



MANAGING FOR DEVELOPMENT RESULTS



NATIONAL RESULTS FRAMEWORK AGREED

- 30 indicators in the national framework, of which 30 are effectively monitored



HEALTH MANAGEMENT INFORMATION SYSTEMS (HMIS)

- HMIS results are reliable, although attention needs to be paid to certain data, which can sometime be inaccurate. In 2009, 100% of health centres and 65% of hospitals provided data.



JOINT HEALTH SECTOR REVIEWS CONDUCTED

- Every year since 2007 there has been an annually joint review. In 2010 the review included private sectors partners, civil society, the ministry of finance, bilateral donors, the lead donor, as well as staff from multilateral agencies and staff from various projects and programmes.



DECISIONS BASED ON RESULTS

- There is a consultative meeting of all partners for health and development held monthly.



COUNTRY OWNERSHIP & ACCOUNTABILITY



COMMITMENTS DOCUMENTED

- Signed Agreement

There is a Memorandum of Understanding dating from February 2008, however it has not been evaluated yet and is in process of being implemented.



HEALTH SECTOR PLAN AND AIDS STRATEGIES

- Includes current targets and budgets
- Jointly Assessed



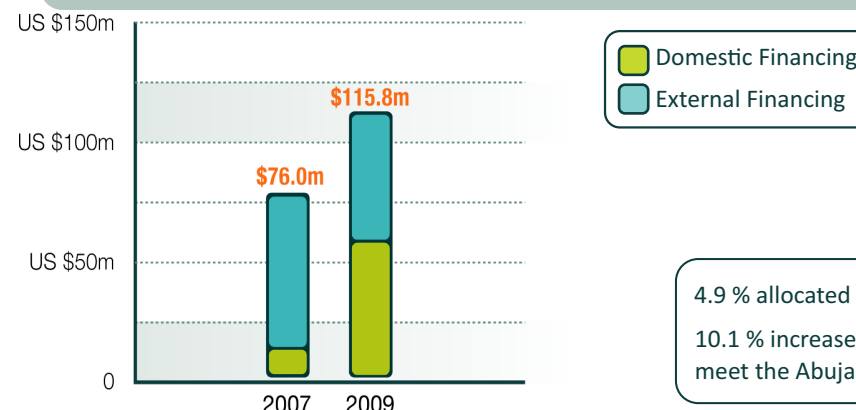
HEALTH SECTOR AID EFFECTIVENESS MONITORING

- 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



4.9 % allocated to health
10.1 % increase needed to meet the Abuja target

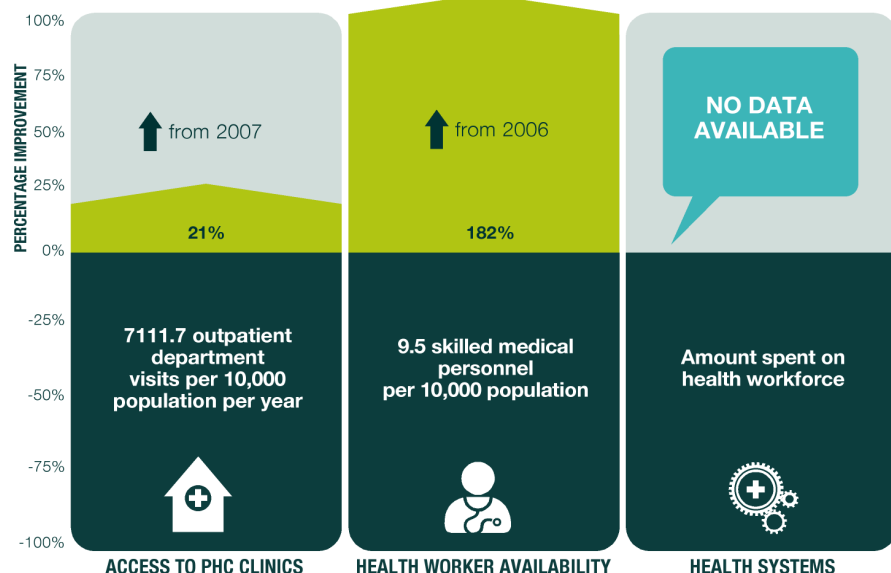
EXTERNAL FINANCING USING POOLED MECHANISMS

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In 2009, there was no pooled funding mechanism. The World Bank has contributed to the "Programme d'Appui au Développement du Secteur de la Santé" and the European Union has contributed to



HEALTH SYSTEMS STRENGTHENING



COUNTRY SYSTEMS

PUBLIC FINANCIAL MANAGEMENT

- REFLECTS GOOD PRACTICE (OR REFORM IN PROGRESS)

The PFM/CPIA score improved from 2.5 in 2005 to 3 in 2009.

PROCUREMENT

- REFLECTS GOOD PRACTICE (OR REFORM IN PROGRESS)

A reform was proposed in 2008 and is being implemented so that all institutions within the health system can procure items through a national system. (CAMEBU).

TECHNICAL ASSISTANCE

- DONOR CAPACITY DEVELOPMENT PROVIDED THROUGH COORDINATED PROGRAMMES

UNICEF developed an assistance programme with local and international NGOs and DFID has been working with the government on a programme.

PROGRESS ON MILLENNIUM DEVELOPMENT GOALS



Population living on less than \$1 a day 81.3% in 2006 (↓ 5.1% since 1998)



Children enrolled in primary education 89.7% in 2009 (↑ same% since 2007)



Gender parity index in primary level enrolment 0.95 in 2008 (↑ 0.02 since 2007)



Under 5 Mortality rate 168.0 per 1000 live births in 2008 (↓ 3.0 since 2005)



Maternal mortality ratio 620.0 per 100,000 live births in 2007 (↓ 480.0 since 2005)

Unmet need for family planning 29.0 in 2002 (↑ since)



HIV prevalence 2.0% in 2007 (↓ 1.5% since 2001)



Children U-5 sleeping under insecticide treated bednet 8.3% in 2005 (↑ 7.0% since 2000)



TB incidence 360.0 per 100,000 in 2008 (↓ 30.0 since 2005)



Population using improved drinking water sources 72.0% in 2008 (↑ 7.7% since 2005)



Population using improved sanitation sources 36.3% in 2008 (↓ 9.7% since 2005)



BURUNDI COUNTRY SCORECARD 2010*

GOVERNMENT OF Burundi

PROGRESS IN IMPLEMENTING ITS IHP+ COMMITMENTS

EXPECTED RESULTS

PROGRESS

OVERALL RESULTS



Commitments are documented and mutually agreed.



A Memorandum of Understanding was signed in 2008, which is currently being implemented.



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.



There is currently a costed and evidence based HRH plan in place that is integrated with the national health plan.



Funding commitments are long-term.



In 2009 Burundi allocated 4.9% of its approved annual national budget to health.



Funds are disbursed predictably, as committed.



In 2009, 38% of health sector funding was disbursed against the approved annual budget.



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



In 2009, Burundi 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 Burundi.



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 22% 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.