

MANAGING FOR DEVELOPMENT RESULTS



• 35 indicators in the national results framework, all of which are effectively monitored.



DECISIONS BASED ON RESULTS

• There is a document defining all 35 tracking indicators, (which are taken from the statistics database), a progress report, and data collection tools used during joint field trips for the monitoring of the

HEALTH MANAGEMENT **INFORMATION SYSTEMS (HMIS)**

· Health data collection covers the entire country and is 100% completed. The HMIS does have weaknesses, however and a plan to reinforce the system was adopted by the Government to resolve these problems.

JOINT HEALTH SECTOR **REVIEWS CONDUCTED**

• In March 2010, the first review of the health sector took place. It allowed a review of work accomplished in 2009 and the opportunity to put forward recommendations for performance improvement. However, commitments between the government and Development Partners were not reviewed.

COUNTRY OWNERSHIP & ACCOUNTABILITY



· Signed Agreement

Burkina Faso signed the global Compact in May 2010. The country compact will be developed during the second term of 2011 after the adoption of the National Health Development Strategy (PNDS 2011-2020),



HEALTH SECTOR PLAN AND AIDS STRATEGIES

- · Includes current targets and budgets
- Jointly Assessed





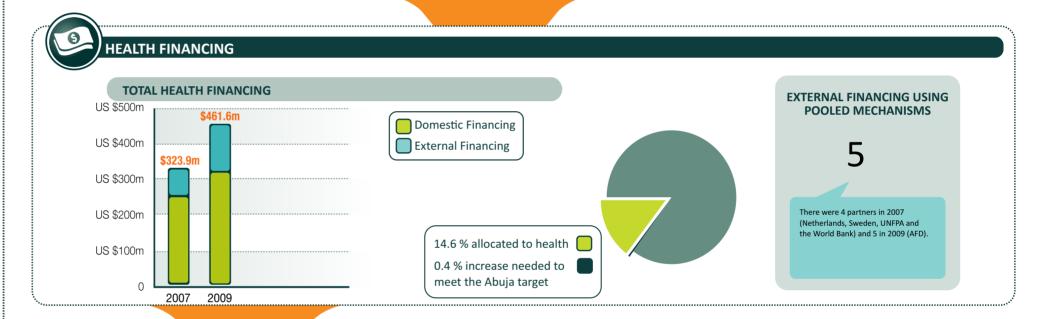
• Number of development partner missions

HEALTH SECTOR AID EFFECTIVENESS MONITORING

 > 10% of seats in the health sector coordination mechanism are allocated to civil society

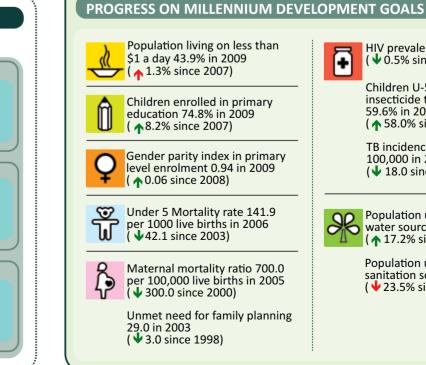
 Quality of civil society engagement health sector policy and accountability processes





HEALTH SYSTEMS STRENGTHENING from 2007 from 2007 from 2007 14% 14% -25% 5404 outpatient 8.3 skilled medical US\$48,723,933 spent department personnel per 10,000 population visits per 10,000 on health workforce population per year -75% 0 ACCESS TO PHC CLINICS HEALTH WORKER AVAILABILITY HEALTH SYSTEMS





(• 0.06 since 2008)



Maternal mortality ratio 700.0 per 100,000 live births in 2005 (**4** 300.0 since 2000)

Population living on less than

Children enrolled in primary

Gender parity index in primary

level enrolment 0.94 in 2009

education 74.8% in 2009

(\$8.2% since 2007)

\$1 a day 43.9% in 2009

Unmet need for family planning 29.0 in 2003 (**♥** 3.0 since 1998)



HIV prevalence 1.6% in 2007 (**V** 0.5% since 2001)

Children U-5 sleeping under insecticide treated bednet 59.6% in 2009 (\$58.0% since 2003)

TB incidence 222.0 per 100.000 in 2008 (**18.0** since 2005)



Population using improved drinking water sources 76.0% in 2008 (17.2% since 2006)

> Population using improved sanitation sources 11.0% in 2008 (\$\square\$ 23.5% since 2006)

^{*} Ratings are calculated using data up to and including 2009. Data from 2010 will be reported in IHP+Results' 2011 monitoring.



BURKINA FASO COUNTRY SCORECARD 2010*



GOVERNMENT OF Burkina Faso

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 the second term of 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.





Funding commitments are long-term.



In 2009 Burkina Faso allocated 14.6% of its approved annual national budget to health.



Funds are disbursed predictably, as committed.



In 2008, 68% of health sector funding was disbursed against the approved annual budget.



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



In 2009, Burkina Faso achieved a score of 4.5 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 Burkina Faso



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, but not on aid effectiveness.



Civil Society actively engaged.



In 2009 7% of seats in the Health Sector Coordination Mechanism (or equivalent body) were allocated to Civil Society representatives.

 st Ratings are calculated using data up to and including 2009. Data from 2010 will be reported in IHP+Results' 2011 monitoring.

AGENCIES DEMONSTRATING PROGRESS The Global Fund



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 $\langle \cdot \rangle$, is working towards $| \cdot \rangle$, or has not made progress \square 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 halth 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 \Rightarrow or \checkmark 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 organistions.