

AGENCY PROFILE

The Department for International Development (DFID): leading the UK government's fight against world poverty. DFID works with national and international partners to eliminate global poverty and its causes.

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 39% of health sector aid was reported by the agency on national health sector budgets - an increase from 36%. 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 - an increase from 88.3%. Target = 50%.



In 2009 41% of health sector aid was provided by the agency through programme based approaches - an increase from 33%. Target = 66%.



Funding commitments are long-term.



In 2009 99% of health sector aid was provided by the agency through multi-year commitments - no change from 99%. Target = 90%.



Funds are disbursed predictably, as committed.



In 2009 99% of health sector aid disbursements provided by the agency were released according to agreed schedules - a decrease from 100% in 2007. Target = 90%.



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



In 2009 15.7% of health sector aid provided by the agency used country procurement systems - an increase from 0.0%. Target = 33% reduction in aid not using procurement systems (with ≥ 80% using country systems).



In 2009 94% of health sector aid provided by the agency used national public financial management systems - no change from 94%. 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 19.0 - a decrease from 23.0. 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 40% 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 2008-09, the UK signed a Compact in Nepal, Ethiopia and Mozambique. In February 2008, the UK signed an MoU with Government and 15 other development partners in Burundi. In December 2010, the UK signed a Compact in Nigeria.



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

The average scores mask wide variation in individual country scores. Where country conditions allow alignment is strong. 100% of support is on budget in Ethiopia and 98% in Mozambique. 100% of support in Nepal is programme-based and 93% in Ethiopia. The figure for both these indicators is 0% in both Burundi and Nigeria. The large size of DFID's health programme in Nigeria in particular pulls down the average.



Funding commitments are long-term

The UK endeavours to make its funding long term and predictable. Mozambique and Nepal: UK health funding is for 5 years. In Ethiopia and Nigeria health funding is for 3 years.



Funds are disbursed predictably, as committed

In Nigeria and Nepal disbursements were as committed. In Mozambique disbursements for the pooled sector budget support fund were as committed.



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

DFID's average score masks wide variation. In Ethiopia and Mozambique, over 90% of DFID support uses country financial management systems. In Nepal, the use of sector budget support means that two-thirds of support uses country financial management systems. In Ethiopia, the share of DFID support using country procurement systems has risen from zero to 88% since 2007. In Burundi and Nigeria no DFID support uses country financial or procurement systems. In both cases, DFID provides technical assistance to strengthen national capacity.



Resources are being managed for Development Results

In Burundi a unified health sector results framework was used for the first time during 2009; DFID's bilateral programme indicators are drawn from this framework. In Mozambique the single national performance assessment framework is DFID's sole tool for monitoring sector performance. In Nepal DFID has drawn all programme indicators from the second Nepal Health Sector Programme Implementation Plan (NHSP-IP 2) Results Framework.



Mutual Accountability is being demonstrated

In Burundi the results framework includes some aid effectiveness indicators but all MoU commitments are not routinely assessed. A Compact will be developed during 2011, to include revised aid effectiveness commitments. In Nigeria the first review of the performance assessment framework took place in November 2010. In Mozambique a framework for monitoring MOU commitments has been developed in 2010 and will be used to monitor MOU (and IHP+) compliance on an annual basis - as part of the Annual Joint Evaluation process.



Civil Society actively engaged

Multicountry: In 2009/10 DFID provided £400,000 to support CSO engagement in national health policy. Nigeria: DFID supports CSOs at federal and state level, including the Health Reform Foundation of Nigeria - actively engaged in policy debate and a key agent behind the Health Bill. Nepal: DFID plan to support civil society capacity to use social accountability tools; future health funding will help civil society operate access equality surveys. Burundi: in 2009, DFID, as lead donor, facilitated CSO participation in sector group meetings and at the Joint Review.

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