Implementation Units (PIUs) in any IHP+ country, down from 6 in 2005. Target = reduce by 2/3 the total of PIUs.
	When a key vital, national performance assessment frameworks are used to assess progress in 80% of IHP+ countries, increased from 50% in 2005. Target = 100%.
	Participated in annual mutual assessments of progress in implementing health sector commitments & agreements (such as the IHP+ Country Compact and an aid effectiveness in the health sector) in all IHP+ countries. Target = 100%.
	Data not yet provided on support for civil society engagement in policy processes.

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PARTNER LOGO

DETAILS OF WHAT THE AGENCY IS DOING TO ACHIEVE RESULTS

The 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.
 - In the countries where an IHP+ Country Compact or equivalent agreement has not yet been signed, the agency plans to review its position in 2010. The Agency is working with national governments and development partners to ensure that the mutual accountability agreements under negotiation in Uganda and Nigeria will focus on implementation of central, prioritised national health plans.
- Support is based on country plans and strategies that sufficiently address Health Systems Strengthening.
 - The Agency believed it made great progress in working towards increasing health sector aid provided through programme-based approaches, based on new agreements in 3 countries. The Agency has made a Board-level decision in November 2009 to work more actively with countries to achieve its targets by 2011.
- Funding commitments are long-term.
 - Building on the progress made in reaching our published target of 70% of funds provided through multi-year commitments, our ultimate target is to reach 100% by 2010.
- Funds are disbursed predictably, as committed.
 - Prior to 2009 progress was made on releasing disbursements according to agreed schedules. However, events beyond the Agency's control, such as a corruption scandal in Zambia, have resulted in a negative impact on the overall figures. Where such events have occurred, the Agency is working in close collaboration with country governments and development partners to ensure that problems are addressed effectively. The Agency has published disbursement targets for 2010 that will move it gradually towards the target of 80%.
- Country systems for procurement and public financial management are used & strengthened.
 - Programmes have been closer in the use of procurement systems due to internal agency specific controls and requirements. The Agency is working with country governments to strengthen the capacity of their systems that will enable it to channel 100% more funds through country mechanisms in 2010.
- Resources are being managed for Development Results.
 - An Agency-specific target will be published before the end of 2010. This target will be closely aligned with the Paris Declaration indicator in this area.
- Mutual Accountability is being demonstrated.
 - As lead donor to several IHP+ countries, the Agency has continued to advocate for and to lead efforts to improve reporting practices and use of Joint Annual Reviews in the Health Sector for mutual accountability.
- Civil Society actively engaged.
 - The Agency has agreed internal mechanisms that will enable reporting on this indicator from 2011.

HOW TO INTERPRET THIS SCORECARD

- Countries where the Agency is demonstrating progress include the IHP+ Countries where the Agency is operating with demonstrated results and those countries where it has not reported evidence of progress.
- Expected Results reflect key commitments that were made by IHP+ agencies in the IHP+ Global Compact. Each expected result has corresponding standard performance measures to track progress over time. The progress of all agencies is rated against these mutually agreed expectations.
- Rating symbols indicate whether the Agency has achieved or has not achieved its targets over the most recent annual reporting cycle. Details of these independent assessments undertaken by the IHP+Results Consortium can be found online in the North-South Observatory for IHP+Results (www.ihprezults.net).
- Overall Progress records progress against each standard performance measure, based on set targets, using evidence reported by the Agency and validated by IHP+Results.

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What information will be presented in the Partner Scorecard?

The Partner Scorecard presents an overall picture of each DP's performance against the agreed SPM. They do not show data disaggregated by country. The information provided by DPs will be used to calculate a rating (, , or) that will show the progress against the agreed target for each SPM. All your country-specific information is incorporated into this card. A summary of the data is shown to the right of each rating.

How will ratings be compiled?

Each SPM has an associated target. In order to translate the data into a rating a set of rating criteria (attached to the end of this document) has been formulated to enable a transparent assessment of progress. We will apply these criteria to the data you provide to produce ratings: , , or . Relevant data and evidence will be accessible on the IHP+Results website (www.ihprezults.net)

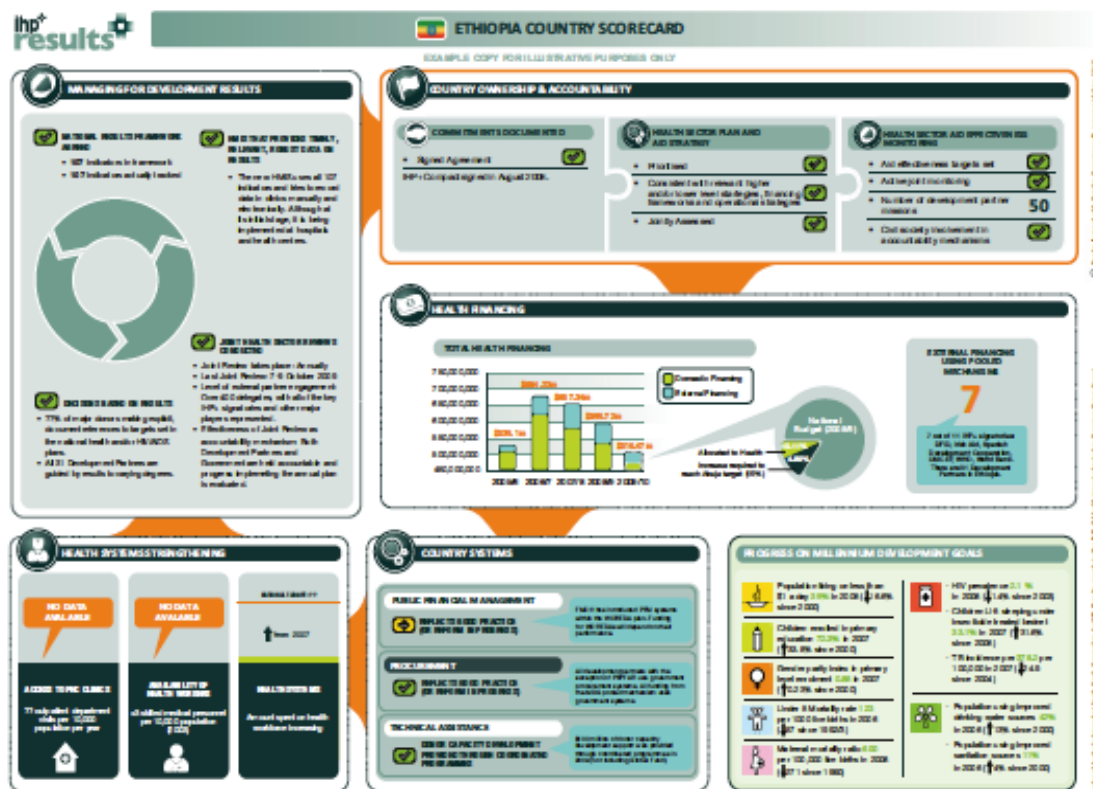
What if we disagree with a rating?

IHP+Results will share a draft of your Scorecard with you in order to agree and finalise for publication. If you disagree with the rating in this draft Scorecard, please discuss this with the IHP+Results team. Alternatively, you can object in writing to IHP+Results and provide any additional/supporting data that you might consider useful. Following this process the ratings will be finalized. In cases where objections are raised the IHP+Results Advisory Group may also be asked to provide an objective view.

How do you decide whether we are “demonstrating progress” or “not reporting progress”?

As with ratings for SPMs we have developed transparent criteria that determine whether an agency's overall performance is reflected as “demonstrating progress” or “not reporting progress”. “Not reporting progress”, means that you have either not reported from a particular country or the information that has been reported is not demonstrating progress. Therefore, if you have not been able to complete the survey tool in a country in which you are active, this will show on your Scorecard as not reporting progress. Relevant data will be accessible on the IHP+Results website www.ihprezults.net

The Country Scorecards



What information will be presented in the Country Scorecard?

The Country Scorecard provides an overview of progress against the SPMs on a country-specific basis. The data presented in the Country Scorecards will mostly be supplied by the Ministry of Health and where necessary be complemented by information provided by DPs and/or information provided by IHP+Results through desk research (e.g. progress against the MDGs) using internationally recognised sources. Where possible we will discuss draft Scorecards with key stakeholders within a country's health sector review process.

What information is presented on the back of the Country Scorecard?

The back of the Country Scorecard shows results for the IHP+ Country Government against the set of SPMs. In addition, it will be indicated whether development partners are demonstrating progress or not.

How will ratings be compiled?

Each SPM has an associated target. In order to translate the data into a rating a set of rating criteria (attached to the end of this document) has been formulated to enable a transparent assessment of progress. We will apply these criteria to the data you provide to produce ratings: , or . Relevant data and evidence will be accessible on the IHP+Results website (www.ihpreresults.net)

What if we disagree with a rating?

IHP+Results will share a draft of the Country Scorecard with the IHP+ Governments. Where possible we will also discuss them with the DPs (subject to discussion with Ministry of Health officials). Should you disagree with the ratings at this stage you can object in writing to IHP+Results providing any additional/supporting data. We will then discuss with the Ministry of Health in how far to consult DPs for the purpose of verification of the data. Following this process the ratings will be finalized. In cases where objections are raised the IHP+Results Advisory Group may also be asked to provide an objective view.

How do you decide whether a development partner is “demonstrating progress” or not?

As with ratings for SPMs we have developed transparent criteria that determine whether an agency's performance in each country is reflected as “demonstrating progress” or “not reporting progress”. “Not reporting progress”, means that the agency has either not reported for a particular country or the information that has been reported is not demonstrating progress. If the agency has not been able to complete the survey tool in a country in which it is active, this will show on the relevant Country Scorecard as not reporting progress. Relevant data will be accessible on the IHP+Results website (www.ihpreresults.net)

Understanding the IHP+Results Process

What is the deadline for providing the data to IHP+Results?

The steps in the monitoring and reporting process are shown below. The deadline for participating signatories to complete the survey is **15 October 2010**. We will try to accommodate your internal processes as much as we can. However, please understand that we are not able to guarantee inclusion of data submitted after this deadline.



Milestones in the Monitoring & Reporting Process

How will the data be collected and how long will it take?

For Development Partners

Each agency has been provided with the survey tool in MS Excel format and other supporting documents (as listed on page 2). The survey tool should be completed for only those countries participating in IHP+Results 2010 monitoring process and in which your agency is active.

Countries and DPs participating in the 2010 IHP+Results monitoring & reporting process¹:

Countries

Burkina Faso
Burundi
Democratic Republic of Congo
Djibouti

Ethiopia
Mali
Mozambique

Nepal
Niger
Nigeria

Development Partners

Australia
Belgium
Netherlands
Norway
Spain
Sweden

United Kingdom
European Commission
GAVI
GFATM

UNAIDS
UNFPA
UNICEF
WHO
World Bank

Why can't I provide aggregated data for my agency?

IHP+Results is monitoring progress across the IHP+ countries and will produce a Country Scorecard for each country participating in IHP+Results monitoring and reporting process. These can be used for mutual reviews of progress within countries, led by country partners and the national government). Country-specific ratings will also provide greater transparency of the IHP+.

For Country Governments

Each agency has been provided with the survey tool in MS Excel format and other supporting documents (as listed on page 2). The data will be collected across 9 SPMs for country governments. Where possible, this information for each SPM should be available from existing monitoring tools and processes such as the Joint Annual Health Sector Review. If this information is not currently available we will work closely with you to support the data collection process.

¹ As off 31st August 2010 and subject to change.

How do I submit the completed survey?

Please email the Excel Spreadsheet file as an email attachment to ihpresults2010survey@human-scale.net, or for development partners, back to your agency HQ focal person who will then send it on. You will receive an immediate email reply confirming that this has been received. If you do not receive this please contact Tim Shorten (tim@human-scale.net), or James Fairfax (james@human-scale.net). Our submission system will also confirm to any other address/es that you indicate in the relevant field or copy on your email submission.

What does IHP+Results do with the data after submission?

The data provided will be automatically uploaded into our monitoring database. Only if there has been any problem with your submitted data, we will get back in touch with you. If not, you can assume that your submission is OK. IHP+Results will provide you with a draft Scorecard for discussion in late November.

How will you verify the data submitted?

By the end of November, we will send draft Scorecards to you to verify whether we have accurately captured your submission. At country-level this would be supplemented by a presentation of a draft Country Scorecard to the Country Health Sector Team or other appropriate health coordination mechanism (on the advice of the Ministry of Health). The purpose in each case is to verify or provide some form of triangulation of the information that you have self-reported. Following any required changes, we would then like to put a clearly labelled draft Scorecard on our website for comment by IHP+ stakeholders (we will negotiate this separately with each agency). We consider this an important element of our independent reporting function.

Doesn't IHP+Results duplicate other similar processes?

We are working closely with the OECD/DAC to work with other processes to monitor aid effectiveness:

- The Standard Performance Measures (SPMs) build on the Paris Declaration indicators.
- We are working with the Task Team on Health As a Tracer Sector (TTHATS) to avoid duplication and ensure that data and findings can be used as widely as possible (your experience participating the evidence generated through your participation in IHP+Results will also contribute to the body of evidence which will shape next discussions at the Fourth High-Level Forum on Aid Effectiveness [Korea, 29 November – 1 December 2011]).
- The Paris Declaration Survey in 2011 will provide a key opportunity to reflect a sectoral perspective – and to profile the IHP+ at HLF4 in Seoul. We will look to synchronize timing with the 2011 Paris Survey to reduce the transaction costs of our 2011 reporting cycles.

How will Civil Society be engaged?

The agreed set of SPMs for both government and DPs includes a measure for assessing civil society engagement and participation in health coordination mechanisms. IHP+Results will survey civil society organisations in each country to develop a qualitative picture of civil society engagement in each country and, where possible, to triangulate information that has been provided by DPs. Civil society perspectives will also be sought on the data presented in working drafts of Partner and Country Scorecards as part of the verification process, subject to necessary consent by IHP+ signatories.

Will we be able to see draft results?

Yes. By the end of November we will share a draft Scorecard with you. This consultation period should be finalised by the end of January 2011 (see page 5).

When and how will findings be published?

The findings will be made public in March 2011. At this stage hard copies of the IHP+Results report will be available in English and French, and electronic copies will be posted on both the IHP+Results website (www.ihpresults.net) and the IHP+ website (www.internationalhealthpartnership.net). Every participating partner will have the opportunity to see their final Scorecard before its been made public (see previous question).

Agreed Standard Performance Measures

IHP+Results monitoring is based on a set of agreed Standard Performance Measures (SPMs), linked strongly to the Paris Declaration Indicators. The SPMs were developed through the IHP+ Working Group on Mutual Accountability and agreed by the IHP+ SuRG.




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 &/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.
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.
	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.
	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 actively engaged	8DP	Evidence of support for Civil Society to be actively represented in health sector policy processes - including Health Sector planning, coordination & review mechanisms.	All Signatories can provide some evidence of supporting active Civil Society engagement.

* Preferably using indicators to review progress that are based on this set of 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 &/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 actively engaged	8G	Evidence that Civil Society is actively represented in health sector policy processes - including Health Sector planning, coordination & review mechanisms.	At least 10% of seats in the country's Health Sector coordination mechanisms are allocated to Civil Society representatives.




IHP+Results Scorecards will include ratings to show signatories' progress against the Standard Performance Measures (SPMs). These ratings will be developed based on transparent criteria, listed below. Signatories will have the opportunity to see draft ratings before they are finalised.

Rating Criteria

IHP+ DEVELOPMENT PARTNERS				
Indicator #	Targets	Criteria		
				
1DP	100% of IHP+ countries where the signatory operates have support for/commitment to the IHP+ compact (or equivalent) mutually agreed and documented.	In all countries have demonstrated commitment.	Target not reached, but there is demonstrated evidence of progress towards reaching the target (or of maintaining previous gains), compared to the previous year.	No demonstrated evidence of progress towards the target, compared with previous year (or reversal of previous gains).
2DPa	Halve the proportion of aid flows to the health sector not reported on government's budget(s) (with at least 85% reported on budget).	50% reduction in aid not reported on budget, compared with baseline data.	Target not reached, but there is demonstrated evidence of progress towards reaching the target (or of maintaining previous gains), compared to the previous year.	No demonstrated evidence of progress towards the target, compared with previous year (or reversal of previous gains).
2DPb	50% or more of capacity development support to each IHP+ country in which the signatory operates are based on national health sector plans/strategies.	50% or more.	Target not reached, but there is demonstrated evidence of progress towards reaching the target (or of maintaining previous gains), compared to the previous year.	No demonstrated evidence of progress towards the target, compared with previous year (or reversal of previous gains).
2DPc	66% of aid flows are provided in the context of programme based approaches.	66% or more.	Target not reached, but there is demonstrated evidence of progress towards reaching the target (or of maintaining previous gains), compared to the previous year.	No demonstrated evidence of progress towards the target, compared with previous year (or reversal of previous gains).
3DP	90% (or an equivalent published target) of health sector funding provided through multi-year commitments [min. 3 years].	90% (or equivalent published target).	Target not reached, but there is demonstrated evidence of progress towards reaching the target (or of maintaining previous gains), compared to the previous year.	No demonstrated evidence of progress towards the target, compared with previous year (or reversal of previous gains).
4DP	Halve the proportion of health sector aid not disbursed within the fiscal year for which it was scheduled.	50% reduction in health sector aid not disbursed within the fiscal year for which it was scheduled, compared with baseline.	Target not reached, but there is demonstrated evidence of progress towards reaching the target (or of maintaining previous gains), compared to the previous year.	No demonstrated evidence of progress towards the target, compared with previous year (or reversal of previous gains).
5DPa	One-third reduction in the % of health sector aid to the public sector not using partner countries' procurement systems.	One-third reduction in the % of health sector aid to the public sector not using partner countries' procurement systems, compared with baseline.	Target not reached, but there is demonstrated evidence of progress towards reaching the target (or of maintaining previous gains), compared to the previous year.	No demonstrated evidence of progress towards the target, compared with previous year (or reversal of previous gains).

5DPb	One-third reduction in the % of health sector aid to the public sector not using partner countries' PFM systems.	One-third reduction in the % of health sector aid to the public sector not using partner countries' PFM systems, compared with baseline.	Target not reached, but there is demonstrated evidence of progress towards reaching the target (or of maintaining previous gains), compared to the previous year.	No demonstrated evidence of progress towards the target, compared with previous year (or reversal of previous gains).
5DPc	Reduce by two-thirds the stock of parallel project implementation units (PIUs).	Two-third reduction in the stock of parallel project implementation units (PIUs), compared with baseline data.	Target not reached, but there is demonstrated evidence of progress towards reaching the target (or of maintaining previous gains), compared to the previous year.	No demonstrated evidence of progress towards the target, compared with previous year (or reversal of previous gains).
6DP	Single national performance assessment frameworks are used, where they exist, as the primary basis to assess progress in all IHP+ countries where the signatory operates.	Yes - Single National Performance Assessment Framework is used as the primary basis to assess progress.	Target not reached, but there is demonstrated evidence of progress towards reaching the target (or of maintaining previous gains), compared to the previous year.	No demonstrated evidence of progress towards the target, compared with previous year (or reversal of previous gains).
7DP	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.	100% of countries.	Target not reached, but there is demonstrated evidence of progress towards reaching the target (or of maintaining previous gains), compared to the previous year.	No demonstrated evidence of progress towards the target, compared with previous year (or reversal of previous gains).
8DP	DP can provide some evidence of supporting active Civil Society engagement.	Demonstrated evidence of progress for all countries.	Target not reached, but there is demonstrated evidence of progress towards reaching the target (or of maintaining previous gains), compared to the previous year.	No demonstrated evidence of progress towards the target, compared with previous year (or reversal of previous gains).

IHP+ COUNTRY GOVERNMENTS				
Indicator #	Target	Criteria		
				
1G	An IHP+ Compact or equivalent mutual agreement is in place.	IHP+ Compact or equivalent mutual agreement in place.	Evidence of progress towards signing IHP+ Compact or equivalent mutual agreement (ie under active development).	No current plans to develop IHP+ Compact or equivalent mutual agreement.
2Ga	A National Health Sector Plan/Strategy is in place with current targets & budgets that have been jointly assessed.	National Health Sector Plans/Strategy in place with current targets & budgets that have been jointly assessed.	National Health Sector Plans/Strategy in place with current targets & budgets with evidence of plans for joint assessment.	National Health Sector Plans/Strategy in place with no plans for joint assessment.
2Gb	A costed, comprehensive national HRH plan (integrated with the health plan) is being implemented or developed health plan.	Costed and evidence based HRH plan in place that is integrated with the national health plan.	Costed and evidence based HRH plan under development OR in place but not yet integrated with the national health plan.	No Costed and evidence based HRH plan in place.
3G	15% (or an equivalent published target) of the national budget is allocated to health.	15% (or an equivalent published target) of the national budget is allocated to health.	Less than 15% (or an equivalent published target) of the national budget is allocated to health – BUT with evidence of increase since baseline or concrete/published plans to increase.	Less than 15% (or an equivalent published target) of the national budget is allocated to health – AND with no plans to increase or evidence of increase since baseline.
4G	Halve the proportion of health sector funding not disbursed against the approved annual budget.	Proportion of health sector funding not disbursed against the approved annual budget has reduced by half since baseline.	Proportion of health sector funding not disbursed against the approved annual budget has reduced since baseline – but not by half.	Proportion of health sector funding not disbursed against the approved annual budget has not reduced since baseline.
5G	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.	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.	Improvement of at least one measure (ie 0.5 points) on the PFM/CPIA scale of performance. OR Improvement of at least one measure on the four-point scale used to assess performance for this sector.	NEITHER PFM/CPIA scale of performance NOR four-point scale show targeted improvements.
6G	A transparent and monitorable performance assessment framework is in place to assess progress in the health sector.	A transparent and monitorable performance assessment framework is in place to assess progress in the health sector.	Evidence that a transparent and monitorable performance assessment framework is UNDER DEVELOPMENT to assess progress in the health sector.	NO transparent and monitorable performance assessment framework is in place and NO plans to develop one are clear or being implemented.

IHP+ COUNTRY GOVERNMENTS				
Indicator #	Target	Criteria		
				
7G	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.	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.	Mutual assessments (such as a joint Annual Health Sector Review) are being made of progress implementing commitments in the health sector, BUT NOT on aid effectiveness.	Mutual assessments (such as a joint Annual Health Sector Review) are NOT being made of progress implementing commitments in the health sector, including on aid effectiveness.
8G	At least 10% of seats in the country's Health Sector Coordination mechanisms are allocated to Civil Society representatives.	10% or more of seats in the country's Health Sector Coordination mechanisms are allocated to Civil Society representatives.	1-9% of seats in the country's Health Sector Coordination mechanisms are allocated to Civil Society representatives.	NO seats in the country's Health Sector Coordination mechanisms are allocated to Civil Society representatives.