**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.

<table>
<thead>
<tr>
<th>Stakeholders</th>
<th>PD</th>
<th>OSC</th>
<th>SP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Alignment of support against the Health Sector Strategy</strong></td>
<td><strong>91%</strong></td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

Contributing factors: DP involvement in development of the NHDP, and frequent GIBS and CCT meetings.

<table>
<thead>
<tr>
<th>Source</th>
<th>A national M&amp;E plan for the National Health Strategy exists?</th>
<th>✓</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mutual Accountability Is Strengthened</strong></td>
<td><strong>56%</strong></td>
<td>✓</td>
</tr>
</tbody>
</table>

56% of participating DPs only use national health sector indicators to monitor their support.

<table>
<thead>
<tr>
<th>Source</th>
<th>Was the national health sector plan jointly assessed?</th>
<th>✓</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

**HEALTH AID IS ON BUDGET**

Disbursement of funds according to agreed schedules

Government funds disbursed according to agreed schedules

<table>
<thead>
<tr>
<th>Year</th>
<th>2005/07</th>
<th>2010/11</th>
<th>2012/13</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disbursement of funds</td>
<td>52%</td>
<td>69%</td>
<td>88%</td>
<td>100%</td>
</tr>
</tbody>
</table>

DP funds disbursed to the government according to agreed schedules

<table>
<thead>
<tr>
<th>Year</th>
<th>2005/07</th>
<th>2010/11</th>
<th>2012/13</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disbursement of funds</td>
<td>93%</td>
<td>98%</td>
<td>93%</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Predictability of funds for the future**

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

<table>
<thead>
<tr>
<th>Year</th>
<th>2005/07</th>
<th>2010/11</th>
<th>2012/13</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

**HEALTH DEVELOPMENT COOPERATION IS MORE PREDICTABLE**

<table>
<thead>
<tr>
<th>Year</th>
<th>2005/07</th>
<th>2010/11</th>
<th>2012/13</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>33% of participating DPs have communicated their planned resources for the next 3 years to the MoH.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

**HOW TO READ THE COUNTRY PROFILE**

All data presented on this visual aid are self-reported by the Ministry of Health (MoH), development partners (12 DPs out of 19 participated), civil society organisations (16 CSOs participated) and private sector representatives (12 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). Where 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/drc.
COMMITMENT
TO ESTABLISH, STRENGTHEN AND USE COUNTRY SYSTEMS

PUBLIC FINANCIAL MANAGEMENT (PFM) SYSTEMS ARE STRENGTHENED AND USED

Are PFM systems of sufficiently good quality?

<table>
<thead>
<tr>
<th>CPIA Score</th>
<th>2005/07</th>
<th>2010/11</th>
<th>2012/13</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.5</td>
<td>25%</td>
<td>25%</td>
<td>25%</td>
<td>30%</td>
</tr>
</tbody>
</table>

Percentage of DP funds using PFM systems

<table>
<thead>
<tr>
<th>Year</th>
<th>2005/07</th>
<th>2010/11</th>
<th>2012/13</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>PFM usage</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Source: World Bank, CPIA data 2014

18%

30% of participating DPs confirm that sufficient support on PFM systems strengthening and capacity building is in place.

PM is rarely used when the CPIA score is less than 3.5.

PROCUREMENT AND SUPPLY SYSTEMS ARE STRENGTHENED AND USED

A government plan for national procurement and supply exist?

64%

70% of participating DPs use the national procurement and supply systems.

27%

27% of participating DPs confirm that sufficient support on procurement or supply systems strengthening and capacity building is in place.

Unit of the General Secretariat leading the project management procedures / public procurement and use of FEDECAM by all partners.

TECHNICAL SUPPORT IS COORDINATED AND SOUTH-SOUTH COOPERATION SUPPORTS LEARNING

An agreed national TA plan exists?

80%

80% of participating DPs support South-South cooperation.

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

100%

No formal agreed national technical assistance plan, but discussion with the DEP prior to assignment of TA.

PRIVATE SECTOR ENGAGEMENT

Private sector is involved by the government in the planning process, but it does not take sufficient account of their suggestions.

The private sector does not benefit from DP for opportunities to finance their programmes.

The government does not create favourable conditions to ensure investment in the private sector (poor business climate).

Different views of the private sector regarding the willingness of the MPH to provide them information to facilitate the constructive and coordinated nature of their efforts in public health processes.

The level of autonomy of private sector organisations (such as trade unions and professional associations) to organise and present their views is acceptable.

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.

22% of CSOs confirm they are consulted.

Government provides financial resources.

6% of CSOs receive financial resources.

Government provides training support.

12% 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)

100% of DPs consult CSOs when developing their cooperation programme.

44% of CSOs confirm they are consulted.

73% of DPs provide financial resources.

40% of CSOs receive financial resources.

55% of DPs provide technical assistance.

21% of CSOs receive technical assistance.

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

Government provides financial resources.

Government provides training support.

73% of DPs consult CSOs when developing their cooperation programme.

44% of CSOs confirm they are consulted.

6% of CSOs receive financial resources.

40% of CSOs receive financial resources.

12% of CSOs receive training support.

18% of participating DPs confirm that sufficient support on PFM systems strengthening and capacity building is in place.

The level of autonomy of private sector organisations (such as trade unions and professional associations) to organise and present their views is acceptable.

ihrp results

http://www.ihrpplusresults.net/drc