



MANAGING FOR DEVELOPMENT RESULTS



NATIONAL RESULTS FRAMEWORK AGREED

- In 2010 a clear and monitorable results framework was put in place to assess progress.



HEALTH MANAGEMENT INFORMATION SYSTEMS (HMIS)

- The last available data was for June to December 2009 - made available in 2010.



DECISIONS BASED ON RESULTS

- It is expected that results of the first JAR (held in December 2010) will be used for decision making and planning in 2011.



JOINT HEALTH SECTOR REVIEWS CONDUCTED

- The first JAR was carried out in December 2010. It had representation from the Government, National Planning Commission, bilateral and multilateral donors, civil society as well as other relevant government bodies. Results will be presented and approved by the National Council on Health early in 2011.



COUNTRY OWNERSHIP & ACCOUNTABILITY



COMMITMENTS DOCUMENTED

- Signed Agreement
- Nigeria developed an IHP+ compact which was signed on the 16th of December 2010.



HEALTH SECTOR PLAN AND AIDS STRATEGIES

- Includes current targets and budgets
- Jointly Assessed



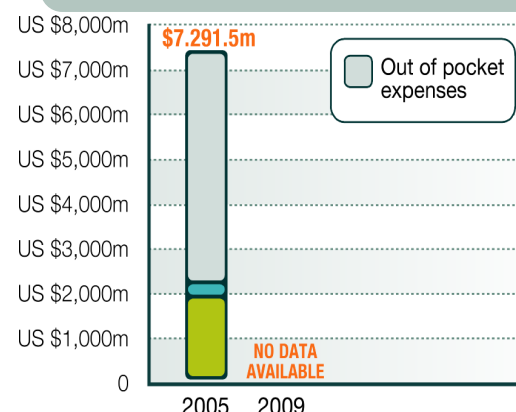
HEALTH SECTOR AID EFFECTIVENESS MONITORING

- 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



4.8 % allocated to health
10.2 % increase needed to meet the Abuja target

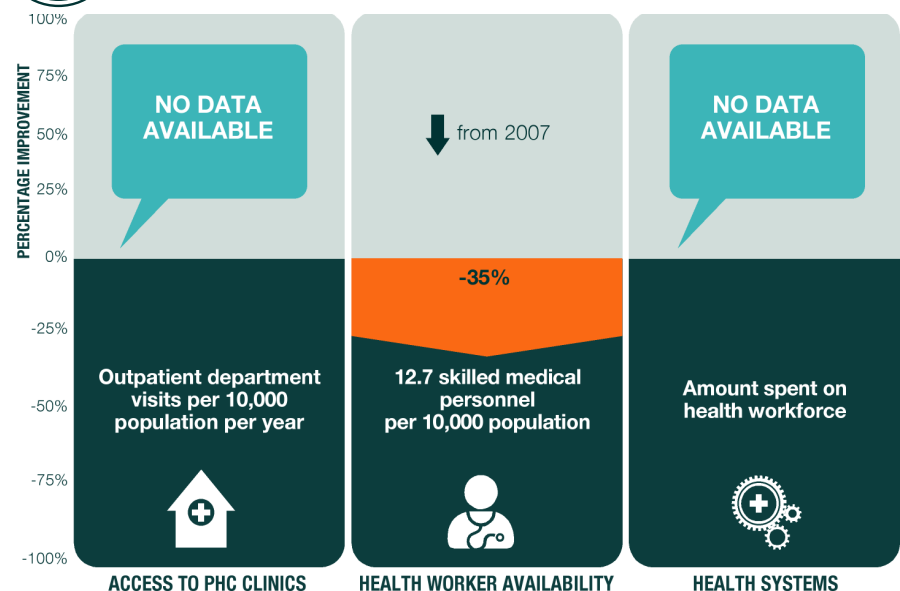
EXTERNAL FINANCING USING POOLED MECHANISMS

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There is no pooled mechanism for financing health care, apart from support provided by some development partners to UNICEF and other UN agencies for provision of immunization services.



HEALTH SYSTEMS STRENGTHENING



COUNTRY SYSTEMS

PUBLIC FINANCIAL MANAGEMENT

- REFLECTS GOOD PRACTICE (OR REFORM IN PROGRESS)

No assessment has yet been made.

PROCUREMENT

- REFLECTS GOOD PRACTICE (OR REFORM IN PROGRESS)

No assessment has been made although reforms are under way, e.g. development of a Public Procurement Act (2007) and a Fiscal Responsibility Act.

TECHNICAL ASSISTANCE

- DONOR CAPACITY DEVELOPMENT PROVIDED THROUGH COORDINATED PROGRAMMES

In 2009, Norway, the UK, WHO and World Bank are all provided 100% of their capacity development support through coordinated programmes.

PROGRESS ON MILLENNIUM DEVELOPMENT GOALS



Population living on less than \$1 a day 64.4% in 2004 (↓ 4.1% since 1996)



Children enrolled in primary education 62.8% in 2007 (↓ 5.0% since 2006)



Gender parity index in primary level enrolment 0.88 in 2007 (↑ 0.03 since 2006)



Under 5 Mortality rate 186.0 per 1000 live births in 2008 (↓ 8.0 since 2005)



Maternal mortality ratio 1100.0 per 100,000 live births in 2005 (↑ 300.0 since 2000)

Unmet need for family planning 20.2 in 2008 (↑ 3.3 since 2003)



HIV prevalence 3.1% in 2007 (↓ 0.1% since 2001)



Children U-5 sleeping under insecticide treated bednet 5.5% in 2008 (↑ 4.3% since 2003)



TB incidence 300.0 per 100,000 in 2008 (↓ 30.0 since 2005)



Population using improved drinking water sources 58.0% in 2008 (↑ 1.0% since 2005)



Population using improved sanitation sources 32.0% in 2008 (= same% since 2005)



NIGERIA COUNTRY SCORECARD 2010*

GOVERNMENT OF Nigeria

PROGRESS IN IMPLEMENTING ITS IHP+ COMMITMENTS

EXPECTED RESULTS

PROGRESS

OVERALL RESULTS



Commitments are documented and mutually agreed.



In 2009 there was evidence of a Compact under development, and in December 2010 this was signed and in place.



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 2009 Nigeria allocated 4.8% of its approved annual national budget to health.



Funds are disbursed predictably, as committed.



In 2009, 100% of health sector funding was disbursed against the approved annual budget.



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



In 2009, Nigeria 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 Nigeria.



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 were not undertaken in 2009, however in 2010 mutual assessment started with the JAR.



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)
- 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.