

2016 IHP+ Monitoring Round

Monitoring of Commitments on
Effective Development
Cooperation in Health

**Presentation of the
findings for Sierra Leone**



INTRODUCTION

- 30 countries participated in the 5th IHP+ Monitoring Round
- It measures 8 Effective Development Cooperation (EDC) practices with contributions from the Government, Development Partners (DPs), Civil Society Organisations (CSOs) and the private sector (PS).
- In our country, data was collected for 2014, 27% of DPs participated (including: DFID, EU, Gavi, Irish Aid, The Global Fund, UNICEF and WHO), representing 51% of total external support (source: OECD CRS database);
- 15 CSOs participated in online survey and 18 in focus group discussion (FGD); X PS representative participated in FGD
- The IHP+ focal point in Sierra Leone was the Chief Medical Officer (CMO)
- The CMO delegated his responsibilities for the exercise to a senior Officer within the MoHS.
- A national expert was appointed to work with the MoHS for this process.
- The delegated MoHS Focal Point and the WHO convened a meeting with the DPs obtained their concurrence to participate in this monitoring round.
- The national expert and delegated Focal Point contacted DPs and CSOs for data collection.
- The Private Sector was not easy to contact, as this group did not seem to have a coordinating body, like SLANGO for the CSOs.
- Only one Private Sector representative appeared for the FGD,

IHP+ 2016 Monitoring Process



OBJECTIVE OF DISCUSSION









“to stimulate country-level dialogue between all partners, under the leadership of the Ministry of Health, on EDC in health and to strengthen mutual accountability for EDC performance at country level”

The presentation and discussion of the findings provide an opportunity for all partners to jointly:

- **Review performance** against the eight EDC practices
- **Identify barriers** to progress
- **Agree on actions** to improve accountability and performance of EDC in health.



Eight EDC practices, four commitments

EDC PRACTICE		COMMITMENT
 EDC 1	Partners support a single national health strategy	1 COMMITMENT TO ESTABLISH STRONG HEALTH SECTOR STRATEGIES WHICH ARE JOINTLY ASSESSED, AND STRENGTHEN ACCOUNTABILITY
 EDC 5	Mutual accountability is strengthened	
 EDC 2	Health development cooperation is more predictable and health aid is on budget	2 COMMITMENT TO IMPROVE THE FINANCING, PREDICTABILITY AND FINANCIAL MANAGEMENT OF THE HEALTH SECTOR
 EDC 3	Public financial management (PFM) systems are strengthened and used	3 COMMITMENT TO ESTABLISH, STRENGTHEN AND USE COUNTRY SYSTEMS
 EDC 4	Procurement and supply systems are strengthened and used	
 EDC 6	Technical support is coordinated and south-south cooperation supports learning	
 EDC 7	Civil Society Organisations are engaged	4 COMMITMENT TO CREATE AN ENABLING ENVIRONMENT FOR CSO AND PS PARTICIPATION IN THE HEALTH SECTOR
 EDC 8	Private sector are engaged	

FINDINGS OF DATA COLLECTION



1. COMMITMENT

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





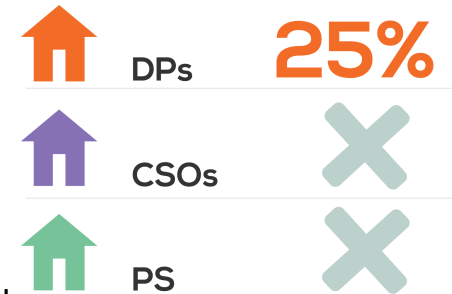
PARTNERS SUPPORT A SINGLE NATIONAL HEALTH STRATEGY

Alignment of support against the Health Sector Strategy



- All DPs confirm support is aligned
- There is a National Health Sector Strategic Plan (NHSSP) 2015-18
- National Health Sector Strategic Plan (NHSSP) was assessed in 2015

Joint assessment of health sector plan

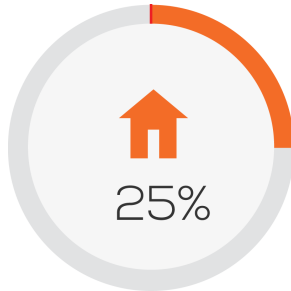


- Irish
- Although CSOs did not participate in this assessment, they work within the MoHS health sector policies.
- No sub-sector assessment has been carried out
- There was a need for a more comprehensive assessment, including a review of sub-sector programme areas.



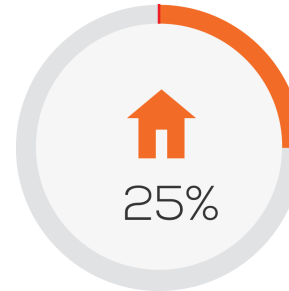
MUTUAL ACCOUNTABILITY IS STRENGTHENED

Monitoring and Evaluation



- WHO confirm they only used national health sector indicators to monitor their support.
- The present M&E plan is outdated
- A new M&E plan is expected to be ready in 2017.
- The Government conducts annual performance reviews.
- DPs, CSOs, PS, and even representatives from Parliament do not participate.

Mutual accountability processes



- WHO participated in mutual accountability processes
- MA is embedded in the COMPACT, which is now outdated and needs to be reviewed. Working with IHPAU promises to improve the proportion of DPs participating in the COMPACT and MA process.
- The implementation of this Compact remained unfulfilled.
- Government has put in place specific mechanisms to promote and strengthen mutual accountability, e.g capacity building for analytical reviews and judicious implementation of recommendations

2. COMMITMENT

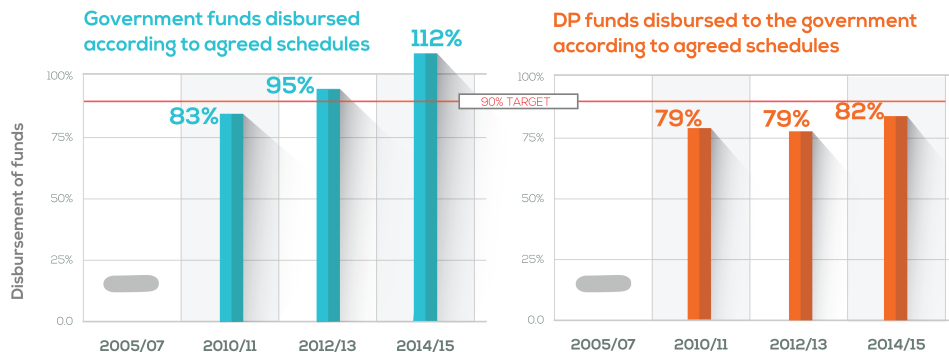
TO IMPROVE THE FINANCING, PREDICTABILITY AND FINANCIAL MANAGEMENT OF THE HEALTH SECTOR





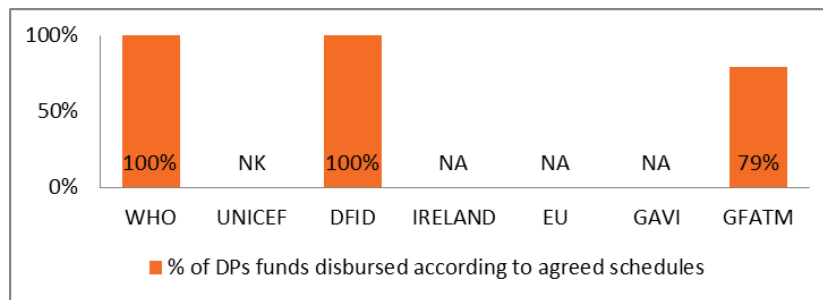
HEALTH DEVELOPMENT COOPERATION IS MORE PREDICTABLE (1)

Disbursements of funds



- For 2014/2015 Government over-disbursed its health budget as a result of the response to the Ebola outbreak in 2014.
- Some DPs, however reported under-disbursement of funds as they reprogrammed development funds to the Ebola response
- The Government has information that some DPs report their expenditure for health projects for a 3 year period.

% of funding disbursed according to agreed schedules by DP





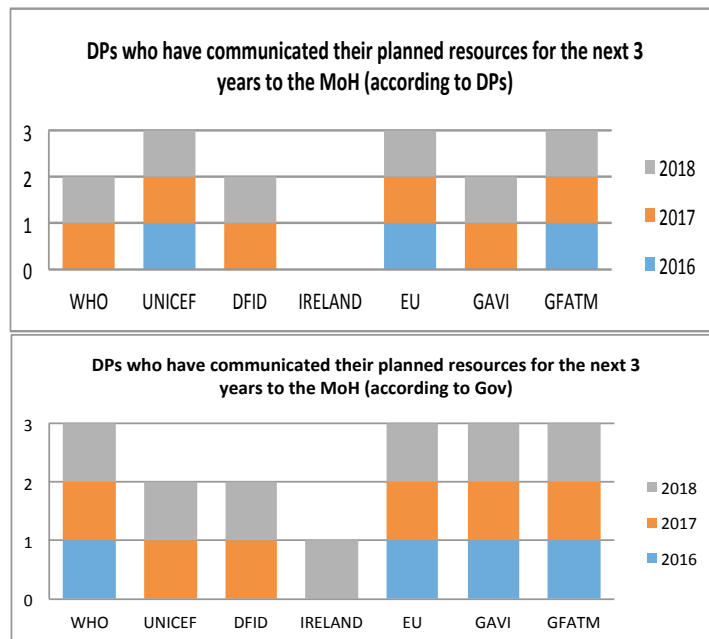
HEALTH DEVELOPMENT COOPERATION IS MORE PREDICTABLE (2)

Future funding



- UNICEF, EU and GFATM have communicated their planned resources for the next 3 years to the MoH.
- Improving Government and DPs execution rate (probably due to Ebola response);
- WHO and GAVI also communicated their planned resources for the next 3 years to the MoHS

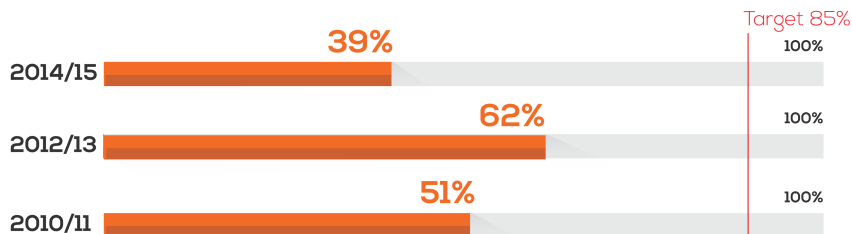
Communication of planned resources for next 3 years by DP





HEALTH AID IS ON BUDGET

% of DP aid reported on budget



- Decrease of DPs funds reported on budget could be due to increased share of humanitarian aid.
- Most DPs directly provide funds to implementing partners and not through the Government
- Donor dependency is also another constraint towards achieving a balanced
- The new MoHS IHPAU provide an opportunity to improve donor confidence and reduce fiduciary risks
- Discrepancy between % of aid reported on budget by DFID and GOV appears unrealistic

% of aid reported on budget by DP

	Reported by DPs	Reported by Gov
WHO	100%	NK
UNICEF	0%	NK
DFID	0%	17606%
IRELAND	100%	NA
EU	100%	100%
GAVI	100%	NA
GFATM	100%	37%

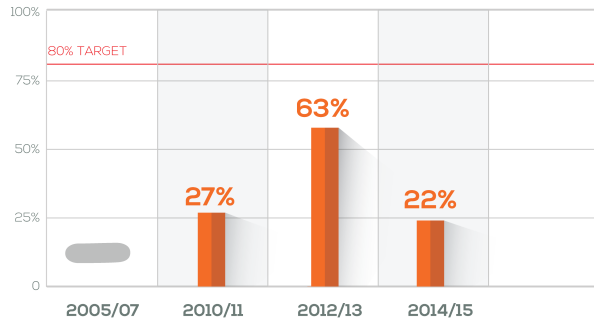
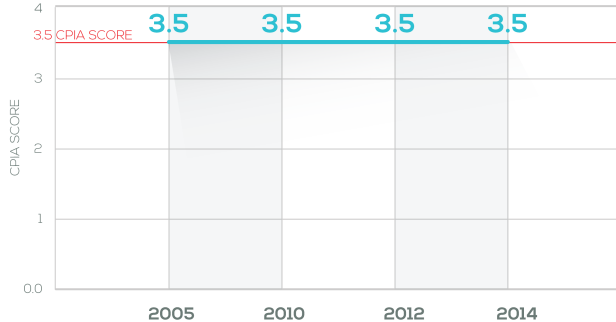
3. COMMITMENT

TO ESTABLISH, STRENGTHEN AND USE COUNTRY SYSTEMS





PUBLIC FINANCIAL MANAGEMENT (PFM) SYSTEMS ARE STRENGTHENED AND USED



% of DP funding using national procedures

	Budget execution	Financial reporting	Audit
WHO	NK	0%	0%
UNICEF	NK	100%	100%
DFID	NK	17606%	NK
IRELAND	NA	NA	NA
EU	NK	100%	100%
GAVI	NA	NA	NA
GFATM	NK	0%	0%

Comments and key findings

- There is increased humanitarian aid (Ebola) using different financial channels.
- % of DFID funding reported appears unrealistic. This needs to be reviewed

Capacity building



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



PROCUREMENT AND SUPPLY SYSTEMS ARE STRENGTHENED AND USED

Existence and use of national procurement and supply systems

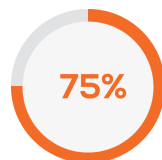


A national procurement and supply strategy exists



% of DPs that use national procurement and supply systems

Capacity building



% of DPs confirm that sufficient capacity strengthening support is available

Use of national supply and procurement systems

DPs who use national supply and procurement system:

- Gavi

DPs who don't use the national supply and procurement system

- The Global Fund
- Irish Aid
- WHO

Comments and key findings

- Although there is a national Government procurement plan, only 25% of DPs adhere to this procurement system.
- DPs explain that the PFM system is not yet well developed, and is not customized to their needs.
- DPs report that there are now new opportunities for harmonization through IHPAU and that support for major projects now goes through IHPAU.



TECHNICAL SUPPORT IS COORDINATED AND SOUTH-SOUTH COOPERATION SUPPORTS LEARNING

Technical support is coordinated



A national plan for technical assistance is not in place



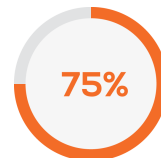
% of DPs provide TA in line with the national plan

- 1 DP responded positively but the % of DPs providing TA according to agreed national plan should be zero
- DPs reported that alignment of TA system can be improved by the MoHS establishing a national TA plan and by sharing information on TA

South-south cooperation



Unclear whether the MOH benefits from south south cooperation



% of participating DPs support south south cooperation

- WHO, GAVI, GFATM support South-South Cooperation

4. COMMITMENT

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



CIVIL SOCIETY ENGAGEMENT

CSOs who participated in focus
group discussion:

1. eHealth represented by:
Dayo Spencer-
Walters. :Dayo.Walters@sl.e
healthafrica.org
2. MSF-OCB. Represented by:
Mariana Valente Bragance
Leimar:
Msfocb-freetown-med@
brussels.msf.org
3. FOCUS 1000 represented by:
M. B. Jalloh:
mbjalloh@focus1000.org





CIVIL SOCIETY ENGAGEMENT (1)

What space is provided by the Government to effectively participate in health sector policy, planning and monitoring?

Key findings from Gov survey and CSO online survey



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



93% of CSOs confirm they are consulted



Government provides financial resources



7% of CSOs receive financial resources



Government provides training support



21% of CSOs receive training support

Key findings from CSO focus group discussion

- CSOs are consulted by the government on the national health sector policies during the development of the plan
- CSOs are not consulted in a coherent manner, and that their recommendations are hardly recognised for action
- CSOs do not receive direct financial support; rather they receive duty waiver on their programme related importation.
- CSOs participate in workshops but do not receive any technical assistance from Government
- Engaging CSOs -International as well as National constructively both at national and district or local level can improve this situation



CIVIL SOCIETY ENGAGEMENT (2)

How effectively is the participation of CSOs in national health policy processes supported by international development partners?

Key findings from DP survey and CSO online survey



100% of DPs consult CSOs when developing their cooperation programme



75% of DPs provide financial resources



50% of DPs provide technical assistance



75% of CSOs confirm they are consulted



50% of CSOs receive financial resources



58% of CSOs receive technical assistance

PRIVATE SECTOR ENGAGEMENT











Private sector that participated in focus group discussion:

- President Private Practitioners
–West End Clinic



OVERVIEW OF DP PERFORMANCE







EDC PRACTICE	INDICATOR	WHO	UNICEF	DFID	Irish Aid	EU	Gavi	The Global Fund
 EDC 1	DP participated in joint sector or sub-sector assessments	✘	?	?	✓	?	✘	✘
 EDC 2a	% of funds disbursed according to agreed schedules	100%	?	100%	NA	NA	NA	79%
 EDC 2b	Planned resources communicated for 3 years	✘	✓	✘	NA	✓	✘	✓
 EDC 2c	% of funds registered on budget	?	?	17606%	NA	100%	NA	37%
 EDC 3	% of funds using national budget execution procedures	0%	100%	17606%	NA	100%	NA	0%
	% of funds using national reporting procedures	0%	100%	?	NA	100%	NA	0%
	% of funds using national auditing procedures	0%	?	?	NA	100%	NA	0%
 EDC 4	DP uses the national procurement system	✘	?	?	✘	?	✓	✘
 EDC 5	DP only uses national health sector indicators to monitor their support	✓	?	?	✘	?	✘	✘
	DP participates in joint mutual accountability processes	✓	?	?	✘	?	✘	?
 EDC 6	DP supplies TA in line with agreed national plan	NA	NA	NA	NA	NA	NA	NA
	DP supports south south collaboration	✓	?	?	✘	?	✓	✓
 EDC 7	DP supports CSOs with financial resources	✘	?	?	✓	?	✓	✓
	DP supports CSOs with training	✓	?	?	✘	?	✓	✓
	DP supports technical assistance	✘	?	?	✘	?	✓	✓
 EDC 8	DP provides financial or technical support to strengthen the private sector in health	✘	?	?	✘	?	✓	✘





DISCUSSION OF FINDINGS

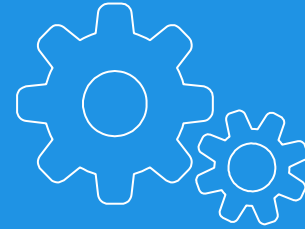


MAIN POINTS FOR DISCUSSION (1)

EDC PRACTICE	ISSUES IDENTIFIED
 EDC 1 (Health sector plan)	
 EDC 2 (Predictability of funding)	
 EDC 3 (PFM systems)	
 EDC 4 (Procurement and supply systems)	

MAIN POINTS FOR DISCUSSION (2)









EDC PRACTICE	ISSUES IDENTIFIED
 EDC 5 (Mutual accountability)	
 EDC 6 (Technical support and SSC)	
 EDC 7 (CSO engagement)	
 EDC 8 (Private sector engagement)	
OTHER:	



PLAN OF ACTION



AGREED ACTIONS

EDC PRACTICE	ISSUES IDENTIFIED	ACTION TO BE TAKEN	RESPONSIBLE FOR IMPLEMENTATION	DEADLINE	HOW WILL IT BE MONITORED?	COMMENTS
 EDC 1						
 EDC 2						
 EDC 3						
 EDC 4						
 EDC 5						
 EDC 6						
 EDC 7						
 EDC 8						
OTHER ACTIONS						



Thanks!

Any questions?

You can find me at :
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Colour coding



Slide Blue: #1d7fde



Development partners
Graph Orange: #F36D26



Private sector
Graph green: #77C29A



IHP Icons: #3A7CC0



Government
Graph light blue: #32C1D2



Civil society
Graph purple: #e6dae3

