Survey tool for development partner respondents on effective development cooperation in health at country level

INTRODUCTION

This is the fifth round of IHP+ monitoring of effectiveness of health sector development cooperation. Governments, Development Partners (DPs), Civil Society Organisations and other health stakeholders, including the private sector, are invited to participate in this process on a voluntary basis. The IHP+ Results Consortium (known as **IHP+R**) is managing the monitoring process.

Ministry of Health will lead the process of data collection. The purpose of this tool is to collect quantitative and qualitative information about the implementation or compliance of development partners with effective cooperation behaviours. A similar exercise will be conducted with the government, and to some extent with civil society organisations and private sector stakeholders. The information collected will be analysed by IHP+R and translated into visual aids and a country report to support a discussion of findings at country level among all stakeholders.

The tool will be administered by a national expert, selected in consultation with the Ministry of Health and contracted by IHP+R, during a face-to-face interview with participating development partners. In preparation of this interview, the development partner respondents will be asked to collect the necessary financial data by filling in the excel file [Link].

Eight issues make up the 2016 IHP+ monitoring framework and are covered in this qualitative assessment. For each practice, listed below, there are three broad questions:

- What is the current state of national systems and structures?
- To what extent do development partners use national systems and structures?
- What are the constraints and opportunities to strengthen national systems and structures and development partner use of or alignment with these?

These broad questions have been applied to each of the following EDC practices in the present survey to support both the interviewer and interviewee in responding in a consistent and focused way.

The eight EDC practices are:

- **EDC practice 1. A strong single national health strategy is supported by both government and development partners; they agree on priorities reflected in the national health strategy, and underpinning sub-sector strategies, through a process of inclusive development and joint assessment, and a reduction in separate exercises.**
- **EDC Practice 2. Resource inputs are recorded on the national health budget and in line with national priorities, with predictability of government and development partner funding.**
- **EDC Practice 3. Financial management systems are harmonized and aligned; requisite capacity building done or underway, and country systems strengthened and used.**
- **EDC Practice 4. Procurement/supply systems are harmonized and aligned, parallel systems phased out, country systems strengthened and used with a focus on best value for money. The definition of national ownership can include use of global procurement systems.**
- **EDC Practice 5. Joint monitoring of process and results is based on one information and accountability platform; joint processes for mutual accountability on EDC are in place, such as Joint Annual Reviews or compact reviews.**
- **EDC Practice 6. Technical support is strategically planned and provided in a well-coordinated manner; opportunities for systematic learning between countries are developed and supported by agencies (south-south and triangular cooperation).**
- **EDC Practice 7. Civil society operates within an environment which maximizes its engagement in and contribution to health sector development**
- **EDC Practice 8. Private sector operates within an environment which maximizes its engagement in and contribution to health sector development***
- (*) The 8th practice on private sector engagement has been added by IHP+R in consultation with IHP+

A separate qualitative process is being used to gather views on the extent to which civil society and private sector stakeholders operate within an environment which maximizes its engagement in and contribution to health sector development.

DEVELOPMENT PARTNER SURVEY

Country:	**Please provide the name of the country where your organisation is working or providing development cooperation.**
Date:	
Interviewer:	Name: _____ Email: _____ Telephone: _____ Skype: _____
Interviewee:	**If more people are present during the interview, please provide all names, job titles and email addresses separated by commas in the relevant fields.** Institution: _____ Country of DP headquarters: _____ Name of person(s) interviewed: _____ Job title(s): _____ Email address of person(s) interviewed: _____
Fiscal Year:	**All financial data provided should be for the fiscal year as agreed with the MoH.** Select Other (please specify): _____
Quantitative tool:	**Please ensure a copy of the completed excel tool is shared with the interviewer. If the tool was not yet completed, ensure it is shared shortly after the interview.** Were you able to complete the quantitative Excel tool? Please provide the copy. Select

EDC PRACTICE 1: PARTNERS SUPPORT A SINGLE NATIONAL HEALTH STRATEGY

A single national health strategy is supported by both government and development partners; they agree on priorities reflected in the national health strategy, and underpinning sub-sector strategies, through a process of inclusive development and joint assessment, and a reduction in separate exercises.

DP1 | Extent to which JANS (or equivalent) are used in programming decisions, and to which extent programmes are aligned with national priorities. (Please see p.14-15 in the Guidance Note.)

Joint assessment:

1. Has the national health sector plan been jointly assessed in the past two years (through a JANS or similar process)?

Select

2. Have there been any joint assessments of the sub-sector level you are supporting in the past two years?

Select

3. Has your agency participated in these joint sector or sub-sector assessments? If not, why not?

Select

4. Does your agency require separate assessments at sector or sub-sector level? If yes, why?

Select

5. What are the constraints and opportunities to use joint assessments?

Alignment of support:

6. Are the priorities you support in line with the national sector or sub-sector priorities?

Select

7. If not, how and why are they different?

8. What are the opportunities to better align your support with the national priorities?

EDC PRACTICE 2: HEALTH DEVELOPMENT CO-OPERATION IS MORE PREDICTABLE AND HEALTH AID IS ON BUDGET

Resource inputs are recorded on the national health budget and in line with national priorities, with predictability of government and development partner funding.

DP2a | Indicator: Percentage of health sector aid for the government sector disbursed in the fiscal year for which it was scheduled. (Answers to questions 1 to 3 should have been provided in the excel tool and will be copied here by the interviewer. Please see p15-16 in the Guidance Note.)

1. What was the **total value of health sector development cooperation funding** that you **disbursed at country-level**, including all disbursements to the government sector, CSO and other entities (USD)?

_____ USD

2. What **value of health sector development cooperation for the government sector** (so excluding disbursements to CSO and other entities) **did you schedule for disbursement** at country-level (USD)?

_____ USD

3. What **value of health sector development cooperation for the government sector** (so excluding disbursements to CSO and other entities) **did you disburse** (USD)?

_____ USD

4. Has there been an over- or under-disbursement of the health sector development cooperation (disbursements vs scheduled funds)?

Select

5. If yes, please explain what the difference was, why it occurred and what could be done to avoid these in future?

DP2b | Indicator: Estimated proportion of health sector aid covered by indicative forward expenditure and/or implementation plans covering at least three years ahead. (Answers to question 6 should have been provided in the excel tool and will be copied here by the interviewer. Please see p16-18 in the Guidance Note.)

6. For which fiscal years did you provide the government a comprehensive forward looking expenditure and/or implementation plan setting out expected development cooperation flows? Please provide the evidence for those fiscal years you have provided it.

Select

DP2b | Indicator: Estimated proportion of health sector aid covered by indicative forward expenditure and/or implementation plans covering at least three years ahead.

7. If you did not provide forward looking expenditure and implementation plans, please explain why.

8. What are the opportunities to strengthen flow of information to government on your agency's multi-year spending plans?

DP2c | Indicator: Percentage of health sector aid scheduled for disbursement that is recorded in the annual budgets approved by the legislatures of developing countries. (Answers to question 10 should have been provided in the excel tool and will be copied here by the interviewer. Please see p19-20 in the Guidance Note.)

9. Are the resources from your agency included in the national budget? If not, why not?

Select

10. If yes, what value of estimated health sector development co-operation funding scheduled for disbursement to the government (Q2 above) was recorded in the annual budget as grants, revenue or loans (concessional and non-concessional) (USD)?

_____ USD

11. Are the resources from your agency part of an overall agreed financing framework for the national or sub-sector strategy (e.g. Joint Financial Management Arrangements for implementing aid)?

Select

12. Are your resources otherwise known to the government? If yes, how?

Select

13. What are the constraints or opportunities to better include the resources of your agency in the national budget?

ADDITIONAL MODULE ON PREDICTABILITY OF HUMANITARIAN ASSISTANCE

Humanitarian/emergency aid is more predictable: the humanitarian system, including government and relief agencies, is able to plan ahead and can determine quickly how resources can be allocated to best meet emerging humanitarian priorities.

DP2h | Indicator: Volume of humanitarian aid funding available for the health sector. (Answers to question 1 should have been provided in the excel tool and will be copied here by the interviewer. It only applies to selected countries as indicated by IHP+R.)

1. What was the **total value of humanitarian aid for health that your agency contributed to the country** for the government sector, CSO and other entities (USD)? (Only applies to selected countries as indicated by IHP+R)

USD

EDC PRACTICE 3: DEVELOPING COUNTRIES' PFM SYSTEMS ARE STRENGTHENED AND USED.

Financial management systems are harmonized and aligned; requisite capacity building done or underway, and country systems strengthened and used.

DP3 | Indicator: Amount of health sector aid disbursed for the government sector that uses national public financial management systems in countries where systems are generally considered to adhere to broadly accepted good practices, or to have a reform system in place.

(CPIA value to be prefilled by IHP+ Results Source: World Bank CPIA data (http://data.worldbank.org/indicator/IQ.CPA.FINQ.XQ). Answers to question 3 should have been provided in the excel tool and will be copied here by the interviewer. Please see p21-24 in the Guidance Note.)

1. The World Bank CPIA database scores the public financial management systems of the country:

2. Do you use the national Public Financial Management (PFM) system? If not, please explain why not.

Select

DP3 | Indicator: Amount of health sector aid disbursed for the government sector that uses national public financial management systems in countries where systems are generally considered to adhere to broadly accepted good practices, or to have a reform systems in place.

3. If yes, what value of health sector development cooperation disbursed to the government (2DPa, Q3) used...

National Budget execution procedures: _____ USD

National financial reporting procedures: _____ USD

National auditing procedures: _____ USD

4. Is sufficient support on systems strengthening and capacity building in place (from your agency and others)? Please clarify.

Select

5. Have you harmonized your financing, reporting and audit procedures with other DPs?
If not, please explain why not.

Select

6. What are the opportunities to increase the volume of funds using the national PFM system from yours and other agencies?

EDC PRACTICE 4: DEVELOPING COUNTRIES' PROCUREMENT SYSTEMS ARE STRENGTHENED AND USED.

Procurement/supply systems are harmonized and aligned, parallel systems phased out, country systems strengthened and used with a focus on best value for money. The definition of national ownership can include use of global procurement systems.

DP4 | Indicator: Extent to which procurement/supply systems are harmonized and aligned; and national systems or used or strengthened. (Please see p24-25 in the Guidance Note.)

1. Do you use a joint/harmonized procurement system (for example: a common procurement agent with other DPs)?

Select

2. If not, why not? If yes, which ones?

DP4 | Indicator: Extent to which procurement/supply systems are harmonized and aligned; and national systems or used or strengthened.

3. Do you use the national procurement system? If not, please explain why not?

Select

4. Is sufficient support on procurement or supply systems strengthening and capacity building in place (from your agency or others)?

Select

5. Do you prefer other mechanisms like global or regional procurement? If yes, why?

Select

6. How can procurement be better harmonized with other DPs?

7. How can the alignment of DPs / alignment of your agency with national procurement systems be strengthened?

EDC PRACTICE 5: MUTUAL ACCOUNTABILITY IS STRENGTHENED.

Joint monitoring of process and results is based on one information and accountability platform; joint processes for mutual accountability on EDC are in place, such as Joint Annual Reviews or compact reviews.

DP5 | Indicator: Extent to which mutual assessments have been made of commitments in the health sector, including on aid effectiveness. (Please see p25-26 in the Guidance Note.)

Monitoring and review

1. Is the monitoring and results framework of your support: (Select 1 option)

- ☐ Agency project or agency program specific
- ☐ Based on an agreed results framework and harmonized M&E system (but different from the national)
- ☐ Solely based on the national results framework and M&E system with indicators and targets identical with the national system's (including for sub-sectors and national programs)

DP5 | Indicator: Extent to which mutual assessments have been made of commitments in the health sector, including on aid effectiveness.

2. If you fully or partly use indicators specific to your agency's support, that are not part of the government's M&E system, what are the reasons for this?

3. If monitoring your support is not based on the government M&E system, is that due to one or more of the following factors:

- ☐ inadequate indicators, including that you have other specific indicators you need to monitor;
- ☐ insufficient data and/or analytical quality; or
- ☐ a fragile system of accountability and follow-up?
- ☐ Other (please explain)

4. What are the constraints and opportunities for DPs to use the national monitoring and evaluation system processes and outputs?

Mutual accountability processes

5. What processes are in place for promoting mutual accountability?

6. Does your agency participate in joint mutual accountability processes, such as JARs, or compact reviews? If no, why not?

Select

7. How can mutual accountability (both the mechanisms and better adherence to the commitments by all partners) be strengthened?

EDC PRACTICE 6: TECHNICAL SUPPORT IS COORDINATED AND SOUTH-SOUTH/ TRIANGULAR COOPERATION SUPPORTS LEARNING

Technical support is strategically planned and provided in a well-coordinated manner; opportunities for systematic learning between countries are developed and supported by agencies (south-south and triangular cooperation).

DP6 | Extent to which technical assistance (TA) is provided in accordance with an agreed national TA plan. (Please see p26 on the Guidance Note.)

Technical Assistance

1. Do you provide TA?

Select

2. If yes, are you supplying TA according to an agreed national TA plan?

Select

3. If not, is that due to: (Select 1 or more options)

- ☐ An overall TA plan not available
- ☐ The national TA plan is insufficient in your view
- ☐ TA is bound by your agency's regulations and priorities
- ☐ Other (please explain)

4. If the overall TA plan is insufficient or not in place, are you or other development partners supporting government to develop or strengthen one?

Select

5. How do you provide TA?

Select a) Are your rules and regulations about TA provision publically available? If yes, provide link.

Select b) Do you agree TORs for TA with the recipient country institutions?

Select c) Are recipient country institutions involved in the selection process?

Select d) Is building national capacity always/usually part of TOR for TA you fund or supply?

Select e) Do the TA you fund or supply also report to the country institution (rather than just to your agency)?

DP6 | Indicator: Extent to which technical assistance (TA) is provided in accordance with an agreed national TA plan.

6. How can the alignment and coordination of TA be strengthened?

South-South and Triangular Cooperation

7. Do you support regional technical cooperation, e.g. communities of practice; south-south cooperation; triangular cooperation? If yes, which ones?

Select

8. If not, why not?

9. How can south-south collaboration or TRC be supported more effectively?

EDC PRACTICE 7: CIVIL SOCIETY ENGAGEMENT

Civil society operates within an environment which maximizes its engagement in and contribution to health sector development.

DP7 | Indicator: Evidence that Civil Society operates within an environment that maximises its engagement. (These questions refer to the GPEDC indicator 2 on CSO, in particular Module 3: Qg+9; Qg+10 and Qg+12. Please see p27-28 in the Guidance Note.)

1. **Do DPs consult with CSOs on their development policy/programming in a systematic way?**

1.1. Are there institutionalised mechanisms established to involve CSOs in programme development and oversight?

Select

1.2. If yes, which are these mechanisms? Do they exist at national or sub-national level?

DP7 | Indicator: Evidence that Civil Society operates within an environment that maximises its engagement.

1.3. How inclusive are they? Which types of CSOs are included?

1.4. When CSOs participate in consultations on international support to the health sector, do they usually receive feedback that shows the extent to which their inputs were taken into account? If yes, please clarify how.

2. Are providers promoting a CSO enabling environment in their co-operation with civil society?

2.1. What support did you provide to civil society to enable them to participate in health sector policy processes? (Financial, training, technical assistance)?

- ☐ Financial resources
- ☐ Training
- ☐ Technical assistance
- ☐ Other - please specify (Comments)

2.2. What opportunities exist to increase the participation of CSOs in the health policy partnership processes?

2.3. Do CSOs working in health receive support for activities other than training and health service delivery? If yes, please clarify for which activities? (e.g. for advocacy, for participation in technical fora and health coordination committees, for capacity building in health system analysis, for watchdog activities such as preparing and publishing budget analyses or reports on fraud or corruption).

Select

2.4. What are the constraints and opportunities to increase international support for CSO participation and alignment with health policy processes?

3. **Do DPs share information on their CSO support with the government? Please clarify how or why not.**

Select

PRIVATE SECTOR ENGAGEMENT

DP8 |Evidence that Private Sector operates within an environment that maximises its engagement.

1. Does your agency include private sector organisations in stakeholder consultations and other participatory structures of their programmes?

Select

2. If yes, how are they involved?

3. What are achievements and constraints of collaborating with the private sector?

4. What, if anything, should be done to strengthen the partnership between international development partners and the private sector?

5. Is your agency providing financial or technical support to strengthen the private sector in health? If yes, please clarify how (e.g. support of unions or professional associations; direct private sector support such as through pre-financed subsidies on malaria drugs and contraceptives; etc.).

Select

6. In the context of collaboration with the private sector, does your agency promote and support the participation of private sector actors in health partnership fora? How?

Select

7. What, if anything, should be done to support increased participation and alignment of the private sector in health policy processes?

Additional comments:

Thank You!