



2014 Round of Monitoring
Development Effectiveness in Health
Guide for Participants

ihp  **results**

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PURPOSE OF THIS GUIDE

IHP+R has developed this guide for IHP+ signatories participating in the 2014 round of IHP+ monitoring. The guide provides:

- An **overview of the agreed approach**, including roles and responsibilities of governments and development partners.
- Detailed information on the **monitoring framework** including indicator construction, key terms and definitions.

IHP+R can provide further information if necessary. Contact: helpdesk@ihpplusresults.org

This evaluation is conducted by **ihp+results** on behalf of the ihp+ partnership.

1 Quick read: if you only read one page about IHP+ monitoring, read this.

1.1 What is the IHP+ Monitoring Round 2014?

This is the fourth round of IHP+ monitoring of effectiveness of health sector development cooperation. Governments, Development Partners (DPs), Civil Society Organisations and other health stakeholders are invited to participate in the process. Emphasis is on the collation of existing publicly available data; this is not a global survey. IHP+ signatories agreed a set of six key issues to monitor at the fourth IHP+ Country Health Teams Meeting in Nairobi, in 2012. An IHP+ Mutual Accountability Working Group (MAWG) developed a framework to monitor these issues. The IHP+ Results Consortium (known as IHP+R) is managing the monitoring process.

1.2 What are participating Ministries of Health expected to do?

IHP+ country governments will lead the process of data collation in their country, using the instrument provided. It will involve providing data on both government and Development Partner (DP) performance against seven indicators (each) in the monitoring framework. We ask Ministries of Health to:

- promote shared understanding about the purpose and value of IHP+ monitoring;
- liaise with DP country-based representatives to ensure the submission of available DP data through the MoH;
- submit all completed returns with both government and DP data to IHP+R by 13 June 2014;
- promote and enable an inclusive, transparent discussion of findings based on submitted data, and analysis by IHP+R.

1.3 What are participating Development Partners (DP) expected to do?

Primary DP participation is at the country level. We ask Country DP representatives to:

- engage in a country-led discussion about the purpose and value of IHP+ monitoring;
- provide data on their organization's performance against the seven indicators in the monitoring framework using the agreed data collation instrument;
- liaise with their headquarters (as may be necessary) to ensure data submitted has been internally approved or validated; submit data to MoH within agreed timeframes;
- join a discussion of findings drawing on analysis by IHP+R.

1.4 What is the role of the IHP+ Results Consortium (IHP+R)?

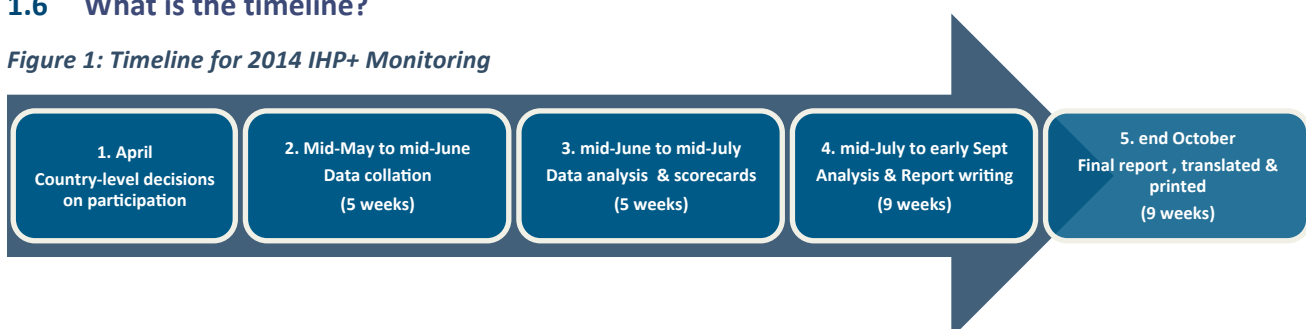
IHP+R is contracted to oversee the 2014 IHP+ monitoring process. We will support participating IHP+ signatories to submit robust data, and produce a global report on progress. Lessons from this round of monitoring will inform an options paper on how mutual accountability can be strengthened.

1.5 How will the data be analyzed and used?

The IHP+ 2014 monitoring framework has a strong emphasis on using findings to support accountability for results. The outputs will be a global report that analysis progress against agreed indicators and presents findings through a scorecard for each participating country and Development Partner.

1.6 What is the timeline?

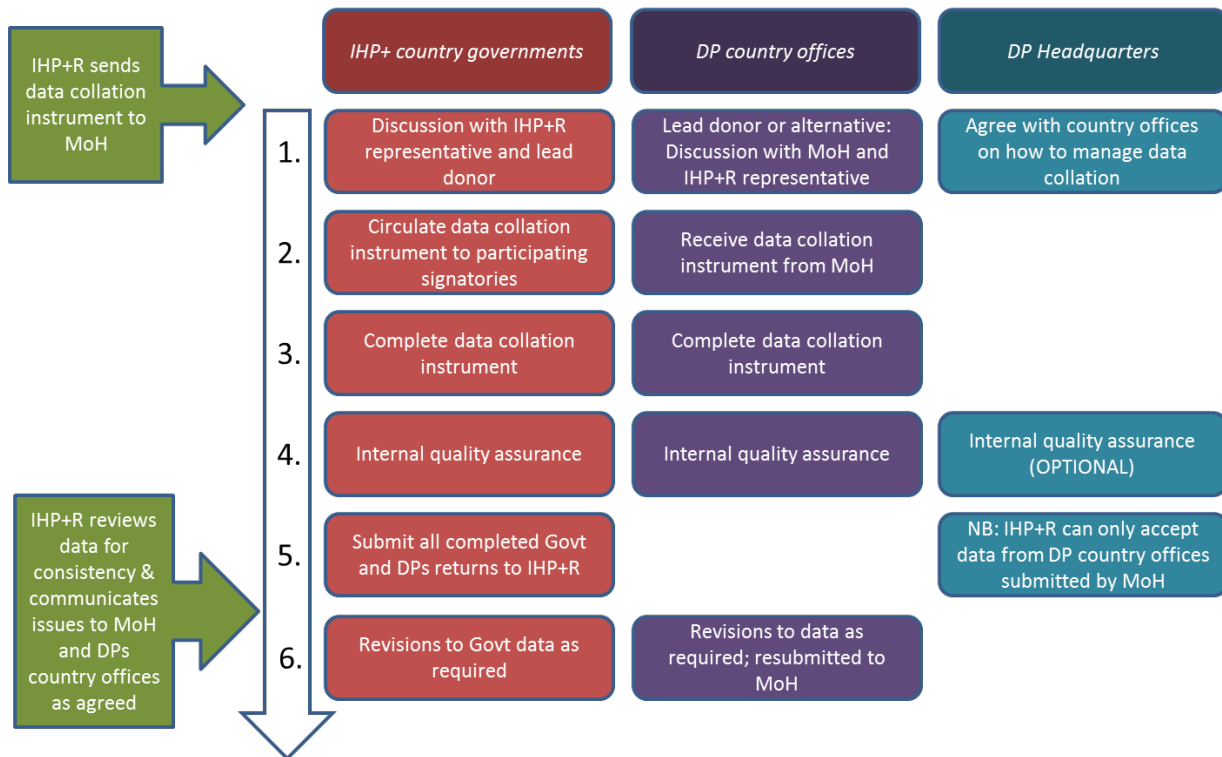
Figure 1: Timeline for 2014 IHP+ Monitoring



2 Step-by-step guide to data collation process: mid-May to mid-June 2014

Figure 2 highlights the key steps in the data collation window. It details the second stage of the overall monitoring timeline described in Figure 1.

Figure 2: Unpacking the data collation exercise (May-mid June 2014)



3 Background to IHP+ monitoring

In 2012, at the fourth Country Health Teams meeting in Nairobi, IHP+ signatories agreed that IHP+ monitoring should continue with a fourth round. Participants at Nairobi made a number of decisions concerning the future monitoring of the effectiveness of IHP+ partners development cooperation in health.

- Health sector-specific monitoring of development cooperation through IHP+ should reflect
- Development Partners (DP) as well as Government commitments, and remain voluntary
- Six issues will be monitored, which are relevant, important and measurable (see table 1 and more detail in Annex 1)
- Monitoring should be embedded in national monitoring and accountability processes, as done by the Global Partnership for Effective Development Cooperation (GPEDC) 1, with whom even closer links should be made
- Periodic global reports should continue, but no more global surveys.

IHP+ signatories then worked through the IHP+ Mutual Accountability Working Group (MAWG) to advise on specific indicators to track the six agreed issues, based on agreed principles (Annex 1). Based on the MAWG's guidance, IHP+R developed a process that:

- Reinforces the shift to more country-based reporting
- Is less time-consuming than in previous IHP+ monitoring (2010 and 2012)
- Will support efforts to strengthen domestic accountability for results.

The data will be used for decision-making at country and partner level. However, another objective for the 2014 monitoring process is to enable discussion of results and progress at the next IHP+ Country Health Teams meeting, expected to take place in late 2014. In order to deliver robust, useful findings for discussion, IHP+R will need to be firm about the tight timeframe. We will try to be flexible, and offer a range of helpdesk mechanisms for participants, but we cannot guarantee that data submitted after agreed deadlines can be incorporated in IHP+R analysis and reporting. Please let us know quickly if you are unable to meet agreed deadlines.

Key factors in strengthening mutual accountability

This exercise is broader in scope than previous rounds of IHP+ monitoring. The emphasis is on supporting efforts to strengthen mutual accountability at the country level. In order to do this, the following factors are important:

- **Country ownership and leadership:** The Ministry of Health leads the monitoring process, which draws on existing country systems.
- **Participation:** The monitoring process encourages an inclusive and transparent dialogue about health sector development cooperation with broad participation, including IHP+ signatories, CSOs, parliamentarians and the media.
- **Use of existing, publicly available data sources:** The monitoring process is to collate existing publicly available data from country stakeholders.

¹ The six issues for IHP+ are a subset of the ten that have been monitored by the Global Partnership at national / cross-sector level.

4 What is the monitoring framework?

4.1 Indicators

IHP+ signatories worked through the IHP+ Mutual Accountability Working Group (MAWG) to advise on specific indicators to track six issues described in Annex 1. The indicators in the table below form the basis of the 2014 round of IHP+ monitoring and come from the GPEDC or the last round of IHP+ monitoring. Detailed information on each indicator is provided in Annex 2.

Table 1: Seven indicators for monitoring Government performance and seven for DPs performance

		Government indicators		Development Partner (DP) indicators	
#	Issue	Indicator	Source	Indicator	Source
1	Health development cooperation is focused on results.	An agreed transparent and monitorable country results framework* to assess health sector progress exists.	G	Proportion of countries in which the country health sector results framework is used.	G
2	Civil Society engagement.	Evidence that Civil Society is meaningfully represented in health sector policy processes - including Health Sector planning, coordination & review mechanisms.	G	Evidence of support for Civil Society to be meaningfully represented in health sector policy processes - including health sector planning, coordination and review mechanisms.	DP
3 a	Health development co-operation is more predictable.	Proportion of health sector funding disbursed against the approved annual budget.	G	Percentage of health sector aid for the government sector disbursed in the year for which it was scheduled.	DP
3 b		Projected government expenditure on health provided for 3 years.		Estimated proportion of health sector aid covered by indicative forward expenditure and/or implementation plans covering at least three years ahead.	G
4	Health aid is on budget.	National Health Sector Plans/ Strategy in place with current targets & budgets that have been jointly assessed.	G	% of health sector aid scheduled for disbursement that is recorded in the annual budgets approved by the legislatures of developing countries.	G / DP
5	Mutual accountability is strengthened.	An inclusive mutual assessment of progress in implementing agreed health sector commitments exists and meets at least 4 of the 5 proposed criteria.	G	Proportion of countries where mutual assessments have been made of progress implementing commitments in the health sector, including on aid effectiveness.	DP
6 a	Developing countries' PFM systems are strengthened and used.	Country public financial management systems either (a) adhere to broadly accepted good practices or (b) have a reform programme in place to achieve these.	World Bank CPIA data	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	DP
6 b	Developing countries' procurement systems are strengthened and used.	This is important but there is no agreed methodology for which data is widely available. It is therefore proposed not to measure this in the next round.		This is important but there is no agreed methodology for which data is widely available. It is therefore proposed not to measure this in the next round.	

*Amended from IHP+R indicator which used Performance Assessment Framework instead of results framework.

G	Data to be provided by Government representatives
DP	Data to be provided by Development Partners either at country- or Headquarters level (DP chooses which)

4.2 Key features of the agreed indicators

1. Track the six issues agreed by IHP+ signatories as the basis for IHP+ monitoring (see Table 1 and more detail in Annex 1).
2. For five of the six issues, **one of the indicators is drawn directly from the GPEDC monitoring framework.**
3. **Civil Society Organization (CSO) engagement.** This is a complex area to track through a single indicator. After much deliberation, the agreed indicator reflects only a minor adaptation from 2012 monitoring. However, IHP+R will pilot a qualitative survey that will enable lessons on how CSO engagement can be more effectively tracked beyond 2014.
4. **Use of country systems for procurement will not be tracked in the 2014 IHP+ monitoring** as no strong indicators could be identified; available options have major methodological limitations. If stronger indicators are highlighted through the GPEDC discussions, IHP+R will reflect on how these might be used in future IHP+ monitoring.
5. **Indicator targets.** As with previous IHP+ monitoring, targets are taken from GPEDC monitoring or from the IHP+R framework. Annex 2 lists proposed targets for each indicator. If there are alternative country-specific targets, these will also be considered.

4.3 Additional or alternative indicators

In opting to participate in the 2014 monitoring, IHP+ signatories are committing to provide data against this core set of indicators. However, if countries or DPs are tracking appropriate alternative indicators, IHP+R will seek to use available data for these alternatives. Any such modifications to the agreed framework should be agreed with IHP+R at the earliest opportunity.

5 Data collation tool

IHP+R have developed the following mechanisms to support IHP+ signatories to collate data. The emphasis is on collation of existing available data; this is not a global survey.

5.1 Survey tool

A Microsoft Excel survey tool will be used, designed specifically for the purpose of the 2014 IHP+ 2014 monitoring. The spreadsheet can be downloaded at: www.ihpplusresults.org. Once the survey tool has been completed and validated at country level it should be emailed by the Ministry of Health focal point to the IHP+R consortium (helpdesk@ihpplusresults.org) copying the IHP+R contact person (Annex 4). This should be done by **13 June 2014** at the latest. Upon receipt of the spread sheet, the IHP+R contact person will follow up for any necessary clarification.

IMPORTANT INFORMATION, PLEASE NOTE:

- You should only input data into the cells that are highlighted in green.
- Some cells have drop-down menus – click ▼ to select the most appropriate option.
- Other cells have automated checks inserted to promote the consistency and quality of data. These cells are protected. Please do not change the formulae that enable the automatic checks.

RESPONDING TO QUESTIONS

For Development Partners there are 7 indicators, with 7 questions (down from 23 in 2010 and 18 in 2012). For IHP+ Governments there are also 7 indicators with 11 questions (down from 26 in 2010 and 2012). There are usually two questions for each indicator. The first question gathers data on the numerator, and the second for the denominator. Collecting these data will enable the analysis of progress by country and by development partner and where possible over time and across countries.

TERMS HIGHLIGHTED IN RED

It is really important that terms highlighted in red in the survey tool are interpreted in the same way by all respondents, so that the data submitted are consistent and can be compared. We have provided interpretation notes for these terms in Annex 2 below, drawing on OECD/DAC definitions where possible.

CURRENCY

You should enter financial data in USD. Please use the average exchange rate for the year that you are providing data, as listed in the tab entitled “Conversion Rates”.

LATEST YEAR DATA

The reporting year of reference is the **latest fiscal year of the developing country** for which there is information available on relevant aspects of development co-operation. This also means that all data from providers of development co-operation is expected to be provided according to the developing country government’s fiscal year. Note that for most indicators, the reporting year of reference is likely to be 2013 (or the fiscal year ending in 2013 or 2014).

BASELINE DATA

Participants are not requested to provide baseline data. Where we have relevant data from previous IHP+ monitoring rounds, we will look to use it in our analysis. Whilst this will place constraints on the extent to which analysis can highlight trends, we have taken this decision to maintain clarity and minimise transaction costs. It is consistent with the approach taken in GPEDC monitoring.

VOLUNTARY ADDITIONAL INFORMATION

The ‘Voluntary additional information’ column in the survey tool enables you to provide contextual detail and explanations of reported progress or lack of it. **Use of this column is on a voluntary basis.** Please also use this column to provide source information (either web links or document titles), to enable a

degree of triangulation. The IHP+R Consortium will use this data as a basis to enrich the global analysis of progress and challenges in implementing IHP+ commitments.

In the Government survey tool, data are requested on DP performance for 3 indicators (1DP, 3DPb, 4DP). For indicator 1DP (Q2), please complete separate sheets entitled “Y-axis” and “X-axis” to report DP performance on the use of country health sector results frameworks. For indicators 3DPb and 4DP, (Q8 and Q11) use the voluntary information column to list the DPs for which data is being provided by the Government, using drop down menus. For Q8 and Q11 only five rows are shown in the tool, but additional space is hidden in the tool. IHP+R contact persons can advise on accessing this additional space if required. We encourage governments to discuss their responses to these questions with relevant DPs in advance of submitting the completed survey tool to the IHP+R consortium

Note on Indicator 6Gb (Strength of country PFM systems)

Data for this indicator is based on the World Bank Country Policy and Institutional Assessment (CPIA).² It takes the value of one CPIA criterion – indicator 13 – which offers a measure of the quality of a developing country’s budget and financial management system. The survey tool lists latest CPIA data, and for recent years, in a separate tab entitled “Country PFM systems data (6Gb)”. Please use this data to answer question 11 in the government survey tool.

5.2 Focus countries

In addition, in up to 3 interested countries (yet to be identified) IHP+R will work with MOH and partners during 2014 to explore and document ways to strengthen domestic systems for mutual accountability.

² World Bank (2012), CPIA 2012, Operations Policy and Country Services, World Bank, available online at: <http://www.worldbank.org/ida/IRAI-2012.html>

6 How will the data be analyzed and used?

6.1 Scorecards

Analysis of IHP+ progress will be presented in the form of country and DP scorecards. They are designed to promote accessible data on health sector development cooperation effectiveness and feed into on-going debates about strengthening health sector results. Country scorecards will present performance against each of the agreed indicators for both government and DPs in each country. This is because for a number of indicators, performance can be attributed to efforts of both governments and DPs (particularly to issues 1, 4, 5 and 6a). The design of DP scorecards is currently under review (April 2014). It is expected that each DP scorecard will present performance against each indicator with explicit performance in each country highlighted. The design of the DP scorecard will be finalised in consultation with IHP+ signatories, and tested as far as possible in three focus countries (see section 6.2 above).

6.2 Global report

IHP+R will write a global report and present key findings at the fifth IHP+ Country Health Teams meeting in late 2014. The report will have a broad scope and present a more forward-looking, practical tool for use at country level. The report will cover three key outputs:

1. Evidence from participating countries on how governments and donors are performing both individually and as a group in terms of behaviour and resource allocation.
2. Evidence on what data about government and donor behaviour is routinely available at the country level for governments to use, and the transaction costs of collating this information.
3. A summary of experiences from country-level work on how governments and donors have used data to hold each other to account, including key mechanisms (such as JARs and compact monitoring) and assessments of the process.

6.3 Mutual accountability

IHP+R will develop an options paper on mutual accountability, setting out issues and recommendations for how to strengthen accountability at the global and country level.

6.4 Joint Annual Reviews

Joint Annual Reviews (JARs) are expected to be the main country-level forum for discussion of results and mutual accountability efforts. .

7 Where can I get help with IHP+ monitoring?

All participating signatories will be assigned a point person in IHP+R to provide proactive, flexible support. IHP+R will support data collation and collection through a range of helpdesk functions.

Depending on your query, the helpdesk will help you out directly through email, Skype or phone. If the question requires higher-level support the helpdesk will forward your request to the dedicated IHP+R contact person for your country or agency (see Annex 4 for a list of IHP+R contact persons). A third level of support, if required, can be provided by one of the IHP+R Team members.

Documents such as this guidance document, data collation tools, and toolbox documents are available at www.ihpplusresults.org. At a later stage the website will provide monitoring data in different formats.

Contact: helpdesk@ihpplusresults.org