PARTNER SCORECARD FOR NORWAY

AGENCY PROFILE

Norway provides approximately 13% of its total ODA to health. The majority is channeled through multilateral agencies. Priority areas for support are women's and children's health in poor countries, together with efforts to increase all stakeholders funding, efficiency and result orientation to reach the health MDGs.

COUNTRIES WHERE THE AGENCY IS DEMONSTRATING PROGRESS

MOZAMBIQUE NIGERIA

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 36% of health sector aid was reported by the agency on national health sector budgets - a decrease from 99%. Target = 50% reduction in aid not on budget (with ≥ 85% on budget).
	✓	In 2009 90.5% of capacity development was provided by the agency through coordinated programmes - an increase from 53.3%. Target = 50%.
	!	In 2009 43% of health sector aid was provided by the agency through programme based approaches - a decrease from 92%. Target = 66%.
Funding commitments are long-term.	✓	In 2009 100% of health sector aid was provided by the agency through multi-year commitments - an increase from 91%. 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 49% of health sector aid provided by the agency used country procurement systems - a decrease from 83%. Target = 33% reduction in aid not using procurement systems (with ≥ 80% using country systems).
	!	In 2009 58% of health sector aid provided by the agency used national public financial management systems - a decrease from 90%. 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 1.0 - an increase 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.	–	This Standard Performance Measure was deemed not applicable to Norway.
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

In Mozambique Norway has signed the IHP+ compact, but ended its support to the health sector in 2008 when Norway decided to increase its contribution to general budget support and concentrate sector support on two sectors (energy and fishery). Norway is however following the health sector dialogue as closely as the embassy's resources permits and still supports UNFPA and Norwegian and national CSOs. In Nigeria, Norway works through a delegated partnership with DFID in the area of maternal and child health in 4 states of Northern Nigeria.

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

Norwegian health aid for Nigeria is being disbursed by DFID. The MNCH programme is aligned with Nigeria's National Health Strategic Development Plan. DFID's Nigeria disbursements are not using national systems due to the high-risk environment. In Mozambique Norway moved from sector budget support to general budget support in 2008.

Funding commitments are long-term

In Mozambique Norway moved from sector budget support to increased general budget support in 2008. The majority of Norway's funding commitments are long-term, e.g. the five-year long MNCH program.

Funds are disbursed predictably, as committed

Norway has disbursed its health sector aid as planned.

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

Norway's funding through sector budget support and general budget support in Mozambique uses national procurement systems; other funding through UNFPA and civil society does not. Due to the nature of SBS/GBS, it is not possible to specify the amounts of the contributions - but we have used the percentage using systems, as a proportion of Norway's overall health aid.

Resources are being managed for Development Results

Norway uses the national Performance Assessment Framework (PAF) in Mozambique. In 2009, there was no PAF in place, so Norway was unable to record a positive response on this SPM in Nigeria (hence the N/A rating).

Mutual Accountability is being demonstrated

Norway is using joint accountability processes set up for the General Budget Support. This involves Joint Annual Reviews of government and partner performance. Due to the move to budget support Norway reported that the use of national mutual accountability processes in health was not applicable in 2009 in Mozambique. Norway had moved from sector budget support to general budget support in 2008, and no longer participates in health policy planning processes. In Nigeria, no mutual accountability process was in place in 2009.

Civil Society actively engaged

Financial and other support to CSOs is being provided, e.g. in Nigeria the MNCH program supports CSOs at the federal and state level. One of these is the Health Reform Foundation of Nigeria (HERFON), a federation of health change agents that is actively engaged in policy debate throughout the country. This organisation has been one of the key agents behind the health bill.

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**