

2016 IHP+ Monitoring Round

Monitoring of Commitments
on Effective Development
Cooperation in Health

**Summary of the findings
and the Health Partners'
action points for Cambodia**

**3 March 2017
TWGH Meeting**



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 Cambodia, data was collected for 2015; **87% of HPs** participated (including: Australia, CDC, Gavi, GFATM, GIZ/KfW, JICA, KOICA, UNAIDS, UNFPA, UNICEF, USAID, World Bank and WHO), representing 91% of total external support in 2014 (source: OECD/CRS database);
- **16 CSOs** participated in online survey and 6 in focus group discussion (FGD); 5 PS representatives participated in a PS FGD
- Overall, the response was good. There were some challenges (time, lengthy tools, sensitivity of information).

OBJECTIVE OF IHP+ Monitoring Round

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

Provides an opportunity for MOH and HPs 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

EDC PRACTICE



EDC 1

Partners support a single national health strategy



EDC 2

Health development cooperation is more predictable and health aid is on budget



EDC 3

Public financial management (PFM) systems are strengthened and used



EDC 4

Procurement and supply systems are strengthened and used



EDC 5

Mutual accountability is strengthened



EDC 6

Technical support is coordinated and south-south cooperation supports learning



EDC 7

Civil Society Organisations are engaged



EDC 8

Private sector are engaged

SUMMARY OF FINDINGS



Key findings from the data collection

EDC PRACTICE



EDC 1 (Health sector plan)

- 100% DPs confirmed support is aligned to the health sector plan
- 85% DPs joined joint assessment of health sector plan



EDC 2 (Predictability of funding)

- 90% of DP funds disbursed as agreed schedule
- 67% of DPs' planned resources for next 3 years communicated
- 82% of DPs aid reported on budget



EDC 3 (PFM systems)

- 46% of DPs use national PFM system
- 33% of DPs confirm that sufficient support on PFM systems strengthening and capacity building is in place



EDC 4 (Procurement and supply systems)

- 31 % of DPs use national procurement and supply systems
- 31% of DPs confirm that sufficient capacity strengthening on procurement and supply systems is in place

Key findings from the data collection

EDC PRACTICE



EDC 5

(Mutual accountability)

- 15% of DPs use only national health indicators, but 77% of DPs use an agreed results framework and harmonized M&E system
- 77% of DPs joined mutual accountability processes



EDC 6

(Technical support and SSC)

- No national plan for technical assistance is in place
- 92% of DPs support south-south cooperation



EDC 7

(CSO engagement)

- 29% of CSOs confirm they are consulted by the government
- 81% of CSOs confirm they are consulted by international DPs
- DPs support CSOs on service delivery but not on advocacy













EDC 8

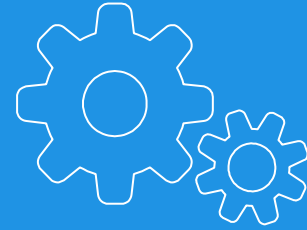
(Private sector engagement)

- Sub TWGH-PPP established to engage the PS
- PS participation not yet very visible

OVERVIEW OF HPs' PERFORMANCE







EDC PRACTICE	INDICATOR	GFATM	Gavi	Aus	GIZ/KfW	KOICA	UNAIDS	UNFPA	UNICEF	WB	WHO	USAID	CDC	JICA
 EDC 1	DP participated in joint sector or sub-sector assessments	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓
 EDC 2a	% of funds disbursed according to agreed schedules	100%	100%	43%	99%	100%	61%	91%	100%	100%	91%	NA	100%	?
 EDC 2b	Planned resources communicated for 3 years	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	NA	✗	?
 EDC 2c	% of funds registered on budget	100%	100%	71%	?	100%	?	100%	100%	?	0%	NA	?	?
 EDC 3	% of funds using national budget execution procedures	?	100%	100%	0%	100%	0%	100%	11%	?	0%	NA	?	?
	% of funds using national reporting procedures	?	100%	100%	0%	100%	0%	100%	11%	?	0%	NA	?	?
	% of funds using national auditing procedures	?	100%	?	0%	100%	0%	0%	11%	?	0%	NA	?	?
 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	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	✗	✗	✗	✓	✗	✗	✗	✗	✓	✓	✓	✗	✓







ACTIONS by HPs



Proposed action by health partners with preliminary discussion with MOH

EDC PRACTICE	
 <p>EDC 1 (Health sector plan)</p>	<ul style="list-style-type: none"> • HPs support MOH for strengthening/revitalizing AOP process especially for strengthening information on funding sources (eg. Service delivery grants) • HPs support and improve coordinated inputs to the joint annual performance review (to be confirmed for 2018) • HPs support capacity strengthening of MOH for budget analysis, preparation, prioritization for budget allocation, costing, etc.
 <p>EDC 2 (Predictability of funding)</p>	<ul style="list-style-type: none"> • HPs provide with MOH indicative budget figures of their confirmed or intended financial support to MOH for 2018 to help the budget preparation process
 <p>EDC 3 (PFM systems)</p>	<ul style="list-style-type: none"> • HPs provide more coordination support to strengthen PFM/ Programme Based Budgeting in the health sector • HPs support transitional financing of global health initiatives for sustainability
 <p>EDC 4 (Procurement and supply)</p>	<ul style="list-style-type: none"> • HPs continue support to strengthen supply chain management systems

Proposed action by health partners with preliminary discussion with MOH

EDC PRACTICE		
 <p>EDC 5 (Mutual accountability)</p>	<ul style="list-style-type: none"> • HPs will improve alignment of their monitoring indicators with HSP3/SDGs, and support their joint monitoring (linked to JAPR and to strengthening of health information systems) 	
 <p>EDC 6 (Technical support and SSC)</p>	<ul style="list-style-type: none"> • HPs provide MOH with a plan for expected missions and visits of external consultants • UN country team will improve harmonized approach for conditional cash transfers 	
 <p>EDC 7 (CSO engagement)</p>	<ul style="list-style-type: none"> • HPs provide capacity building to CSOs for their effective roles in policy and advocacy • HPs support strengthening CSO coordination platform as well as the community involvement for service quality 	
 <p>EDC 8 (Private sector engagement)</p>	<ul style="list-style-type: none"> • HPs will facilitate involvement of the private sector through strengthening the sub TWGH- PPP, eg support development of strategies, improve knowledge management of the PPP interface 	

Thanks!



FINDINGS OF DATA COLLECTION





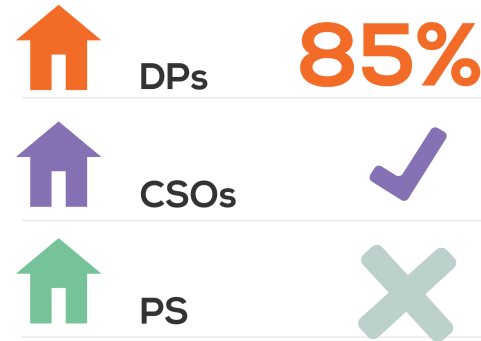
PARTNERS SUPPORT A SINGLE NATIONAL HEALTH STRATEGY

Alignment of support against the Health Sector Strategy



- All DPs confirm support is aligned
- DPs have different approaches to supporting the health sector.

Joint assessment of health sector plan

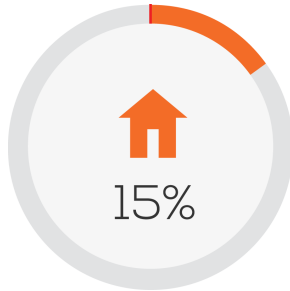


- Australia, GFATM, GIZ/KfW, JICA, KOICA, UNAIDS, UNFPA, UNICEF, USAID, World Bank and WHO participated in joint assessment
- CSOs participated through their representation in the 6 TT and also core group
- PS representatives were not invited



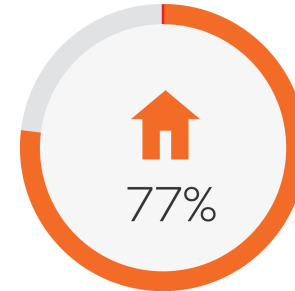
MUTUAL ACCOUNTABILITY IS STRENGTHENED

Monitoring and Evaluation



- UNAIDS and UNFPA confirm they only use national health sector indicators to monitor their support.
- While 15% of DPs only use national health indicators, 77% of DPs use an agreed results framework and harmonized M&E system, although different from the national.

Mutual accountability processes

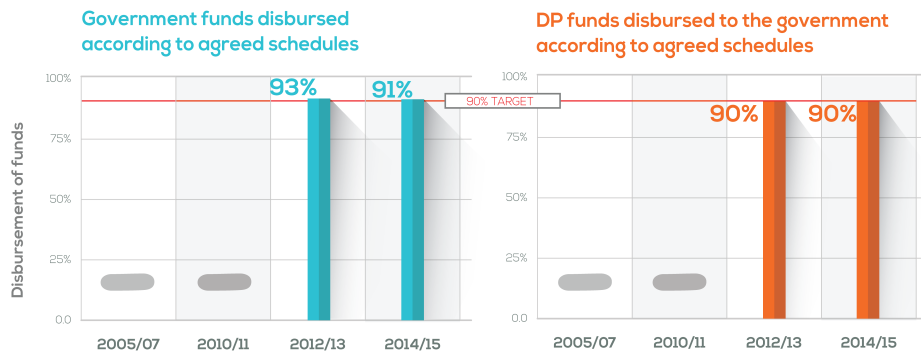


- Australia, GIZ/KfW, JICA, KOICA, UNAIDS, UNFPA, UNICEF, USAID, World Bank, and WHO participated in mutual accountability processes

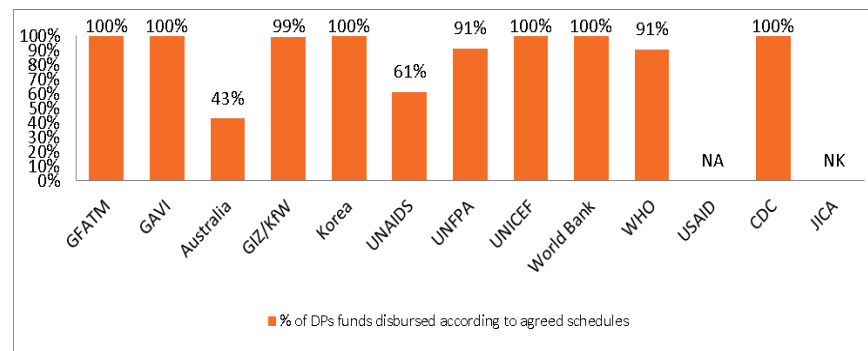


HEALTH DEVELOPMENT COOPERATION IS MORE PREDICTABLE (1)

Disbursements of funds



% of funding disbursed according to agreed schedules by DP





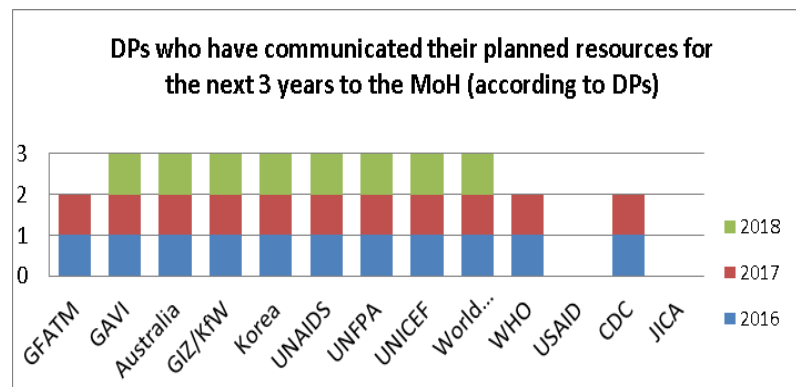
HEALTH DEVELOPMENT COOPERATION IS MORE PREDICTABLE (2)

Future funding



- GAVI, Australia, GIZ/KfW, UNAIDS, Korea, UNFPA, UNICEF and the World Bank communicated planned resources for the next 3 years
- No information was available from Government sources
- AOP and three year rolling plan were replaced by Annual Budget Plan and BSP

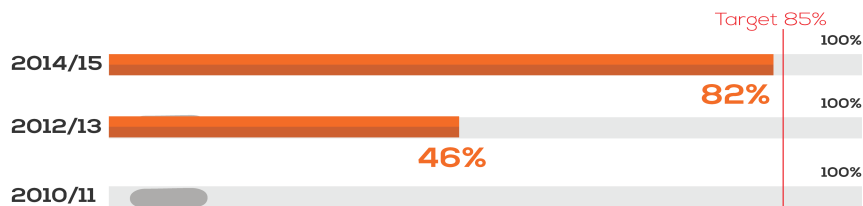
Communication of planned resources for next 3 years by DP





HEALTH AID IS ON BUDGET

% of DP aid reported on budget



- NOT clear about the inclusion of DP contributions in the national health budget.
- No information available to track DP aid reported on budget from the MoH

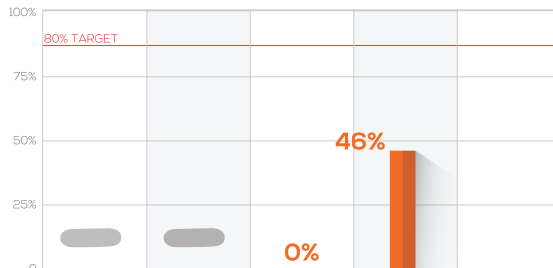
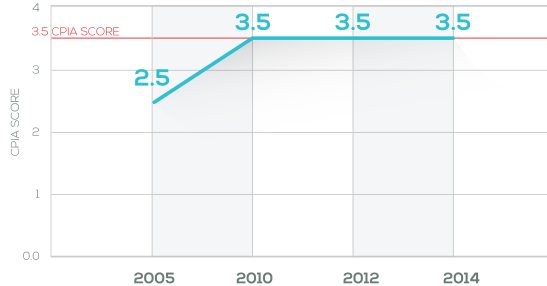
% of aid reported on budget by DP

	Reported by DPs	Reported by Gov
GFATM	100%	NK
GAVI	100%	NK
Australia	71%	NK
GIZ/KfW	NK	NK
Korea	100%	NK
UNAIDS	NK	NK
UNFPA	100%	NK
UNICEF	100%	NK
World Bank	NK	NK
WHO	0%	NK
USAID	NA	NK
CDC	NK	NK
JICA	NK	NK



PUBLIC FINANCIAL MANAGEMENT (PFM) SYSTEMS ARE STRENGTHENED AND USED

Strength and use of PFM system



% of DP funding using national procedures

	Budget execution	Financial reporting	Audit
GFATM	NK	NK	NK
GAVI	100%	100%	100%
Australia	100%	100%	NK
GIZ/KfW	0%	0%	0%
Korea	100%	100%	100%
UNAIDS	0%	0%	0%
UNFPA	100%	100%	0%
UNICEF	11%	11%	11%
World Bank	NK	NK	NK
WHO	0%	0%	0%
USAID	NA	NA	NA
CDC	NK	NK	NK
JICA	NK	NK	NK

Capacity building

33% of DPs confirm that sufficient support on PFM systems strengthening and capacity building is in place.

Comments and key findings

- The DPs which use the PFM are GAVI and partners of the HSSP2.
- The remainder do not use the country systems, especially PFM and Procurement systems, arguing that these do not yet meet their requirements and standards

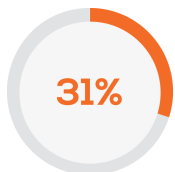


PROCUREMENT AND SUPPLY SYSTEMS ARE STRENGTHENED AND USED

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 strengthening



% 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:

- DFAT
- KOICA
- UNICEF
- World Bank

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

- Australian Embassy
- CDC
- GIZ/KfW
- Gavi
- JICA
- UNAIDS
- UNFPA
- USAID
- WHO

Comments and key findings

- HSSP Partners use the government through special SOP between HSSP Partners and the government through the WB



TECHNICAL SUPPORT IS COORDINATED AND SOUTH-SOUTH COOPERATION SUPPORTS LEARNING

Technical support is coordinated



No national plan for technical assistance is in place



The % of DPs who provide TA in line with the national plan does not apply

South-south cooperation



The MOH benefits from south south cooperation



% of participating DPs support south south cooperation

- Most DPs support South-South Cooperation



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



29% of CSO's confirm they are consulted



Government provides financial resources



0% of CSO's receive financial resources



Government provides training support



0% of CSO's receive training support

Key findings from CSO focus group discussion

- Space provided through NGO representation
- NGOs have a consultative role but do not know whether their comments are considered or included in the policy.
- NGOs need more advocacy capacity building to be more effective in policy advocacy



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



92% of DPs consult CSOs when developing their cooperation programme



81% of CSOs confirm they are consulted



46% of DPs provide financial resources



71% of CSOs receive financial resources



54% of DPs provide technical assistance



71% of CSOs receive technical assistance

Key findings from CSO focus group discussion

- DPs support CSOs working on Health Service Delivery but not on advocacy.
- They recommend that IHP+ support them for effective engagement in the policy process.



CIVIL SOCIETY ENGAGEMENT (3)

How effective are the mechanisms that assure that CSOs working in health are accountable for their contributions to effective, efficient and equitable health policies?

- CCC is promoting NGO Good Practice. It is a volunteered mechanism

How conducive is the national legal and regulatory environment to the maximisation of CSO contribution to national health policy?

- NGOs have had good participation in the past two decades
- The NGO law tends to regulate and control CSOs by the government



PRIVATE SECTOR ENGAGEMENT (1)

What space does the government provide for the private sector to effectively participate in health sector policy, planning and monitoring?

- The Ministry of Health has established sub TWGH for PPP as a way to engage PS
- The PPP Strategic Plan will be developed in due course by the sub TWGH

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

- PS participation is not yet clearly visible.



PRIVATE SECTOR ENGAGEMENT (2)

How effective are the mechanisms that assure that professional and industrial associations in the health sector are accountable for the delivery of quality products and effective services?

- No independent accreditation institution to ensure quality of care for both sectors
- HPs are exploring this possibility

How conducive is the national legal and regulatory environment to the maximisation of private sector contribution to national health policy?

- It is about their limited capacity in advocacy and venue of engagement.