

COTE D'IVOIRE



2016 IHP+ MONITORING ROUND National performance review

HOW TO READ THE COUNTRY PROFILE

All data presented on this visual aid are self-reported by the Ministry of Health (MoH), development partners (8 DPs out of 11 participated), civil society organisations (33 CSOs participated) and private sector representatives (3 PS participated) supporting the health sector. All data provided by DPs, CSOs and PS have in principle been validated by MoH.

The 8 Effective Development Cooperation (EDC) practices in health are captured in 4 commitments. The first three commitments present the performance of the government and DPs against 6 EDC practices. The last commitment also includes the opinion of the CSOs and PS on the EDC practices relevant to their engagement.

Where possible, trends in performance are documented over 4 monitoring rounds (2007, 2011, 2013 and 2015). When relevant, a comment relative to the EDC practice is provided in a text box.

For more detailed and disaggregated information on the data presented please visit www.internationalhealthpartnership.net/cotedivoire.

COMMITMENT

TO ESTABLISH STRONG HEALTH SECTOR STRATEGIES WHICH ARE JOINTLY ASSESSED, AND STRENGTHEN ACCOUNTABILITY



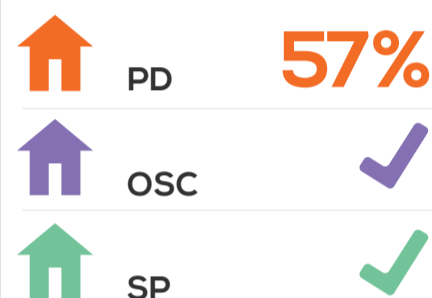
PARTNERS SUPPORT A SINGLE NATIONAL HEALTH STRATEGY

Alignment of support against the Health Sector Strategy



100% of participating DPs confirm they align their support with the national (or sub-national /sector) Health Sector Strategy.

Was the national health sector plan jointly assessed?



Stakeholders that supported the joint assessment

The partners' interventions are aligned on the national priorities for inking the National Health Development Plan. The plan was participatory and inclusive with all actors in the health system: public, civil society, private sector, development partners. The NHDP 2012-2015 was not genuinely evaluated, only a review was carried out and the results made it possible to develop the NHDP 2016-2020. The JANS tool is not often used by the stakeholders and this is linked to a lack of knowledge of this tool by the different entities.

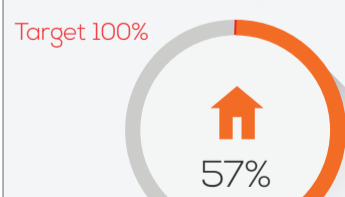


MUTUAL ACCOUNTABILITY IS STRENGTHENED

A national M&E plan for the National Health Strategy exists?



100% of participating DPs only use national health sector indicators to monitor their support.



57% of participating DPs confirm they participated in the mutual accountability processes

The various DPs use the country's monitoring and evaluation system. Sectoral or sub-sectoral plans have participatory and inclusive monitoring and evaluation plans that are validated by different entities. This plan integrates the various indicators for monitoring interventions. In addition, some DPs have indicators specific to their mandate and data are collected by other means and circuits. Various documents were developed by the actors for the implementation of mutual accountability mechanisms: National Health Development Plan, monitoring and evaluation plans, operational plan (OP). However, despite these mechanisms, the process is not fully functional.

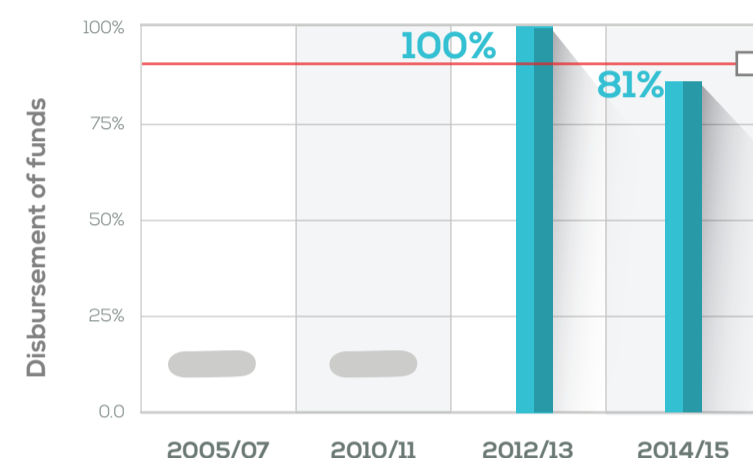
COMMITMENT

TO IMPROVE THE FINANCING, PREDICTABILITY AND FINANCIAL MANAGEMENT OF THE HEALTH SECTOR

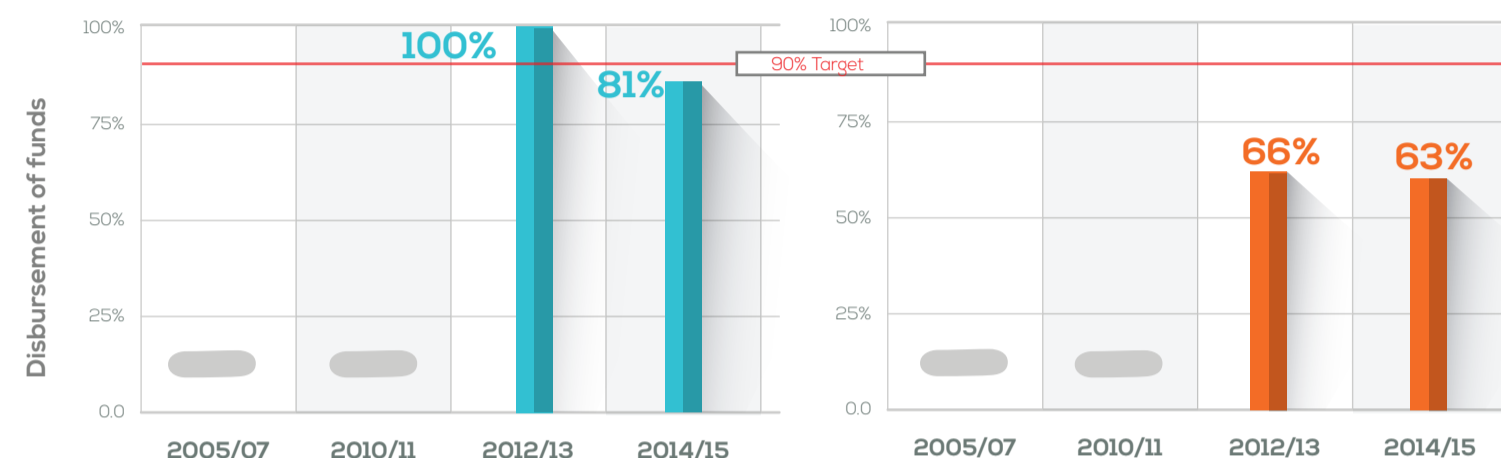


HEALTH DEVELOPMENT COOPERATION IS MORE PREDICTABLE

Government funds disbursed according to agreed schedules

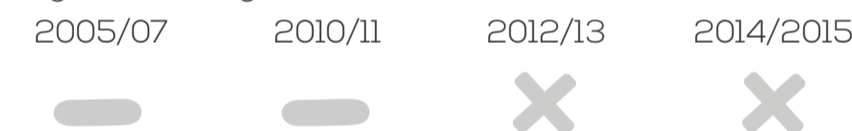


DP funds disbursed to the government according to agreed schedules



Predictability of funds for the future

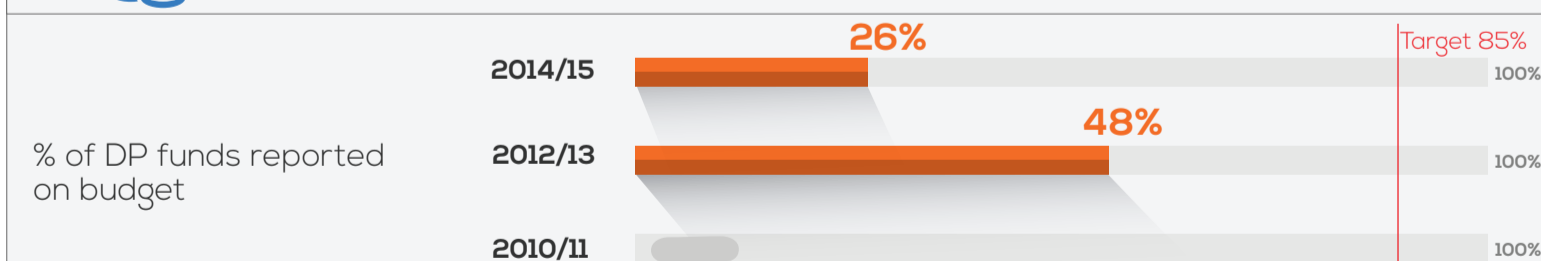
Rolling 3 year budget or Mid-Term Expenditure Framework in place:



50% of participating DPs have communicated their planned resources for the next 3 years to the MoH.



HEALTH AID IS ON BUDGET



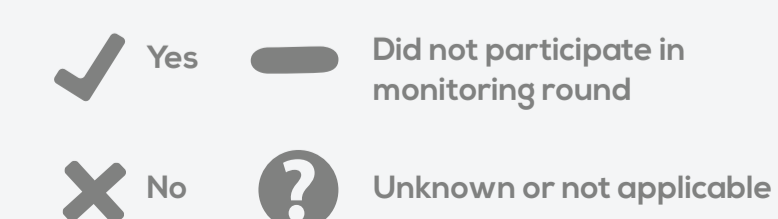
The MOH budget is developed according to the actual needs of the sector. Disbursements are annual and are in the form of delegated credit and are based on the resources actually available during that period. Only 29% of the responding DPs reported their aid over the next 3 years to the country. For the most part, the estimate is annual and this does not allow the government greater visibility to plan its resources and expenditures.

LEGEND

Data colour codes



Symbols



2016 IHP+ MONITORING ROUND

ihp+ results

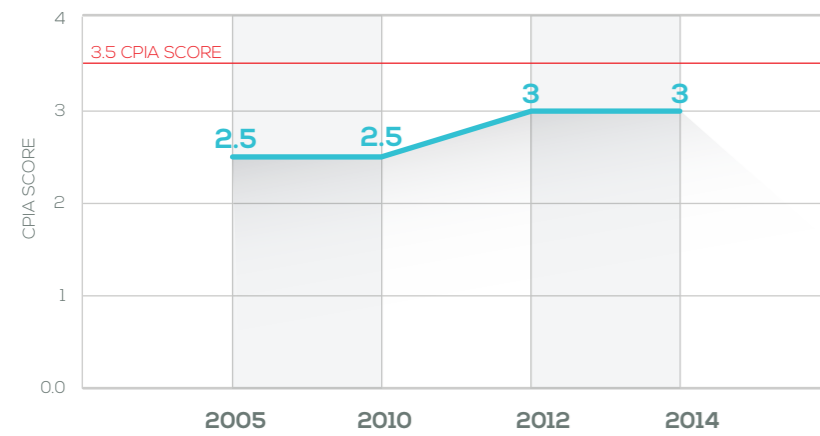
COMMITMENT

TO ESTABLISH, STRENGTHEN AND USE COUNTRY SYSTEMS

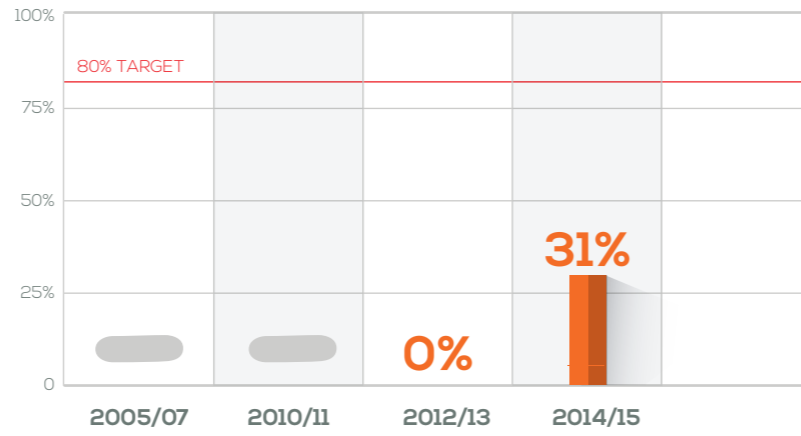


PUBLIC FINANCIAL MANAGEMENT (PFM) SYSTEMS ARE STRENGTHENED AND USED

Are PFM systems of sufficiently good quality?



Percentage of DP funds using PFM systems



Source: World Bank, CPIA data 2014

71%

71% of participating DPs confirm that sufficient support on PFM systems strengthening and capacity building is in place.

In general, DPs use their own management system for budget execution, audit and reporting procedures, except for those funds that are channelled through the state budget. This situation results from the multiplicity of procedures specific to each participant, as well as the financial cycle. In order to comply with international requirements, the country is committed to implementing directives of the West African Monetary Union on management of public finances. The strengthening of the mechanism for accountability and issuance of accounts could encourage DPs to use the national PFM system.



PROCUREMENT AND SUPPLY SYSTEMS ARE STRENGTHENED AND USED

A government plan for national procurement and supply exist?



29%

29% of participating DPs use the national procurement and supply systems.

71%

71% of participating DPs confirm that sufficient support on procurement or supply systems strengthening and capacity building is in place.

The country has a national supply system, but less than half of the DPs surveyed use it. However, DPs generally have their central medical stores and the national system is only used for a few products. This poses the problem of country visibility of supplies with consequence of under or over supply. The supply system is supported by DPs since a few years, through institutional strengthening, human resources and infrastructure in order to make it more efficient.



TECHNICAL SUPPORT IS COORDINATED AND SOUTH-SOUTH COOPERATION SUPPORTS LEARNING

An agreed national TA plan exists?



0%

0% of participating DPs provide TA in line with the national plan.

Does the Ministry of Health benefit from south-south cooperation?

NEVER

86%

86% of participating DPs support South-South cooperation.

Unfortunately, the country does not have technical assistance plans for the health sector. Technical assistance requirements are expressed in terms of difficulties encountered in the implementation of interventions and are provided by the DPs on requests from local actors. Technical assistance is often not coordinated between the partners or between DPs and the State. There is no policy to promote South-South cooperation. A mechanism and framework for valuing this practice should be put in place.

COMMITMENT

TO CREATE AN ENABLING ENVIRONMENT FOR CIVIL SOCIETY ORGANISATIONS AND PRIVATE SECTOR PARTICIPATION IN THE HEALTH SECTOR

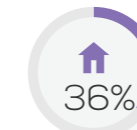


CIVIL SOCIETY ORGANISATIONS ENGAGEMENT

What space does the **government** provide for CSOs to effectively participate in health sector policy, planning and monitoring? (Sources: Government qualitative survey and CSO online survey)



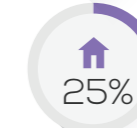
Government consults CSOs in the design, implementation or monitoring of national health policies



36% of CSOs confirm they are consulted



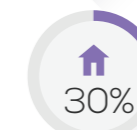
Government provides financial resources



25% of CSOs receive financial resources



Government provides training support

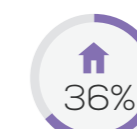


30% of CSOs receive training support

How effectively is the participation of CSOs in national health policy processes supported by **development partners**? (Sources: DP qualitative surveys and CSO online survey)



78% of DPs consult CSOs when developing their cooperation programme



36% of CSOs confirm they are consulted



67% of DPs provide financial resources



55% of CSOs receive financial resources



44% of DPs provide technical assistance



55% of CSOs receive technical assistance



PRIVATE SECTOR ENGAGEMENT



The PS is not often consulted by government or DPs for the development of health programmes.



The PS does not receive sufficient financial resources or capacity building.



There is limited mechanism for feedback to the PS.



Added key findings from the discussion with the PS.



<http://www.ihplusresults.net/cotedivoire>