PARTNER SCORECARD FOR THE NETHERLANDS

AGENCY PROFILE

Ministry of Foreign Affairs coordinates and carries out Dutch foreign policy and development cooperation, through its headquarters and embassies, multilateral & private organisations and NGOs. Priority themes are food security, water, sexual and reproductive health including HIV/AIDS, security and the rule of law in fragile states.

COUNTRIES WHERE THE AGENCY IS DEMONSTRATING PROGRESS

COUNTRIES WHERE THE AGENCY IS REPORTING LIMITED PROGRESS

EXPECTED RESULTS	PROGRESS	OVERALL RESULTS
Commitments are documented and mutually agreed.	✓	An IHP+ Country Compact or equivalent has been signed by the agency in 100% of IHP+ countries where they exist. Target = 100%.
Support is based on country plans & strategies, including to strengthen Health Systems.	!	In 2009 46% of health sector aid was reported by the agency on national health sector budgets - a decrease from 69%. Target = 50% reduction in aid not on budget (with ≥ 85% on budget).
	✓	In 2009 100% of capacity development was provided by the agency through coordinated programmes - no change from 100%. Target = 50%.
	✓	In 2009 93% of health sector aid was provided by the agency through programme based approaches - an increase from 90%. Target = 66%.
Funding commitments are long-term.	✓	In 2009 100% of health sector aid was provided by the agency through multi-year commitments - no change from 100%. Target = 90%.
Funds are disbursed predictably, as committed.	✓	In 2009 100% of health sector aid disbursements provided by the agency were released according to agreed schedules - no change from 100% in 2007. Target = 90%.
Country systems for procurement & public financial management are used & strengthened.	✓	In 2009 100% of health sector aid provided by the agency used country procurement systems - no change from 100%. Target = 33% reduction in aid not using procurement systems (with ≥ 80% using country systems).
	✓	In 2009 100% of health sector aid provided by the agency used national public financial management systems - no change from 100%. Target = 33% reduction in aid not using PFM systems (with ≥ 80% using country systems).
	✓	In 2009 the stock of parallel project implementation units (PIUs) used by the agency in the surveyed countries was 0.0 - no change from 0.0. Target = 66% reduction in stock of PIUs.
Resources are being managed for Development Results.	✓	In 2009 national performance assessment frameworks were routinely used by the agency to assess progress in 100% of IHP + countries where they exist. Target = 100%.
Mutual accountability is being demonstrated.	✓	In 2009 the agency participated in health sector mutual assessments of progress in 100% of IHP+ countries where they exist. Target = 100%.
Civil Society actively engaged.	✓	In 2009, evidence exists in 100% of IHP+ countries that the agency supported civil society engagement in health sector policy processes. Target = 100%.

DETAILS OF WHAT THE AGENCY IS DOING TO ACHIEVE RESULTS

This 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

The Netherlands has signed national Compacts in Ethiopia, Mali and Mozambique. Burkina Faso signed the Global IHP+ compact in May 2010 during the WHA. The national compact with donors has not yet been launched.

Support is based on country plans and strategies that sufficiently address Health Systems Strengthening

Support in all countries is based on country plans though not all is 'on budget'. Burkina Faso, the basket funding mechanism 'PADS' is not visible in the health budget and this impacts negatively on the overall rating. Similarly in Mali, the MDG-5 acceleration program (part of sector plan) was not included as it occurred late in 2009, when the national budget was already published. The proportion of aid going to PBAs diminished because of additional resources made available to CSOs.

Funding commitments are long-term

In all 4 countries, all of the Netherland's health sector aid is routinely committed for at least 3 years.

Funds are disbursed predictably, as committed

In all 4 countries, all health sector aid is routinely disbursed predictably, as committed. In fact, in Burkina Faso disbursements in the health sector are above 100%, due to high absorption rate as well as timely reporting by MoH of progress and audits.

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

The Netherlands does not earmark funds for procurement in any of the 4 countries. All Netherlands support uses national PFM systems and there are no PIUs in any of the 4 countries.

Resources are being managed for Development Results

The Netherlands has used national performance assessment frameworks in all countries where one exists. In Ethiopia, the PAF of the Annual Plan along with the Annual Report of the FMOH is used. In Mali a common set of indicators was agreed and used in the annual reviews. In Mozambique, there is a Joint Annual Review with a Common Performance Assessment Framework. In 2009, there was no framework in Burkina Faso.

Mutual Accountability is being demonstrated

In Burkina Faso, the Netherlands supported the first health sector review in March 2010. In Ethiopia, Netherlands participated in the JAR, but aid effectiveness was not discussed. In Mali, the Netherlands as lead donor in 2009, encouraged the use of a commonly agreed M&E framework in the Annual Review for the first time. Donor commitments were included, although IHP+ commitments were not yet part of this.

Civil Society actively engaged

The Netherlands played a key role in supporting the inclusion of Civil Society partners in the Development Partners Group in Mali, Burkina Faso, Mozambique and Ethiopia, as well as in the health reviews. In Burkina Faso, the MoH included CSOs not only in planning but also implementation. Through the unearmarked basket-funding of the Netherlands, the MoH has been able to contract local NGOs to support activities in remote areas to accelerate the achievement of health MDGs. In Ethiopia funding has been increasingly channeled through NGOs.

HOW TO INTERPRET THIS SCORECARD

12 Standard Performance Measures (SPMs) were agreed by IHP+ signatories to track the implementation of Expected Results (see below). A detailed list of SPMs can be found at **www.ihpresults.net**

Countries where the Agency is reporting limited progress: Where ratings of → or ✓ for the minority of SPMs.

Expected Results: Reflect key commitments made in the IHP+ Global Compact.

Progress: Symbols illustrate whether the Agency has achieved ✓, is making progress →, or has not made progress ! against 12 SPMs.

Specific points on interpreting progress:

- **Comparability of ratings:** Five targets* track change over time. For these, → reflects progress since baseline, rather than absolute performance in 2009. Negative or flatline trend performance receives !. These ratings should not be used to compare absolute performance between agencies. In all instances ✓ shows that the target has been met.
- **Scorecard ratings are aggregates** of performance across a number of countries. Aggregates might hide variations in the agency's performance. The additional information above provides more detail on the agency's performance. This was drafted by IHP+Results using data provided by the agency, but in some cases the agency made significant changes before the final text was agreed.

* Corresponding to the following Standard Performance Measures (SPMs) - 2DPa, 4DP, 5DPa, 5DPb, 5DPc. For more information on SPMs and targets see **www.ihpresults.net**