



## MANAGING FOR DEVELOPMENT RESULTS



### NATIONAL RESULTS FRAMEWORK AGREED

- There are 132 indicators in the national results framework.



### HEALTH MANAGEMENT INFORMATION SYSTEMS (HMIS)

- Indicators monitored for general objectives are both relevant and sufficient, however there are many highly specific indicators and too many indicators fixed on processes rather than outcomes.



### JOINT HEALTH SECTOR REVIEWS CONDUCTED

- There is no annual joint review of the health sector, however there are reviews of individual projects.



### DECISIONS BASED ON RESULTS

- Currently there is no national framework of evaluation.



## COUNTRY OWNERSHIP & ACCOUNTABILITY



### COMMITMENTS DOCUMENTED

- Signed Agreement
- The development of the country compact is taking place and the compact will be signed in 2011.



### HEALTH SECTOR PLAN AND AIDS STRATEGIES

- Includes current targets and budgets
- Jointly Assessed



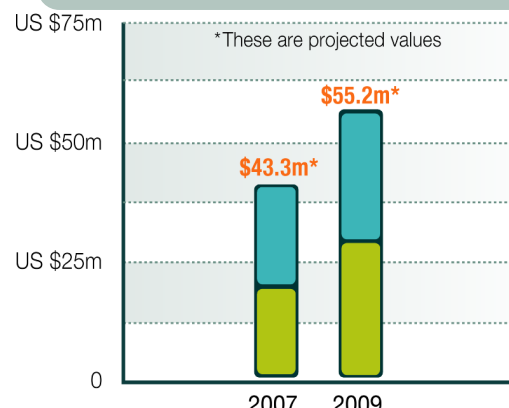
### HEALTH SECTOR AID EFFECTIVENESS MONITORING

- 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



6.9 % allocated to health

8.1 % increase needed to meet the Abuja target

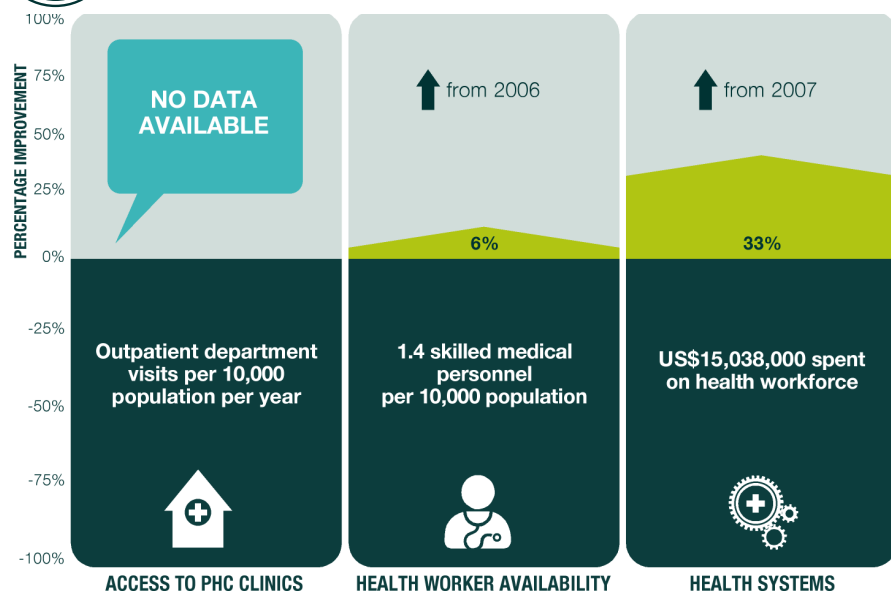
### EXTERNAL FINANCING USING POOLED MECHANISMS

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No additional information was provided about this measure.



## HEALTH SYSTEMS STRENGTHENING



## COUNTRY SYSTEMS

### PUBLIC FINANCIAL MANAGEMENT

- REFLECTS GOOD PRACTICE (OR REFORM IN PROGRESS)

### PROCUREMENT

- REFLECTS GOOD PRACTICE (OR REFORM IN PROGRESS)

### TECHNICAL ASSISTANCE

- DONOR CAPACITY DEVELOPMENT PROVIDED THROUGH COORDINATED PROGRAMMES

UNFPA has been building capacity in improvement of the quality of services and UNAIDS has given US\$152,600 in 2008 and 2009 for technical assistance.

## PROGRESS ON MILLENNIUM DEVELOPMENT GOALS



Population living on less than \$1 a day 18.8% in 2002 (↑ 14.0% since 1996)



Children enrolled in primary education 47.6% in 2008 (↑ 5.9% since 2007)



Gender parity index in primary level enrolment 0.88 in 2008 (↑ 0.02 since 2007)



Under 5 Mortality rate 95.0 per 1000 live births in 2008 (↓ 4.0 since 2005)



Maternal mortality ratio 650.0 per 100,000 live births in 2005 (↓ 80.0 since 2000)

Unmet need for family planning in ( ? since )



HIV prevalence 3.1% in 2007 (= same% since 2001)

Children U-5 sleeping under insecticide treated bednet 1.3% in 2006 ( ? since )

TB incidence 620.0 per 100,000 in 2008 (= same since 2005)



Population using improved drinking water sources 92.0% in 2008 (↑ 3.0% since 2005)

Population using improved sanitation sources 56.0% in 2008 (↓ 2.0% since 2005)



# DJIBOUTI COUNTRY SCORECARD 2010\*

## GOVERNMENT OF Djibouti

## PROGRESS IN IMPLEMENTING ITS IHP+ COMMITMENTS

### EXPECTED RESULTS

### PROGRESS

### OVERALL RESULTS



Commitments are documented and mutually agreed.



There is evidence of a Compact or equivalent agreement under development. The aim is to have this in place during 2011.



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 a costed and evidence based HRH plan was under development. At the end of 2009 a costed and evidence based HRH plan was in place but not yet integrated with the national health plan.



Funding commitments are long-term.



In 2008 Djibouti allocated 6.9% of its approved annual national budget to health.



Funds are disbursed predictably, as committed.



In 2009, 142% of health sector funding was disbursed against the approved annual budget.



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



In 2009, Djibouti achieved a score of 3.0 on the PFM/CPIA scale of performance.



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



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 not being made of progress implementing commitments in the health sector.



Civil Society actively engaged.



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

## 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.