

Report on Quality at Entry and Next Steps to Complete Design for Solomon Islands Health Sector Support Program (HSSP)

A: AidWorks details <i>completed by Activity Manager</i>			
Initiative Name:	Solomon Islands Health Sector Support		
AidWorks ID:	INH 479	Total Amount:	\$60 Million (over 5 yrs)
Start Date:	16 March 2008	End Date:	March 2013

B: Appraisal Peer Review meeting details <i>completed by Activity Manager</i>	
Initial ratings prepared by:	Frank Thompson (DPS Health)
Meeting date:	23 July 2007
Chair:	Stephanie Copus-Campbell
Peer reviewers providing formal comment & ratings:	<ul style="list-style-type: none"> – Stephanie Copus-Campbell – Jim Tulloch – Chris Hoban – Matthew Fehre
Independent Appraiser:	– N/A
Other peer review participants:	– See attached Minutes

C: Quality Rating Assessment against indicators <i>completed by Activity Manager / Peer Reviewers / Independent Appraiser</i>			
Criteria	Rating (1-6) *	Explanation	Actions to improve
Clear objectives	5	<p>In line with conducting a Sector Wide Approach (SWAp) in the Health Sector to assist the delivery of health services, the objectives for HSSP are consistent with the Solomon Islands Ministry of Health and Medical Services (MHMS) National Health Strategic Plan (NHSP).</p> <p>HSSP will initially support three of the eight strategic areas of the Solomon Islands National Health Strategic Plan 2006-2010:</p> <ul style="list-style-type: none"> a) People Focus – health promotion approach to empower communities to take more responsibility for their health and strengthening staff at the central and provincial levels to support a 'people focused' approach to health. b) Malaria c) Health System Strengthening <p>Although these three areas constitute the initial focus, the HSSP will be flexible in delivery and is designed to respond to changing national health priorities as identified by the MHMS.</p> <p>HSSP aligns with the AusAID Solomon Islands Transitional Country Strategy Objective 3: <i>Help government better serve the Solomon Islands people – Program Objective; Improve the delivery of basic health services.</i></p>	<p>No change proposed as the current objectives are owned by the Solomon Islands Government (SIG).</p> <p>It should be noted that with the recent change of government in Solomon Islands, it is unclear whether the NHSP will be retained or changed. The program office will need to monitor this and respond accordingly should there be any new policy direction issued by the Sikua Government.</p> <p>Initial indications from MHMS suggest substantive changes are unlikely.</p>

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		Program staff will ensure the HSSP continues to be consistent with the new country strategy currently being drafted.	
Monitoring and Evaluation	4	<p>The M&E Framework for the HSSP has been improved since the previous QAE report completed mid-last year. Following recommendations from last year's QAE review, the revised Program Document has reduced the performance indicators from 67 to 12. The new indicators align with the HSSP strategic themes and focus less on effectiveness of service delivery, and more on efficiency, sustainability, equity, and institutional change.</p> <p>Program M&E during the Program Establishment and Implementation phases will be undertaken jointly by SIG with Development Partners to measure progress against agreed performance indicators as outlined in the Program Document and Performance Framework.</p> <p>Joint governance arrangements for the Program are as follows:</p> <p>(a) In March each year, a joint SIG-Development Partner Program performance review will be undertaken to assess progress from the previous year, financial and procurement audit reports, first quarter disbursements, and to inform Program plans for the coming year;</p> <p>(b) SIG will provide written advice to GoA (and other Development Partners on request) of proposed budget allocations in July each year for the following SIG fiscal year;</p> <p>(c) In September each year a joint SIG-Development Partners in-depth review will be undertaken on specific topics relevant to the Program, to be agreed by the Parties and Development Partners during the March review mission.</p> <p>As recommended in the November 2007 Peer Review for HSSP, a Donor Compact has been drafted and will be agreed to by all participating donors prior to implementation of HSSP. The Compact is a principles-based document outlining governance arrangements for the HSSP. A draft Compact document will be circulated to the World Bank, JICA, United Nations agencies, and AusAID for consideration.</p>	This rating could be improved to a 5 once higher level indicators for strategic monitoring & coordination purposes are agreed and activated when the SIG /GOA Subsidiary Arrangement and the Donor Compact have been finalised and implemented in mid-March 2008.
Sustainability	3	<p>Current health system management is not sustainable, with heavy reliance on donor financing, even for recurrent expenses, and on international advisors. Current systems give inadequate attention to maintaining assets or strengthening efficiency of service delivery.</p> <p>The ongoing health program and trust account provides some track record, but with big questions on sustainability without advisor inputs.</p> <p>The sector-wide approach is a good step to build government capacity and ownership, but the design will require time to ensure efficiency gains, realignment of expenditures and strengthening of core functions.</p> <p>It is also heavily dependent on the MHMS honouring its commitment to provide dedicated counterparts for each technical specialist. If this assurance wavers, it is possible the specialists will become temporary resources performing in key roles for MHMS instead of building capacity of counterparts to take on these various functions over time.</p> <p>This is currently the case in relation to preparation of operational budgets. Currently much of the budget planning is conducted by the Financial Management advisor with</p>	<p>The HSSP Design includes an emphasis on MHMS recruiting expertise in a range of corporate and technical roles and pairing them up with identified counterparts. Notably this includes specialists in Procurement, Medical Supply Planning, Financial Management, Hospital Management, and Human Resource Management.</p> <p>By strengthening capacity and developing more robust corporate management systems within the MHMS, it is hoped an improvement in overall health systems management can be achieved.</p> <p>Over time, this rating could</p>

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		<p>limited input from counterparts. Change in this area will be necessary to ensure success of the SWAp when measured on sustainability criteria.</p>	<p>improve to a 4 as the HSSP goes into the establishment phase.</p> <p>The arrival of the first round of technical specialists in first quarter 2008 and the second round by third quarter 2008 should strengthen mechanisms for improved human resources and promote sustainable improvements to health systems management.</p> <p>A rating of 5, representing a good design for the current country context, would need to show stronger joint budget planning and stronger involvement of a broader range of MHMS staff and other country stakeholders.</p>
Implementation & Risk Management	4	<p>The move to government systems is a big change, especially given known weaknesses and limited capacity. The mid-2007 appraisal proposed some strengthening of risk management strategies, and clear documentation of roles and expectations of AusAID and government.</p> <p>The revised Program Document, Subsidiary Arrangement and Donor Compact will all incorporate significant steps to mitigate risks and document roles and responsibilities of all the participating partners. The Program Document now includes a more comprehensive risk management matrix while the Subsidiary Arrangement provides for strengthened auditing, financial processes and accountability.</p> <p>Recruitment of technical specialists in the fields of Procurement, Pharmaceutical Procurement, Medical Supply Planning and Tenders, Hospital Management and Financial Management has been completed. This will greatly assist the HSSP during the Establishment phase by building capacity of the MHMS to develop and sustain core corporate mechanisms that will support risk management.</p> <p>The World Bank has agreed to support the HSSP through provision of technical expertise on areas of comparative advantage. Specifically, WB has undertaken to assist the MHMS to develop a Medium Term Expenditure Framework (MTEF) in 2008. Implementation of the MTEF should significantly strengthen financial reporting arrangements and expenditure planning across the whole sector and will incorporate all available funding. Over time, this should provide established processes and systems to enable the MHMS to have greater involvement in planning and executing operational budgets.</p> <p>Engagement of the Senior Public Health Specialist, and Financial Management and Procurement Advisers (commencing in February/March 2008) directly address the fiduciary risks identified in previous reviews and will strengthen accountability.</p>	<p>The improved rating of 4 is justified based on the Subsidiary Arrangement and Donor Compact being agreed and implemented when the HSSP goes into an Establishment Phase (Mar 2008).</p> <p>A rating of 5 is only realistic after some experience and adjustment on the ground.</p>
Analysis and lessons	4	<p>The original Program Implementation Plan (PIP) for HSSP only covered selective parts of the government's NHSP, and did not describe how these relate to other strategic goals. The document also had significant gaps, for example in drawing significant lessons from past engagement, demonstrating deep engagement of health sector</p>	<p>The improved rating of 4 can be justified as a result of the new draft Program Document which pulls this together, and addresses issues identified in the</p>

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	<p>stakeholders, and economic analysis.</p> <p>To address the issues outlined on previous reviews, a new Program Document has been drafted. This Program Document presents the full rationale, objectives and strategy for HSSP whilst presenting a vision for the sector in 2012, drawn from the NHSP. It summarises implementation arrangements and builds on the much more detailed but less accessible PIP. The program documentation will be revised and updated over the course of 2008, as the HSSP preparations are completed, and the Program is fully established by January 2009, however, the initial version will serve as the interim Program Design and as a guide to implementation of transitional activities.</p>	<p>appraisal.</p> <p>Further improvements can be made to the Program Document in parallel with implementation. Providing a final Program Document and a revised PIP are developed by early 2009, a rating of 5 could be achieved.</p>
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*** Definitions of the Rating Scale:**

Satisfactory (4, 5 and 6)		Less than satisfactory (1, 2 and 3)	
6	Very high quality; needs ongoing management & monitoring only	3	Less than adequate quality; needs to be improved in core areas
5	Good quality; needs minor work to improve in some areas	2	Poor quality; needs major work to improve
4	Adequate quality; needs some work to improve	1	Very poor quality; needs major overhaul

D: Next Steps *completed by Activity Manager*

Provide information on all steps required to finalise the design based on <i>Required Actions</i> in "C" above, and additional actions identified in the peer review meeting	Who is responsible	Date to be done
1. Finalise the draft revised Program Document and complete a Peer Review process on it.	Justin Baguley Chris Chamberlin John Izard	31/3/08
2. Finalise the draft Donor Compact and Subsidiary Arrangement including the financial protocols and instructions for the HSSP financial arrangements in preparation for the HSSP launch and Joint Donor Mission.	Justin Baguley John Izard Len Bayliss George Malefoasi	31/4/08

E: Other comments or issues *completed by Activity Manager*

<ul style="list-style-type: none">
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F: Approval *completed by ADG or Minister-Counsellor who chaired the peer review meeting*

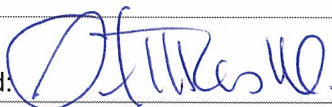
On the basis of the final agreed Quality Rating assessment (C) and Next Steps (D) above:

- ☒ **QAE REPORT IS APPROVED**, and authorization given to proceed to:
- ☐ **FINALISE** the design incorporating actions above, and proceed to implementation
 or: ☐ **REDESIGN** and resubmit for appraisal peer review

- ☐ **NOT APPROVED** for the following reason(s):
- _____
- _____
- _____

< name of ADG / MC >

signed:



< date >

15.9.08.

When complete:

- Copy and paste the details from Part C of this final approved Quality at Entry report into Aidworks, to be used for management reporting
- The original signed report must be placed on a registered file