

Independent Performance Assessment of HSSP 2018 Performance Indicators – Solomon Islands

27 August 2019

FINAL including agreed 2019 PLF indicators

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Acronyms

ADT	Admissions, discharges and transfers	MHMS	Ministry of Health and Medical Services
AUD	Australian dollar	MPS	Ministry of Public Service
AOP	Annual Operational Plan	NHSP	National Health Strategic Plan
CIS	Core Indicator Set	NMS	National Medical Stores
DHIS	District Health Information Software	MOFT	Ministry of Finance and Treasury
DFA	Direct Funding Agreement	NCD	Non-communicable Disease
DFAT	Australian Department of Foreign Affairs and Trade	NRH	National Referral Hospital
DP	Development Partner	OPD	Outpatient Department
DPCG	Development Partner Coordination Group	PA	Partnership Arrangement (between MHMS and DPs)
EU	Delegation of the European Union	PCU	Partnerships Coordination unit
FHC	Family Health Committee	PFC	Planning and Finance Committee
FR	Financial Report	PFM	Public Finance Management
GAVI	Gavi Alliance	PHD	Provincial Health Director
GBV	Gender Based Violence	PLA	Performance Linked Aid
HFCS	Health Facility Costing Study	PLF	Performance Linked Funding
HIS	Health Information Systems	PS	Permanent Secretary
HR	Human Resources	RAC	Risk and Audit Committee
HRM	Human Resources Management	RDP	Role Delineation Policy
HSSP3	Health Sector Support Program Phase 3	SBA	Skilled Birth Attendant
ICTSU	ICT Support Unit of Solomon Islands	SIG	Solomon Islands Government
IPA	Independent Performance Assessment	SLMS	Second Level Medical Store
JPA	Joint Performance Assessment	SPC	Secretariat of the Pacific Community
JAPR	Joint Annual Performance Review	SWAp	Sector Wide Approach
JD	Job Description	TC	Technical Cooperation
JICA	Japan International Cooperation Agency	ToR	Terms of Reference
KOICA	Korean International Cooperation Agency	UNICEF	United Nations Children's Fund
LMEA	Line Ministry Expenditure Analysis	UNFPA	United Nations Population Fund
MDPAC	Ministry of Development, Planning and Aid Coordination	US	Under-secretary
MDSR	Maternal Death Surveillance and Response	WHO	World Health Organization

Executive Summary

This report measures performance against a set of key indicators that were agreed between the Solomon Islands Ministry of Health and Medical Services (MHMS) and the 16 Development Partners comprising the Solomon Islands Health Sector Wide Approach (SWAp).

Performance is quantified in three ways:

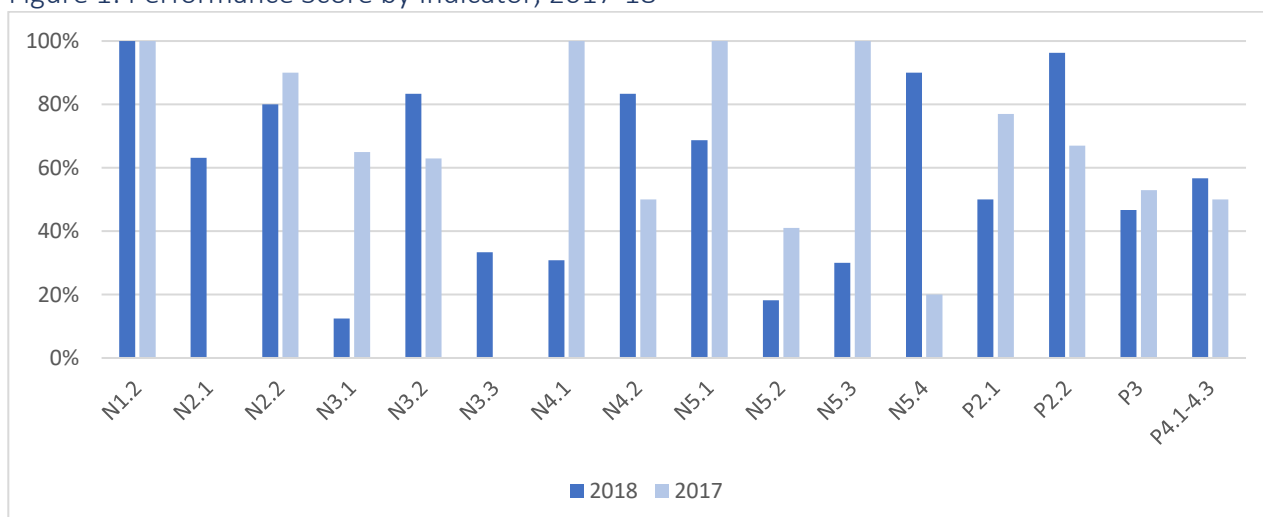
- 1) Met / Not Met – where the indicator requires a target to be fully achieved
- 2) Completed – where the indicator requires a task to be completed by a set point in time
- 3) Percentage – where the indicator measures proportional performance against the target

The Performance Linked Funding (PLF) allocation for 2018 is AUD \$2,665,700. The PLF payment recommended against performance in 2018 is AUD \$1,733,662.43 (see Table 1). Overall, performance in the sector remains relatively consistent year on year (up from 64% last year to 65%). Training of health care workers in the care of GBV clients (N 5.3), maternal death audits using MDSR (N 4.1) and the number of divisions that had an asset register in place (N 3.1) were the main indicators that declined since 2017. The most significant improvements were seen in the consistently high rates of antenatal care visits (N 5.4), the executive and corporate restructure (N 2.1) and high rates of Hospital HIS reporting in 2018 (N 4.2) (see Figure 1).

Table 1: Performance Payment Summary by Category, 2018

Category	PLF Allocation (AUD)	Recommendation (AUD)	Proportion of PLF Allocation
Budget	\$266,570.00	\$266,570.00	100%
Health Reform	\$266,570.00	\$190,764.16	72%
Governance	\$266,570.00	\$112,181.54	42%
Health Information	\$186,599.00	\$99,519.47	53%
Service Quality and Coverage	\$346,541.00	\$165,499.98	48%
National Subtotal	\$1,332,850.00	\$844,531.52	63%
Finance and Reporting	\$693,082.00	\$568,580.48	82%
Outreach	\$319,884.00	\$149,279.20	47%
Services	\$319,884.00	\$181,267.60	57%
Provincial Subtotal	\$1,332,850.00	\$888,464.48	67%
TOTAL	\$2,665,700.00	\$1,733,662.43	65%

Figure 1: Performance Score by Indicator, 2017-18



Development Partner Performance

Development Partner (DP) performance remains relatively unchanged year on year despite recommendations made last year to improve their alignment with partner Government systems. MHMS has been generous in the assessment of DP performance as being on plan, on budget and on system where nearly half of SWAp partners were unable to provide multi-year commitments or on-time disbursement of funds, with both associated indicators declining in 2018. If scored, DP performance would be 78% in 2018 (compared to 81% in 2017). Each of the indicators for DP Performance is scored as ‘partially met’. There is room for improvement in future years.

Table 2: Development Partner Performance Summary by Indicator, 2018

Disbursement linked indicator		Performance Score
DP1.1	All development partner contributions are “on plan” in AOPs	Partially Met
DP1.2	All development partner contributions are “on budget”	
DP1.3	Development partners are “on system”	
DP1.4	Funding inputs are announced at the SIG budget launch (July) and appropriated through the regular SIG budget process (appropriated in November)	
DP2.1	DP disbursements are made on time and in accordance with commitments	Partially Met
DP2.2	DP’s provide multi-year year budget projections to assist Ministry’s long-term planning activities	
DP 3.1	Program related technical cooperation supported by development partners that has been cleared by MHMS	Partially Met
DP 3.2	Development partners regularly update TC inventory, including long- and short-term TA and volunteers	
Development Partner Performance		Partially Met

National Performance Summary

National performance has declined in 2018 to 63% from 68% last year. The largest gains in individual indicators year on year were made at the national level (ANC4+, restructure and hospital HIS reporting), as well as some of the largest declines (GBV training, maternal death audits and asset registers). Gains will be made by maintaining a stronger commitment to achieving national indicator targets in future years as most declines in 2018 were the result of lags in implementation against work planning targets.

Table 3: National Performance Summary by Indicator, 2018

Disbursement linked indicator			PLF Allocation (AUD)	Performance Score	Proposed PLF (AUD)
National Performance Summary					
Budget	N 1.1	Recurrent health budget (276) allocation is at least 12.5% in 2018	Pre-Condition	Met	Pre-Condition
	N 1.2	Proportion of the recurrent health budget allocated to the provinces is at least 37% in 2018	\$266,570.00	Met (100%)	\$266,570.00
Health	N 2.1	MHMS Executive and Corporate Services Restructure is completed in 2018	\$133,285.00	63%	\$84,136.16

Disbursement linked indicator			PLF Allocation (AUD)	Performance Score	Proposed PLF (AUD)
	N 2.2	National Role Delineation Policy (RDP) is implemented as planned in 2018	\$133,285.00	80%	\$106,628.00
Governance	N 3.1	MHMS has implemented an asset register in each Division	\$79,971.00	13%	\$9,996.38
	N 3.2	Functioning Executive and governance committee meetings in 2018	\$79,971.00	83%	\$66,642.50
	N 3.3	Proportion of vacant MHMS counterpart positions where MHMS recruitment processes are completed within 8 weeks of a position becoming vacant	\$106,628.00	33%	\$35,542.67
Health Information	N 4.1	Proportion of maternal deaths reviewed using MDSR in 2018	\$106,628.00	31%	\$32,876.97
	N 4.2	Hospital HIS reporting is expanded to include Gizo and Kilu'ufi Hospitals	\$79,971.00	83%	\$66,642.50
Service Quality and Coverage	N 5.1	Enhanced NCD Clinics operating in 16 health facilities in Guadalcanal, Honiara, Choiseul and Renbel Provinces in 2018	\$79,971.00	69%	\$54,980.06
	N 5.2	Proportion of primary health care facilities that have access to essential medicines	\$106,628.00	18%	\$14,554.72
	N 5.3	Health care providers are trained in the care of GBV clients in 2018	\$79,971.00	30%	\$23,991.30
	N 5.4	Proportion of provinces where average number of ANC visits (per expectant mother) is at least 4	\$79,971.00	90%	\$71,973.90
National Total			\$1,332,850	63%	\$834,535.15

Provincial Performance Summary

Provinces have improved their performance in 2018, achieving 67% compared to just 60% in 2017. Provincial governance provided significant gains through increased on time reporting and a large decline in the number of provinces with imprests outstanding for more than 90 days. However, most provincial indicators relate to health services data and outreach activities collated and reported through the DHIS. Change over time in these indicators is often marginal. Future gains at the provincial level will be achieved by consistently delivering (and increasing) the provision of health services and outreach activities so that a larger proportion of provinces can see an improvement in 2019.

Table 4: Provincial Performance Summary by Indicator, 2017

Disbursement linked indicator			PLF Allocation (AUD)	Performance Score	Proposed PLF (AUD)
Provincial Performance Summary					
Budget	P 1	Timely submission of AOPs and budgets	Pre-Condition	Met	Pre-Condition
Fin anc	P 2.1	Proportion of Provinces that have submitted imprest retirements to MHMS	\$213,256.00	50%	\$106,628.00

Disbursement linked indicator			PLF Allocation (AUD)	Performance Score	Proposed PLF (AUD)
		for all imprests that are more than 90 days overdue per reporting requirements			
	P 2.2	Timely completion of provincial financial, operational planning and health information reporting	\$479,826.00	96%	\$461,952.48
Outreach	P 3	Outreach activities increase year on year	\$319,884.00	47%	\$149,279.20
Services	P 4.1	Child Immunisation coverage at least 90%	\$319,884.00	57%	\$181,267.60
	P 4.2	Contraceptive contacts increase year on year			
	P 4.3	All births are attended by a Skilled Birth Attendant			
Provincial Total				67%	\$899,127.28

Opportunities and Challenges

This year saw the introduction of a new reporting template enabling MHMS to routinely collect data and track their performance each quarter. However, the reporting template was only agreed and finalised late in 2018, meaning routine assessments of progress could not be undertaken. Instead, MHMS undertook a full self-assessment with the available data at the end of the third quarter of the assessment period and reported progress to MHMS Senior Management late in the year. Similarly, a further self-assessment covering the full 2018 year, was conducted in April 2019

The MHMS full year self-assessment provided an almost complete and mostly accurate set of data and assessment of 2018 performance. Some notable issues related to a reliance on incomplete data from the DHIS and 2018 Core Indicator Statistics (CIS) Report (the final versions and full analysis of provincial reports was not fully complete at the time the self-assessment was undertaken). Contacting program staff and verifying the quality of data provided can be a challenge in completing program-based assessments. Additionally, there were some minor errors in the reporting template's in-built formulas (a design issue) that affected the self-assessment data and results (and will need to be corrected for future use). Some indicators scored slightly higher in the self-assessment, while others scored lower. Overall, the self-assessment produced a comparable outcome to this more comprehensive independent assessment and will improve with practice.

To better facilitate self-assessment for 2019, the indicators will need to be agreed as early as possible (preferably before June 2019). This will enable MHMS to undertake routine self-assessment and reporting in July, October and December 2019. This regular feedback on performance may assist management to respond quickly to address under performance.

The Solomon Islands National Strategic Health Plan (NHSP) has two full years of implementation remaining (2019 and 2020). There is the opportunity to align the annual independent assessment of performance with the NHSP Monitoring and Evaluation Framework (MEF) if it is fully implemented. Where practical and appropriate, the indicators used in the 2018 performance assessment already align with the draft NHSP MEF in some areas. 2019 indicators of performance should continue to be drafted to align as much as possible with the MEF. The MHMS should also prioritise implementation of the NHSP MEF so that performance against the targets in the NHSP can be properly assessed in a final review (as this annual performance assessment is not wide reaching enough to achieve that task).

1. Introduction

Health is a priority focus of the Government of Australia's Solomon Islands Aid Investment Plan 2015/6-2018/19; Australia has a long-term commitment to the sector to help save lives.

The goal of the third phase of the Health Sector Support Program (HSSP3) is to improve access to quality universal health care in Solomon Islands. Achieving the overall goal of HSSP3 needs outcomes in three main areas:

- improved quality and quantity of primary health care services;
- stronger health systems to support service delivery;
- implementation of priority reforms to ensure sustainable service delivery.

This goal is consistent with the commitment of the National Development Strategy 2015 – 2035 and the National Health Strategic Plan 2016-2020 to achieve Universal Health Coverage. To progress towards the goal, Australia will work in partnership with the Solomon Islands Government (SIG) and with other development partners, as described in the Partnership Arrangement between Solomon Islands Government and Development Partners in the Health Sector-Wide Approach 2016-2020. Australia is the largest donor in the sector. Other development partners include WHO, World Bank, SPC, JICA, KOICA, ROC, UNICEF and UNFPA.

1.1 Objectives and Scope

This Independent Assessment Report reviews SIG's performance over the previous year against the National Strategic Health Plan (NSHP), the core indicator set, and the development partners/SIG jointly agreed national and provincial performance indicators. It also reviews the performance of SWAp partners – development partners and the MHMS – against jointly agreed milestones for 2018. The Report will be presented to the Joint Annual Performance Review (JAPR), which is convened by SIG with development partners in May 2019.

A funding recommendation will be provided which will inform levels of performance linked funding provided by Australia, which in the 2018-19 funding cycle is up to 23% of the total budget support allocation. SWAp Partners are looking to continuously improve the performance linked component of the HSSP program, including its value to MHMS. A secondary objective of this assignment is to provide a recommended schedule of performance indicators for 2019-2020 (to be measured in 2020-2021). This should include:

- Indicators from the National Health Strategic Plan monitoring and evaluation framework (NHSP MEF) that will be measured in each year across 2019-2020 (anticipated to be approx. 80% of PLF indicators)
- Indicators for priority policy reforms for 2019 (anticipated to be approx. 20% of PLF indicators), noting that new priority policy reforms for 2020 and 2021 will be set in future years.

1.2 Methodology

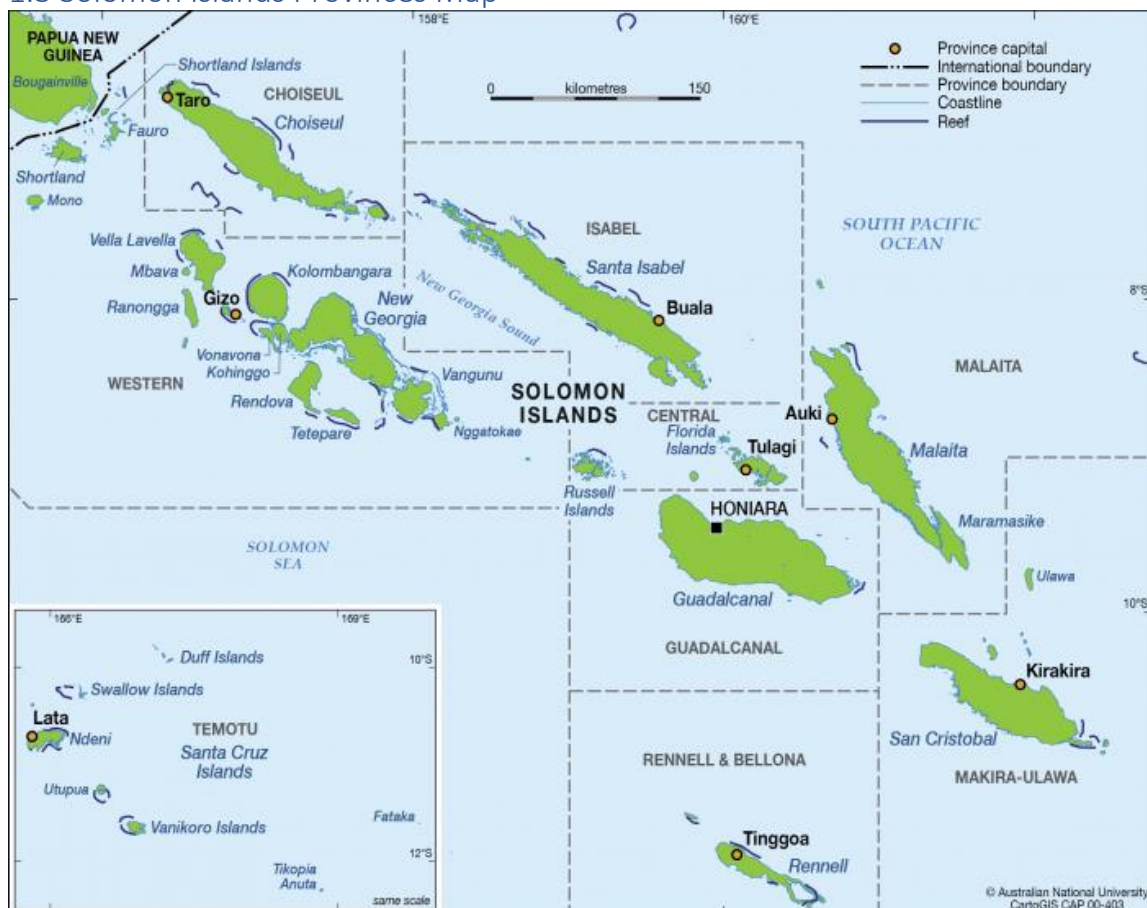
This performance assessment was conducted by an Independent Assessor (with no ongoing affiliation with MHMS, DFAT or any of the development partners participating in the SWAp). The review was primarily desk-based drawing on information available in documents, reports and records provided by MHMS and Development Partners (see Annex 1), supported by working in close collaboration with staff at the MHMS. In line with the information required for each indicator, key persons (listed at Annex 2) were consulted, including management, finance, health information and program staff at MHMS, DFAT Health Program staff and technical staff supporting program delivery from WHO and HSSP3. To help maintain consistency with past years' reports (for 2016 and 2017), a similar overall methodology has been used with replicated calculation methods (where appropriate) to ensure data and findings remain consistent. This assessment

of 2018 performance has, for the first time, relied on data reported through a template by the MHMS against the key indicators, which has been verified, to the extent possible, to ensure that MHMS reporting is accurate and reflects performance.

The MHMS has continued to deliver the comprehensive Health Core Indicator Statistical Report (CIS) for 2018, which should be used as a companion document in reading the results of this performance assessment. The CIS was primarily used for selected statistical and health information derived from the DHIS2 health information system operated by MHMS. However, a range of indicators required information beyond what was reported in the CIS and the source of data of this is identified for each indicator through this report. Budget, finance and aid effectiveness measures required specific analysis, and this was undertaken largely with the support of the budget and finance team in MHMS and with input from the World Bank.

To ensure an adequate reflection of the context of performance against each indicator, an iterative process of consultations with MHMS leadership and key program managers was used to draw out qualitative information and reflections that will guide future improvements in performance or improve the measurement of performance in 2019. The recommendations and results of this report were shared with the MHMS Senior Executive and feedback was sought to ensure the report is fair and reflective of the strong work that was undertaken through 2018.

1.3 Solomon Islands Provinces Map



Source: CartoGIS Services, College of Asia and the Pacific, The Australian National University

2. Program Performance Assessment

This report provides measures of performance against a set of key indicators that were agreed between the MHMS and the SWAp Partners.

Performance is quantified in three ways:

Met / Not Met – where the indicator requires a target to be fully achieved

Completed – where the indicator requires a task to be completed by a set point in time

Percentage – where the indicator measures proportional performance against the target

This report provides the outcome for each indicator as well as some context on the factors that have influenced achievement and where improvements can be made in the future. Qualitative inputs from program areas were used to identify the influencing factors for each indicator, which were anecdotal but provided a good snapshot of how programs were managed and the factors that limited their effective implementation. Program managers and staff were able to provide some good suggestions for measuring future years' performance based on their experience and were quite candid with regards to the limitations and challenges that are faced.

MHMS has progressively systematised data collection to support the annual performance assessment, and as such the process of collecting and collating the data in 2018 has improved on previous years. A special mention needs to be given for the MHMS Demographic and Health Information System (DHIS) and the team that manages the system. While no system is perfect, this annual performance assessment is made easier each year by access to clear and relatively consistent data through the DHIS. Similarly, the Finance Team keeps excellent records in support of preparation of the Independent Assessment report, including all of the required provincial and national financial information needed to complete this performance assessment each year.

2.1 Development Partner Performance

Sixteen Development Partners are signatories in the Solomon Islands Health SWAp, they include:

- | | |
|---|--|
| 1. Australian Government | 9. Korean International Cooperation Agency |
| 2. World Health Organization (WHO) | 10. Government of the Republic of China (Taiwan) |
| 3. World Bank | 11. Fred Hollows Foundation New Zealand |
| 4. Secretariat of the Pacific Community (SPC) | 12. World Vision Solomon Islands |
| 5. United Nations Children's Fund (UNICEF) | 13. Red Cross Solomon Islands |
| 6. United Nations Population Fund (UNFPA) | 14. Save the Children Solomon Islands |
| 7. Government of Japan | 15. New Zealand Government |
| 8. Delegation of the European Union | 16. Kaohsiung Medical University |

Non-SWAp partners in health include the Global Alliance for Vaccines and Immunisation (GAVI) and the Global Fund, and they have been referenced in this assessment to enable a reflection on their performance as significant development partners in the health sector.

DP1.1 – 1.4 DPs are “on plan, on budget and on system” and inputs are announced for the SIG Budget
DP2.1 – 2.2 DP disbursements are on time, in accordance with commitments and multi-year
DP3.1 – 3.2 Technical cooperation is cleared by MHMS and inventory is updated
(see [detailed DP indicators](#))

If a score were to be assigned to DP performance it would be 78%, down from approximately 81% in 2017. A scorecard for selected DP performance is reported in Table 5. DPs have consistently scored only 'partially met' year on year. MHMS was generous in its assessment of DPs being all operating on plan, on budget

and on system in 2018. A more realistic assessment of multi-year commitments and on time disbursement of funds was conducted, showing that less than half of selected SWAp partners were achieving indicators D2.1 and D2.2 in 2018, with both indicators declining amongst SWAp partners in 2018 from previous years. Development Partner Performance against the DP indicators can be seen graphically at Figure 2. DPs performance with regards to clearing technical cooperation (TC) roles (long-term, short-term and volunteer positions) and updating the TC register remained substantively unchanged since 2017.

The overall assessment for this report is that DPs appear not to have made any significant effort to change their practice since 2017. There is no evidence of changes in practice to try and meet any of the performance indicators that were agreed to, which demonstrate DPs equal partnership in the HSSP SWAp. Arguably, MHMS could have more critically assessed DP performance on working with Government systems in light of the poor performance in multi-year commitments and on-time disbursements. Revised indicators should look to set clearer targets and performance measures to encourage improvement from DPs in future years.

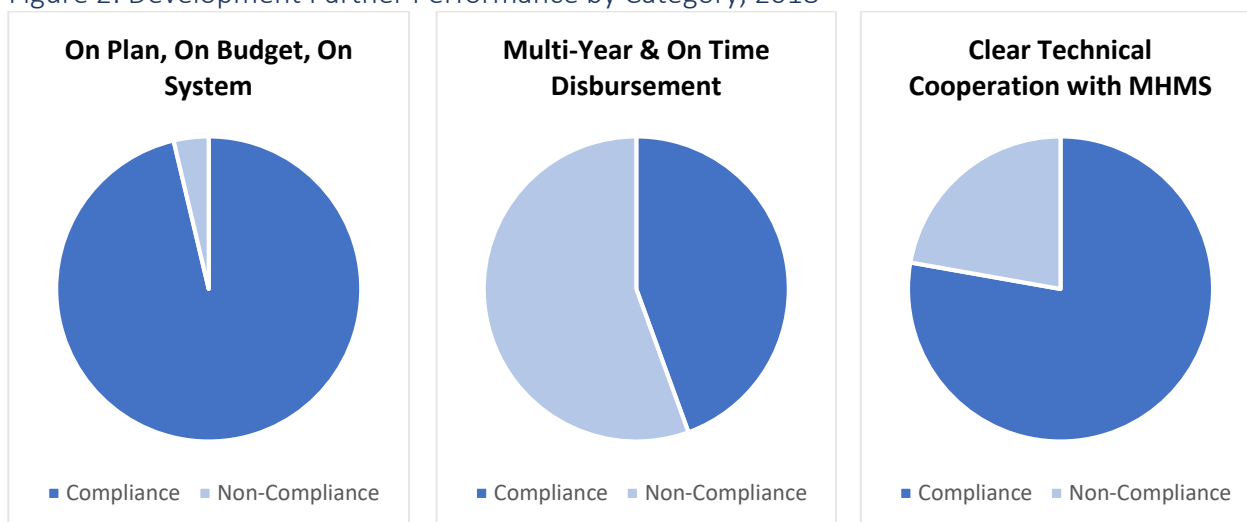
Performance Score: Partially Met – all indicators (no substantive change from 2017)

Table 5: Development Partner Scorecard, 2018

Performance Indicator		Selected SWAp Partners							Selected Non-SWAp Partners	
		DFAT	EU	UNFPA	UNICEF	WHO	KOICA	Joint UN	GAVI	Global Fund
DP 1.1	On Plan	✓	✓	✓	✓	✓	✓	✓	✓	✓
DP 1.2	On Budget	✓	✓	✓	✓	✓	✓	✓	✓	✓
DP 1.3	On System	✓	✓	✓	✓	✓	✓	✓	✗	✓
DP 1.4	Appropriated through Budget	✓	✓	✓	✓	✓	✓	✓	✗	✓
DP 2.1	Timely Disbursements	✓	✓	✗	✗	✗	✗	✗	✓	✓
DP 2.2	Multi-year Projections	✓	✓	✗	✗	✗	✗	✗	✓	✓
DP 3.1	TC Cleared with MHMS	✓	✓	✓	✓	✓	✓	✓	✓	✓
DP 3.2	TC Inventory Updated	✓	✓	✗	✓	✓	✗	✓	✗	✗

Source: MHMS Partnership Coordination Unit (PCU)

Figure 2: Development Partner Performance by Category, 2018



Source: MHMS Partnership Coordination Unit (PCU)

2.2 National Performance

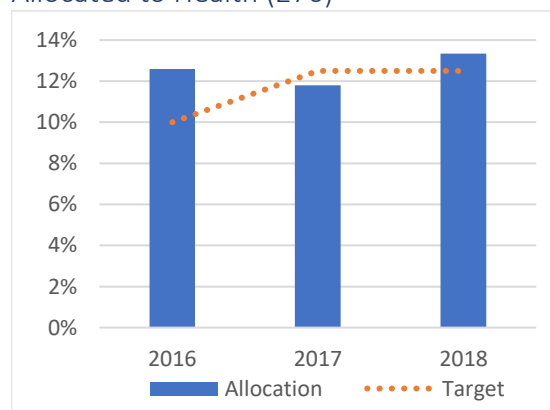
National performance indicators refer to the budget, health reform, health information system, public financial management and service outcomes and impact.

N 1.1 Recurrent health budget (276) allocation is at least 12.5% in 2018

Funding of SBD \$391.3m was allocated to health (276) in the 2018 Budget (revised), representing 13.5% of the national budget (SBD \$2,897.7m). This well exceeded the target of 12.5% required and met the PLF precondition (see Figure 3). This is an improvement on 2017 where funding was allocated to other sectors in the Supplementary Budget that resulted in a decline in the proportion of health funding from 12.9% to 11.8%. Australia agreed by exception, to make a partial PLF payment, on the commitment that SIG ensured the proportion allocated to Health (276) in 2018 is at least 12.5% of the combined original and supplementary budgets.

Performance Score: Met (Not Met in 2017, but a partial PLF payment was agreed by exception)

Figure 3: Proportion of National Budget Allocated to Health (276)



Source: MHMS Partner Coordination Unit (PCU) and SIG Budget

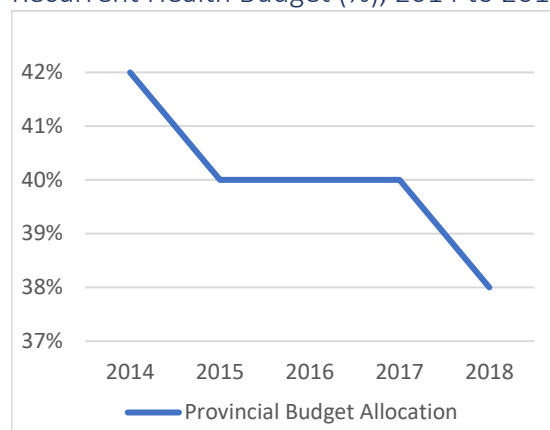
N 1.2 Proportion of the recurrent health budget allocated to the provinces is at least 37% in 2018

The proportion of the 2018 health budget (276) allocated to provinces was 38%. This allocation exceeds the target of 37%. But there has been a downwards trend in the provincial budget allocation since a high of 42% in 2014 (see Figure 4).

It is also worth noting there was a discrepancy between the proportion of allocated budget (38%) versus actual expenditure (only 36%) in 2018. The reasons for this have not been explored in this assessment as this indicator is predicated on budget allocation and not expenditure.

Performance Score: 100% (100% in 2017)

Figure 4: Provincial Allocation of the Recurrent Health Budget (%), 2014 to 2018



Source: Core Indicators Statistical Report 2018

N 2.1 MHMS Executive and Corporate Services Restructure is completed in 2018

This indicator comprises two sub-indicators, being: a) the Executive restructure is completed by end 2018 (50% of score); and b) the Corporate Services restructure is completed by end 2018 (50% of score). The indicator was split to allow each aspect of the restructure to be assessed independently and measure partial performance should it not be fully completed by the end of 2018. Each of the sub-indicators has four measures to determine if it is 'completed' – being that: positions are mapped and costed; the proposal is submitted to MPS for approval; existing staff transferred or promoted to fill vacancies; and remaining gaps identified for future recruitment.

The Executive restructure was assessed on these measures to be 70% partially completed and Corporate Services restructure to be 56% partially completed. The Corporate and Executive Services restructures were delayed slightly due to issues related to the PS role transitioning through the latter months of 2018. The current PS has expressed ongoing commitment to the MHMS restructure, and a number of actions have since progressed (in first quarter of 2019 outside of the assessment period of this report).

Performance Score: 63% partially completed (0% in 2017)

N 2.2 National Role Delineation Policy (RDP) is implemented as planned in 2018

The Role Delineation Policy (RDP) outlines the human resources required to meet current and emerging health sector challenges and improve access to quality primary health care services across the Solomon Islands. The RDP is a key step in progressing the Solomon Islands towards universal health coverage and is aligned with the NHSP. It has remained an important indicator of progress in reforming the MHMS to meet current and future workforce needs.

Implementation progress was measured in 3 parts:

- 1) Full implementation of the RDP at Tingoa AHC
- 2) RDP Staffing structure completed for Tangarare, Avuavu, Aola and Wagina AHCs
- 3) Doctors deployed to 4 AHCs

Tingoa AHC is currently providing a basic set of health services. Implementation of the RDP at Tingoa was delayed due to complications with the equipment and fit-out of the facility, which is planned to improve in 2019. Staffing has proven an issue as well. A doctor was deployed to Tingoa in 2018 but has since

resigned and a new doctor is now being identified. A dentist position is also flagged for deployment in 2019.

The RDP staffing structure was completed for the four AHCs planned (Tangarare, Avuavu Aola and Wagina). However, only 3 doctors were deployed in 2018 of the 4 planned. RDP implementation continues to progress, and 5 new doctors are intended to be deployed to AHCs in 2019. Deployment of doctors requires operating facilities and housing to be in place.

Performance Score: 80% (90% in 2017 – but using a different RDP performance measure)

Recommendation for 2019: RDP implementation in 2019 should be measured against a) Full implementation of RDP at Tingoa (up to 50% if fully implemented) and b) Deployment of doctors to 5 AHCs – Marau, Malu'u, Atoifi, Afio and Namunga (10% for each achieved).

N 3.1 MHMS has implemented an asset register in each Division

This indicator was developed to replace a redundant indicator from 2017 focused on the PFM Roadmap. Asset registers was selected as a quantifiable indicator for governance and accountability at MHMS that had planned targets for 2018 (because indicators are agreed after the year they are assessing has commenced). However, progress in establishing/updating the asset registers in each division was slower than anticipated. Only 3 divisions of 24 provided a complete asset register in 2018. The asset registers provided were checked for quality by the finance team at MHMS by comparing the assets listed against the central procurement database at the Ministry of Finance.

Performance Score: 12.5% (65% in 2017 for performance against AOPs including PFM Roadmap activities)

Recommendation for 2019: Continue to measure the implementation of asset registers in each of the MHMS Divisions, recognising their important role in governance and accountability of the Ministry.

N 3.2 Functioning Executive and governance committee meetings in 2018

The number of meetings conducted this year has improved since 2017 (up 20%). This improvement is the result of the Planning and Finance Committee meeting every month in 2018 (doubling since 2017). The Risk and Audit Committee results did not change in 2018. The Manager Internal Audit at MHMS advised that the availability of key members of the Audit and Risk Committee resulted in 3 meetings being unable to take place (half those planned in 2018). The number of meetings for each committee in 2018 is provided in Table 6.

Table 6: Meetings of the Executive and Select Committees, 2018

Meeting	Planned	Conducted
Senior Executive	10	11
Planning and Finance Committee	10	12
Risk and Audit Committee	6	3

Source: MHMS Finance Section

Performance Score: 83% (63% in 2017)

N 3.3 Proportion of vacant MHMS counterpart positions where MHMS recruitment processes are completed within 8 weeks of a position becoming vacant

A 'counterpart' is a MHMS staff position that is directly supported by a HSSP technical advisor for the purpose of this performance assessment. Counterpart vacancies should be minimised to ensure technical partner support is effective. A set of circumstances created 4 counterpart vacancies in 2013. One of these roles – the Human Resource Manager – was filled in 2017. Of the three remaining 'legacy vacancies', one – the Infrastructure Manager – was filled and no new vacancies arose in 2018 (providing a score of 33%).

There is some optimism that recruitment processes for the remaining two vacancies – Procurement Manager and Financial Controller – will continue to progress in early 2019 and these vacancies will also be resolved. Some SWAp Partners have suggested that this indicator should be expanded to measure critical leadership vacancies across MHMS (Executive, Program leads, Provincial Directors).

Performance Score: 33% (0% in 2017).

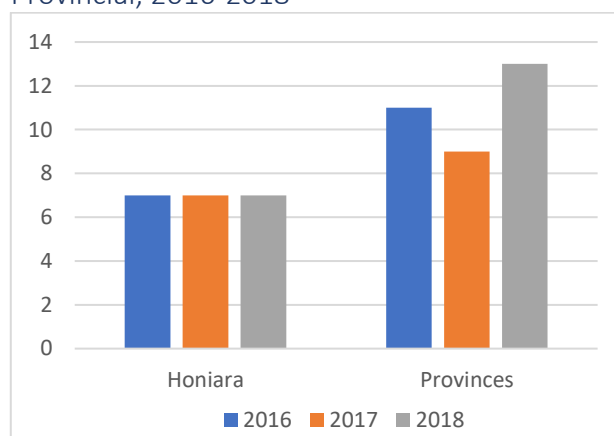
Recommendation for 2019: Continue to measure counterpart vacancies in 2019 so that progress in filling the remaining 2 vacancies can be measured and achieved.

N 4.1 Proportion of maternal deaths reviewed using MDSR in 2018

The number of maternal deaths in 2018 increased by 25% (up from 16 to 20). The majority of these deaths occurred in the provinces, with only 7 occurring at the NRH (see Figure 3). Maternal Death Surveillance Reporting (MDSR) was implemented at the NRH in 2017 to audit the causes of maternal deaths. Training was intended to be provided to provinces progressively through 2018 and beyond. Unfortunately, no training was conducted with provinces. As a result, no MDSR audits were undertaken outside of the NRH and 55% of maternal deaths were not audited in 2018.

Performance Score: 31% (100% in 2017 – but on a different performance measure)

Figure 5: Number of Maternal Deaths NRH and Provincial, 2016-2018



Source: Core Indicators Statistical Report 2018

Recommendation for 2019: The proportion of maternal deaths audited using MDSR should be the focus of performance in 2019.

N 4.2 Hospital HIS reporting is expanded to include Gizo and Kilu'ufi Hospitals

MHMS planned to extend monthly Hospital HIS Reporting to the Gizo and Kilu-ufi Hospitals in the last two quarters of 2018. This was enabled because both sites were connected to the SIG Connect Network by the ICTSU in 2017. As a result, the hospitals achieved electronic completion of HIS reporting. Kilu-ufi Hospital began submitting HIS reporting as scheduled from July and 6 of the monthly HIS reports were submitted in 2018. There were some initial issues with the system for Gizo that prevented reporting until September 2018, so reports were only submitted for the last 4 months of 2018.

Performance Result: 83% (50% in 2017 – using a different performance measure)

Recommendation for 2019: Hospital HIS reporting is now routine in Gizo and Kilu-ufi Hospitals. Indicator N 4.2 should be updated with the next phase of planning for Hospital HIS reporting in 2019.

N 5.1 Enhanced NCD Clinics operating in 16 health facilities in Guadalcanal, Honiara, Choiseul and Renbel Provinces in 2018

In 2018, MHMS committed to implementing enhanced NCD clinics at 16 locations (listed in Table 7). NCDs are a focus of the NHSP (Outcome Area 4) through health promotion, legislative review and

reducing preventable causes of blindness. Enhanced NCD clinics are those implementing Solomon Islands Package of Essential Noncommunicable Disease Interventions (PEN),

which is based on WHO's PEN. MHMS has performed well, achieving the 2018 target in 11 of 16 locations.

Performance Score: 69% (100% in 2017 – using a different performance measure)

Table 7: Number of Enhanced NCD Clinics Operating in Selected Locations, 2018

Location	Target	Result
NRH Diabetes Clinic	Enhanced NCD Clinic Operating	✓
Good Samaritan		✓
Kukum Urban Clinic		✓
Mataniko Urban Clinic		✗
Rove Urban Clinic		✗
Marau Health Centre		✗
Visale Health Centre		✗
Renbel Facilities	2	1
Choiseul Facilities	7	7

Source: MHMS Policy and Planning

Recommendation for 2019: The target measuring the rollout of enhanced NCD clinics in 2019 should be updated to reflect planning.

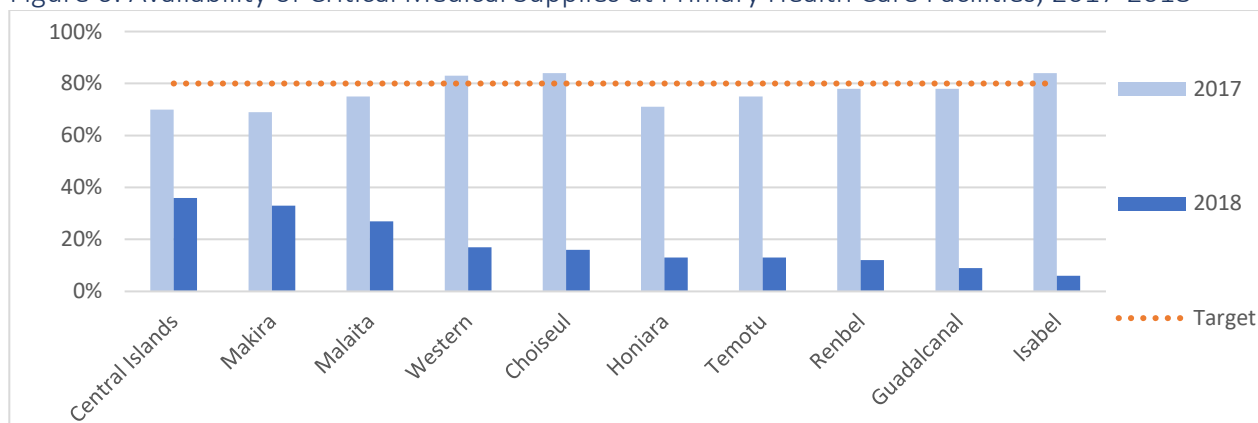
N 5.2 Proportion of primary health care facilities that have access to essential medicines

Medical supplies data and results was so significantly different from past years that it appeared there was an issue with data quality or completeness. There was a change in the method for calculating the availability of medical supplies at primary health care centres between 2017 and 2018, however the low levels primarily reflect a significant shortage of medical supplies that affected the Solomon Islands in 2018.

The DHIS data showed that every province had less than one third of the essential medical supplies they required in 2018, in fact the majority of provinces fell below the national average of 20% availability of essential medicines (see Figure 4). These results reinforce the need for significant improvement in the availability of medical supplies at the service delivery frontline if health improvements are to be achieved in the Solomon Islands.

Performance Score: 18% (41% in 2017 using a different performance measure)

Figure 6: Availability of Critical Medical Supplies at Primary Health Care Facilities, 2017-2018



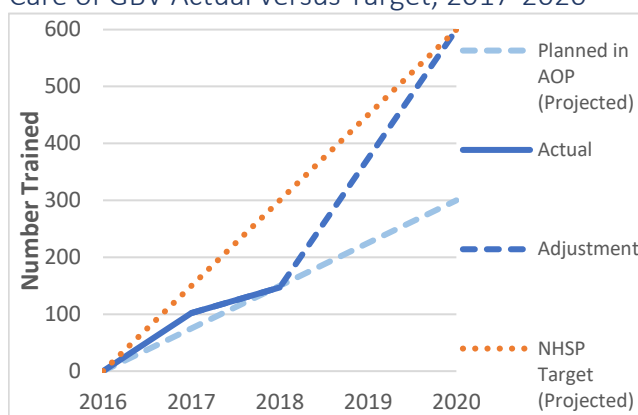
Source: Core Indicators Statistical Report 2018

N 5.3 Health care providers are trained in the care of GBV clients in 2018

Training of healthcare workers in the care of GBV clients continued in 2018 with 45 staff trained. However, this number was significantly less than would be required to meet the programs long terms target of 600 staff trained by 2020 (see Figure 7). Instead, the number aligns with the program's AOP projections. The target was revised in 2017 because the AOP projections were always insufficient to achieve the long-term objective. As such, the program is only on track to have trained around 300 staff by 2020 without a significant increase in 2019 and 2020.

Performance Score: 30% (100% in 2017)

Figure 7: Health Care Providers Trained in the Care of GBV Actual versus Target, 2017-2020



Source: WHO (adjusted with 2019 data)

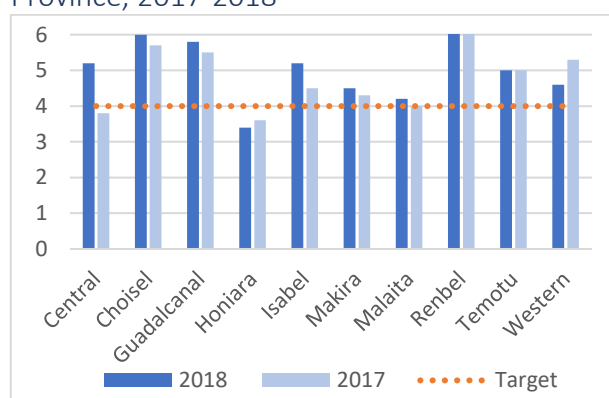
Recommendation for 2019: The target for training of healthcare workers in the care of GBV clients be revised to 226 in 2019 and 227 in 2020 in order to meet the programs overall target of 600 by 2020.

N 5.4 Proportion of provinces where average number of ANC visits (per expectant mother) is at least 4

Antenatal care (ANC) is important in reducing maternal and neonatal mortality. Best practice is at least four ANC visits per expectant mother during their pregnancy (ANC4+). ANC4+ is also a proxy indicator for access to health services, particularly for women. 9 out of 10 provinces achieved this target in 2018 (see Figure 5). The NRH is a major birthing centre for the country and also handles complex births, but those patients generally receive their ANC in their home province. This skews the result lower for Honiara/NRH. As such, it is likely that Honiara also met the ANC target in real terms.

Performance Score: 90% (20% in 2017 but for different indicator – outpatient consultations)

Figure 8: ANC Visits (per expectant mother) by Province, 2017-2018



Source: Core Indicators Statistical Report 2018

2.3 Provincial Performance

Provincial performance indicators measure performance at three levels. At input/process level the indicators relate to planning and monitoring activities, at output level they concern outreach services, and at outcome/impact level they assess reproductive and child health.

P 1. Timely submission of AOPs and budgets

It is a pre-condition for payment of Performance Linked Aid that all provinces have submitted their draft AOPs for the following year by 30 September 2018. All provinces had submitted their final

version AOPs before 30 September 2018 (see Table 8), though some provinces were finalised on the last day of the deadline. Central Islands, Choiseul, Guadalcanal, Honiara and Temotu Provinces were

all approved on first draft submitted to the MHMS Finance Unit.

Performance Score: Met

Table 8: Submission Provincial AOPs, 2018

Province	Submission Date	Timely Submission
Central Islands	30/09/2018	✓
Choiseul	17/09/2018	✓

Guadalcanal	20/09/2018	✓
Honiara	28/09/2018	✓
Isabel	30/09/2018	✓
Makira	30/09/2018	✓
Malaita	28/09/2018	✓
Renbel	30/09/2018	✓
Temotu	29/09/2018	✓
Western	24/09/2018	✓
Submission of AOPs by 30 September 2018		10/10

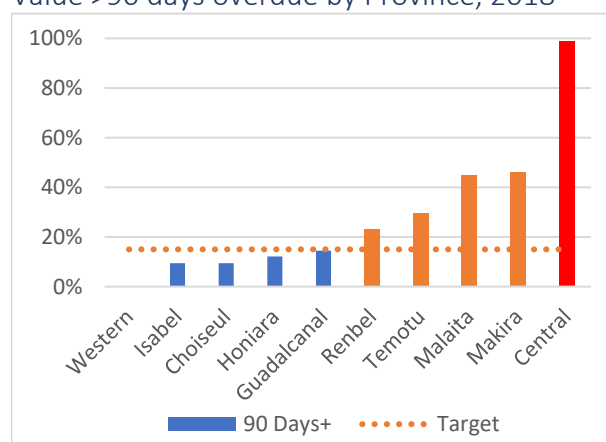
Source: MHMS Finance Records on 24 April 2018

P 2.1 Proportion of imprests that are more than 90 days overdue at end of year

The value of outstanding provincial imprests at the end of 2018 was SBD \$2,978,000, representing an increase since 2017 of \$814,000 or 38%. But this indicator is scored on the percentage of provinces where imprests outstanding for more than 90 days are less than 15% of the total value of outstanding imprests. Only half of provinces achieved this measure in 2018 (5 of 10 provinces) (see Figure9).

Central Islands province was the only province that didn't meet this indicator in both 2017 and 2018. 99% of the value of Central Islands Province's outstanding imprests (or SBD \$666,000) has been outstanding for more than 90 days, more than double that of other provinces.

Figure 9: Proportion of Outstanding Imprest Value >90 days overdue by Province, 2018



Source: MHMS Finance Records

Performance against this measure is lower than 2017 (7 of 10 in 2017), but it is important to note that the measure for this indicator changed in 2018. Performance in 2017 was measured proportionally on imprest value that was outstanding for more than 90 days over 15% (allowing for partial performance against the target). 2018 measured performance in absolute terms where provinces could only meet this indicator if the value of imprests outstanding for more than 90 days was less than 15%. Provinces also met the indicator if the value of invoices outstanding was less than 5% of the total imprest value in 2017 and 2018.

Performance Score: 50% (77% in 2017).

2.2 Timely completion of provincial financial, operational planning and health information reporting

Reporting rates have improved significantly in 2018. Western, Renbel and Malaita were the only provinces not to submit all their reports on time (see Table 9). Otherwise, the remainder of provinces performed well in 2018 (see Figure 10).

Western Province submitted a quarter of their financial reports, bank reconciliations or AOP reports late in 2018. A third of Renbel's DHIS data was incomplete in 2018 (which may have affected their provincial data in the CIS).

Performance Score: 96% (67% in 2017).

Figure 10: Provincial Scores for Reporting Timeliness and Completeness, 2018

Sources: MHMS Finance Records; CIS

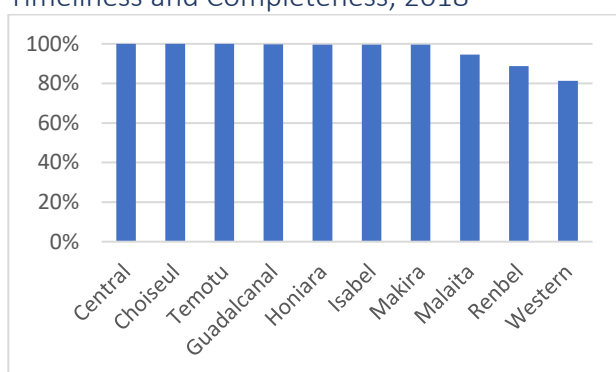


Table 9: Proportion of Provincial Reports Submitted by Type, 2018

Province	Financial Reports (quarterly)	Bank Reconciliation (monthly)	Progress reports against AOPs (quarterly)	DHIS reporting (monthly)	Average Score
Central	100%	100%	100%	100%	100%
Choiseul	100%	100%	100%	100%	100%
Guadalcanal	100%	100%	100%	99%	100%
Honiara	100%	100%	100%	98%	100%
Isabel	100%	100%	100%	98%	100%
Makira	100%	100%	100%	98%	100%
Malaita	100%	83%	100%	95%	95%
Renbel	100%	92%	100%	63%	89%
Temotu	100%	100%	100%	100%	100%
Western	75%	75%	75%	100%	81%
Consolidated Average Score:					96%

Sources: MHMS Finance Records; CIS

P 3. Outreach activities increase year on year

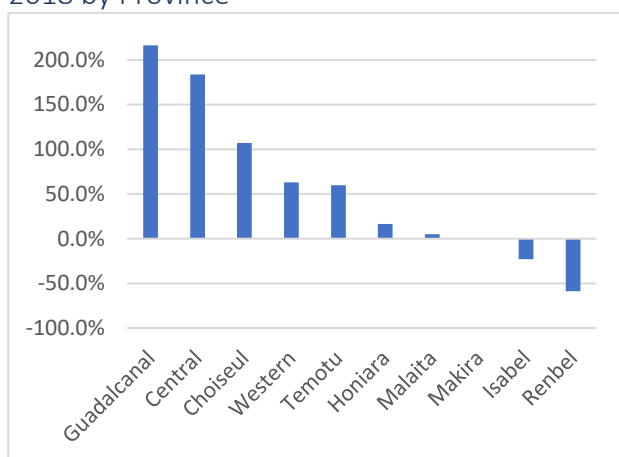
Overall, the number of provinces able to increase their outreach activities has declined since 2017, but results in each category were similar year on year. The number of provinces that were able to increase vaccination visits and visits to schools marginally declined in 2018. However, the provision of satellite clinics by provinces remained strong with 7 out of 10 provinces able to increase the number provided in 2018.

Visits to schools dropped significantly in Honiara (49% decrease) and Central (15% decrease) since 2017. By contrast, the number of satellite clinics provided in Central, Choiseul and Guadalcanal Provinces doubled or even tripled since 2017, with modest increases in most other provinces (see Figure 11). Vaccination visits performed poorly in both 2017 and 2018, but Choiseul Provinces achieved a notable 2/3rd's increase on their 2017 result (see Figure 12).

Temotu proved that *"slow and steady wins the race"* with modest and consistent increases across all outreach activities measured – the only province to do so in 2018. Isabel and Renbel were the lowest performing provinces, both scoring 0% for outreach activities. In Renbel and Isabel school visits dropped by 80% and 58%, and satellite clinics by 59% and 23%, respectively.

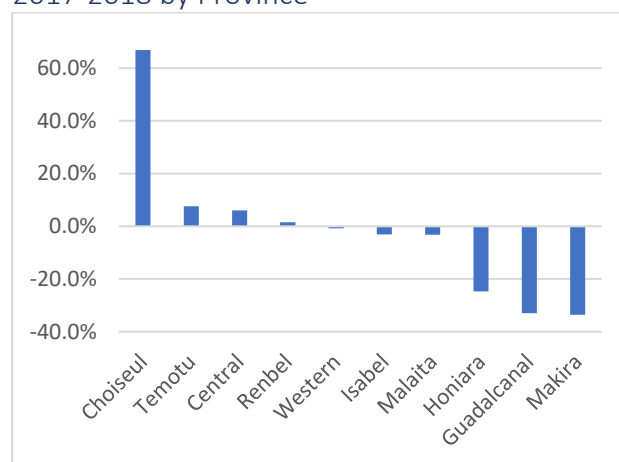
Performance Score: 47% (53% in 2017).

Figure 11: Satellite Clinics Change (%) 2017-2018 by Province



Source: DHIS 2019

Figure 12: Vaccination Visits Change (%) 2017-2018 by Province



Source: DHIS 2019

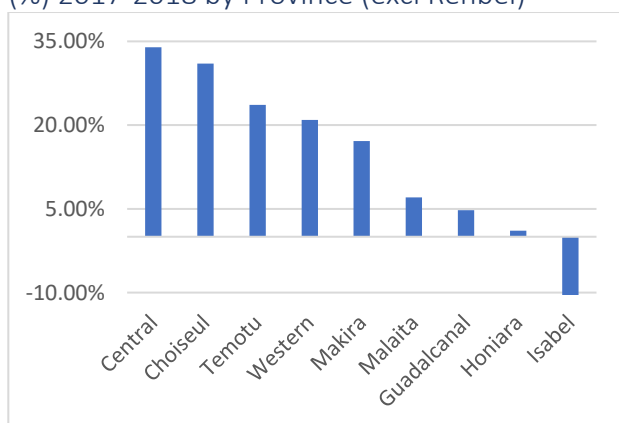
- P 4.1 Child Immunisation coverage at least 90%**
- P 4.2 Contraceptive contacts increase year on year**
- P 4.3 All births are attended by a Skilled Birth Attendant**

Provincial health services provision has improved slightly since last year. Central, Honiara and Renbel all achieved increases of between 12% and 38% in their child immunisation coverage (noting that Renbel had a very modest increase in real terms due to population size). Contraceptive contacts increased in the majority of provinces in 2018, and improvement on last year. Choiseul, Makira, Temotu and Western were the only provinces to improve their contraceptive contact rates more than 5% in both 2017 and 2018. These same provinces improved significantly in 2018 with increases of between 17-30%.

Skilled birth attendance scores remained the same between 2017 and 2018 (using the same methodology – counting any province that maintained a skilled birth attendance rate above 90 or increased by 5%). However, those provinces that did achieve a score for this measure only did so by maintaining their skilled birth attendance rate at 90% or above. No provinces achieved a 5% or higher increase in their skilled birth attendance rate since 2017. The starkest result was from Renbel where, according to the DHIS, none of the 11 births in the province were attended by a skilled birth attendant in 2018.

Performance Score: 57% (50% in 2017 – but indicators slightly different).

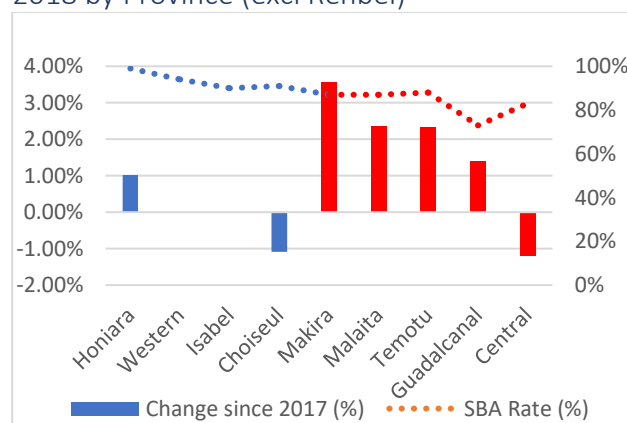
Figure 13: Contraceptive Contacts Change (%) 2017-2018 by Province (excl Renbel)



Source: Core Indicators Statistical Report 2018

Note: Renbel results are not graphed due to the significant differences in data related to small population size

Figure 14: Skilled Birthing Change (%) 2017-2018 by Province (excl Renbel)



Source: Core Indicators Statistical Report 2018

3. Future Performance Assessment

The performance measures for 2018 were designed with a view to longevity. Indicators were intended to be adjusted and adapted as required each year to measure the implementation of programs over time, measure changes in key health data or link to the targets of the NHSP. As such, the recommendations focus on the adaptation of next year's indicators and the adjustments required to measure performance against planned implementation in 2019.

Table 10: Summary of Recommendations

Indicator	Recommendation for 2019
N 2.2	RDP implementation in 2019 should be measured against a) Full implementation of RDP at Tingoa (up to 50% if fully implemented) and b) Deployment of doctors to 5 AHCs – Marau, Malu'u, Atoifi, Afio and Namunga (10% for each achieved).
N 3.1	Continue to measure the implementation of asset registers in each of the MHMS Divisions, recognising their important role in governance and accountability of the Ministry.
N 3.3	Continue to measure counterpart vacancies in 2019 so that progress in filling the remaining 2 vacancies can be measured and achieved.
N 4.1	The proportion of maternal deaths audited using MDSR should be the focus of performance in 2019.
N 4.2	Hospital HIS reporting is now routine in Gizo and Kilu-ufi Hospitals. Indicator N 4.2 should be updated with the next phase of planning for Hospital HIS reporting in 2019.
N 5.1	The target measuring the rollout of enhanced NCD clinics in 2019 should be updated to reflect planning.
N 5.3	The target for training of healthcare workers in the care of GBV clients be revised to 226 in 2019 and 227 in 2020 in order to meet the programs overall target of 600 by 2020.

Annex 1: Reference Documents and Data Sources

Solomon Islands Budget Statement 2018
MHMS Restructure Plan
Consolidated Provincial 2018 Financial Report
Core Indicators Statistics Report 2018
DHIS2
MHMS Financial Records
Development Partner Records
Program Reporting and Records

Annex 2: Key Contact Persons

Mrs Pauline Boseto McNeil, Permanent Secretary, MHMS
Dr Greg Jilini, Undersecretary Health Care, MHMS
Dr Nemia Bainivalu, Undersecretary Health Improvement, MHMS
Mr Michael Larui, Director of Nursing, MHMS
Mr Ivan Ghemu, Director Policy and Planning, MHMS
Mr Francis Otto, Manager Internal Audit, MHMS
Mr George Pego, Human Resources Manager, MHMS
Mrs Louisa Fakaia, Manager – Partnership and Coordination Unit, MHMS
Ms Delilah Lowe, Chief Planning Officer and Gender Focal Point, MHMS
Ms Baakai Kamoriki, Chief Medical Statistician, MHMS
Mrs Esther Tekulu, Budgeting and Reporting Accountant, MHMS
Mrs Yvonne Lipi, Chief Accountant Provinces, MHMS
Ms Fiona Mulhearn, DFAT First Secretary Health
Dr Sevil Huseynova, World Health Organization Representative
Mr Tony Foulkes, World Health Organization
Mr Manuel Loistl, World Health Organization
Mr Bill Parr, World Health Organization
Mr Roger Butterick, Team Leader & Senior Advisor HSSP3
Mr John Fotheringham, Human Resources Technical Advisor HSSP3
Ms Vivian Yu, PFM Specialist Advisor HSSP3

Annex 3: Final Agreed 2019 Performance-Linked Payment Indicators

DEVELOPMENT PARTNERS		
Performance Indicator	Description/Remarks	Means of verification
DP1.1 Percentage of SWAp (+Global Fund + Gavi) development partners (DPs) that respond to Partnership Coordination Unit (PCU) requests for information in the required format, within the required deadline Target: 100%	PCU will monitor response to the following requests for information: <ul style="list-style-type: none"> a) Planned DP contributions for the following budget year for on-system DP recurrent budget (376) and off-system non-appropriated development budget (476NA) allocations – once per year during budget cycle; b) Quarterly actual 476NA expenditure to date (and revised budget if required) – 4 times per year; c) Quarterly updates of Technical Assistance Inventory – 4 times per year. d) For contribution to the MHMS annual report (ideally this would be done as part of each division's reporting rather than as a stand-alone DP report) 	Reporting from PCU
DP1.2 Percentage of on-system DP recurrent budget (376) and off-system non-appropriated development budget (476 NA) planned contributions [from 1.1(a)] that is included in one of the MHMS National or Provincial Division Annual Operational Plan and Budget (AOP&B) Target: 100%	Ensuring that planned contributions are incorporated into the appropriate AOP&B, and allocated against specific costed activities, will assist MHMS to implement the available DP resources \$\$ on plan = \$\$ on budget = \$\$ on system [376 budget] + \$\$ off system [476NAbudget]	Analysis of DP budget submission and MHMS AOP&B template completed by PCU

DEVELOPMENT PARTNERS		
Performance Indicator	Description/Remarks	Means of verification
DP1.3 Percentage of funds appropriated in the on-system DP recurrent revised budget (376) actually disbursed from the DP to the MHMS by end of October at the latest. Target: 100%	Monitoring actual DP funding disbursed against the proposed 376 budget contribution [from 1.1(a)] on a quarterly basis will enable early identification of any blockages to disbursement (and therefore activity implementation). This will also allow more effective monitoring of expenditure against actual funds received by MHMS, rather than against indicative contributions provided during the budget cycle by DPs	Finance Unit – quarterly monitoring reports, including narrative description to identify the reason for any delays in disbursement
DP1.4 All DPs that contribute to the on-system DP recurrent budget (376) to prepare simple, clear Standard Operating Procedures (SOPs) for funds disbursement requirements for MHMS to access funding Target: 100% of DPs who contribute funding to the 376 budget prepare an SOP by 31 December 2019	Funds disbursement from DPs is sometimes delayed due to the appropriate form/documentation not being prepared in a timely manner. A simple SOP to outline required forms, supporting documentation, approvals and timelines for: <ul style="list-style-type: none"> a) drawing down funding from the DP; and b) periodic reporting/liquidation of funding 	DPs submit SOPs to PCU for distribution to relevant MHMS stakeholders

NATIONAL						
Performance Indicator		Performance Measure	Description/ Remarks	Target	Means of verification	PLF Allocation
N 1.1 Recurrent health budget (276) allocation is at least 12.5% in 2019	Budget	Percentage of National Revised Budget Estimate allocated to Health (276) in 2019	If the 12.5% is not met no PLF will be payable in 2019	12.5%	2019 Budget Outcome Report (MoFT) – Summary of Total Expenditure Table	Pre-condition for PLF support

NATIONAL						
Performance Indicator		Performance Measure	Description/ Remarks	Target	Means of verification	PLF Allocation
N 1.2 Proportion of the recurrent health budget allocated to the provinces is at least 37% in 2019		Percentage of Recurrent Health Budget (276) Allocated to Provinces in 2019	Core Indicator Report 2019	37%	2019 Budget Outcome Report (MoFT)	10% PLF on target achieved
N 2.1 MHMS Provincial Management structure for each province and the NRH management structure, are completed in 2019		a) Provincial Management structure for each province is completed by end 2019. (50% of score) b) NRH management structure is completed by end 2019 (50% of score)	a) Provincial Management structure includes management positions from Provincial Health Director down to Health Zone Manager level. b) NRH Management structure includes management positions from CEO down to Heads of Department, and Nurse Management level. Completed is: <ul style="list-style-type: none"> • Job Descriptions developed; • positions mapped and costed; • submitted to MPS for approval; 	100%	HRM, Job Descriptions, reports to the Senior Executive, correspondence to & from MPS	Up to 5% PLF on proportionally on target achieved

NATIONAL					
Performance Indicator	Performance Measure	Description/ Remarks	Target	Means of verification	PLF Allocation
		<ul style="list-style-type: none"> existing staff identified for transfer or promotion; and remaining gaps identified for future recruitment. 			
N 2.2 National Role Delineation Policy (RDP) is implemented as planned in 2019	a) Tigoa AHC fully operational and able to deliver the AHC L1 integrated package of services as per the RDP policy (30% of score) b) Doctors deployed to 4 additional AHC's (Malu'u - Malaita, Afio-Malaita, Namuga – Makira & Marau – GP) in 2019 (40% of score. 10% for each doctor deployed) c) Dedicated funding for RDP implementation is included in the 2020 budget planning process (30% of score)	a) Full implementation as defined by RDP Service delivery Packages. (RDP Implementation Support Team to conduct a facility assessment at Tigoa late in 2019 / in January 2020 to measure this) b) 4 x doctors in place at the nominated AHCs c) Specific funds budgeted for RDP implementation either in the 476 development budget and / or in the 276/376 budget for 2020.	100%	a) RDP Implementation Support Team facility assessment report for Tigoa AHC b) HRM c) 2020 MHMS Budget submission / 2020 appropriated Budget	Up to 5% PLF proportionally on target achieved

NATIONAL						
Performance Indicator		Performance Measure	Description/ Remarks	Target	Means of verification	PLF Allocation
N 3.1 MHMS has implemented an asset register in each Division	Governance	Percentage of MHMS Divisions that have an asset register in place by end of 2019	To meet this target for quality, the asset register must at least list all assets that were purchased through government systems in 2019	100%	Finance and Budget Unit	Up to 3% PLF proportionally on target achieved
N 3.2 Functioning Executive and governance committee meetings in 2019		Percentage of selected meetings conducted according to their ToR required frequency in 2019 (for each type of meeting, then averaged)	Performance measured on meetings of: a. Senior Executive b. Planning & Finance Committee c. Risk & Audit Committee	100%	Minutes of meetings List of participants	Up to 3% PLF proportionally on target achieved
N 3.3 Proportion of vacant MHMS counterpart positions where MHMS recruitment processes are completed within 8 weeks of a position becoming vacant		Percentage of vacant MHMS counterpart positions that have been advertised, interviewed for and recommendations sent to MPS within 8 weeks of position being vacated	A counterpart position is an MHMS role that is supported by at least one HSSP funded in-line advisor	100%	Counterpart Position Register (see HRM)	Up to 4% PLF proportionally on target achieved
N 4.1 Proportion of maternal deaths reviewed using MDSR in 2019	Health information Coverage	a) Percentage of all maternal deaths that were investigated using MDSR forms in 2019 (that is number of maternal deaths in	As training for MDSR increases in 2019, the ability for Provinces to investigate maternal deaths will also increase. Provinces that can't investigate should be supported by the National/NRH team	100%	Maternal Death Surveillance and Response Reports/FHC meeting minutes and follow up actions documented	Up to 4% PLF proportionally on target achieved

NATIONAL						
Performance Indicator		Performance Measure	Description/ Remarks	Target	Means of verification	PLF Allocation
N 4.2 MHMS National Health Information Committee is established and functioning and Mandatory Death Notification processes are followed.		<p>2019 that have detailed case notes submitted to the National Committee)</p> <p>b) Percentage of maternal deaths that the National Committee submits to the FHC for action (the number of maternal death case notes from 2018 – reviewed and submitted to action points at the FHC).</p>	<p>Requirement for National MDSR committee to review all investigation reports and make recommendations to the FHC</p> <p>Score is an average of the percentage for each measure</p>			
		<p>a) MHMS National HMIS Committee TOR finalised and the committee meets twice during the second half of 2019 (50% of score).</p> <p>b) Percentage of Deaths reported through the MHMS Death Notification process out of the</p>	<p>a) HMIS Committee TOR to be finalised and the committee to meet quarterly (i.e. twice in 2nd half of the year) as per the TOR.</p> <p>b) Death notification rate = Number of death notification forms submitted divided by the number of deaths reported in monthly DHIS Forms.</p>	<p>100%</p> <p>80%</p>	<p>a) Chief Medical Statistician & HMIS Committee Minutes</p> <p>b) Death Notification and HIS Reporting</p>	Up to 3% PLF proportionally on target achieved

NATIONAL						
Performance Indicator		Performance Measure	Description/ Remarks	Target	Means of verification	PLF Allocation
		total number of deaths reported through the DHIS2 2019 (50% of score).				
N 5.1 Scale-up of Solomon Islands Package of Essential Non-Communicable Disease Interventions (SolPEN) according to plan.	Service quality and coverage	Number of health facility sites that offer SolPEN.	<p>By the end of 2018, 29 health facility sites (e.g. NCD clinics, hospital outpatient clinics, primary health care clinics, inpatient units) offered SolPEN screening, assessment or treatment services.</p> <p>The 2019 goal is to increase the number of participating sites from 29 to 90, with at least one new site per province.</p> <p>Note - this measure does not reflect quality or depth of programming.</p>	90 sites	NCD Program Files	Up to 3% PLF proportionally on target achieved
N 5.2 Proportion of primary health care facilities that have access to essential medicines		Percentage of essential medicines in stock at primary health care facilities, averaged over all facilities	<p>Core Indicator Report 2019</p> <p>Having better linkages between DHIS and mSupply will support routine data collection of this information.</p>	80%	DHIS and M-Supply Mobile (for AHCs & Honiara UHCs)	Up to 4% PLF proportionally on target achieved

NATIONAL						
Performance Indicator		Performance Measure	Description/ Remarks	Target	Means of verification	PLF Allocation
N 5.3 Health care providers are trained in the care of GBV clients in 2019 N 5.4 Proportion of provinces where average number of ANC visits (per expectant mother) is at least 4		Percentage of health care providers trained in the care of GBV clients in 2019 against the annual quota (150 per year to 2020)		100% of annual quota (150 Health care providers trained in 2019)	GBV Coordinator training records	Up to 3% PLF proportionally on target achieved
		Percentage of provinces where the average number of ANC visits (per expectant mother) is at least 4 in 2019.	Core Indicator Report 2019	100%	DHIS	3% PLF on target achieved

PROVINCIAL						
Performance indicator		Performance Measure	Description/ remarks	Target	Means of verification	PLF Allocation
P 1. Timely submission of AOPs and budgets P 2.1 Proportion of Provinces that have submitted imprest retirements to MHMS for all imprests that are more than 90 days overdue per reporting requirements	Budget	All provinces have finalised draft AOPs and budgets by 30 September 2019	Where the budget ceiling is not finalised, then performance is measured on submission of draft AOP based on prior year ceilings.	100%	Financial Controller Records	Pre-condition for PLF support
	Finance & reporting	Percentage of provinces where imprests outstanding for more than 90 days are less than 15% of the total value of outstanding imprests	Each province that achieves the target will count towards proportional performance payment. Where the total value of outstanding imprests	100%	MHMS Consolidated Provincial 2019 Financial Report	Up to 8% PLF proportionally on target achieved

PROVINCIAL						
Performance indicator		Performance Measure	Description/ remarks	Target	Means of verification	PLF Allocation
			comprises less than 5% of the total value of the imprests issued for the year, the indicator is also met.			
P 2.2 Timely completion of provincial financial, operational planning and health information reporting		Percentage of selected reports submitted within 45 days of the end of the reporting period for that report in 2019	Performance measured on: a. Quarterly financial reports b. Monthly Bank Reconciliations c. Monthly Progress Reports against AOPs d. Monthly DHIS Reports	100%	DHIS; MHMS Consolidated Provincial 2019 Financial Report; MHMS Finance	Up to 18% PLF proportionally on target achieved
P 3. Outreach activities increase year on year	Outreach	Percentage of provinces that achieve at least a 5% increase in each of the selected outreach activities between 2018 and 2019	Performance measured on: a. visits to schools b. satellite clinics c. vaccinations visits	At least 5% increase from previous year for each outreach activity per province	DHIS	Up to 12% PLF proportionally on target achieved
P 4.1 Child Immunisation coverage at least 90%	Services	Percentage of provinces where the number of children aged 12-59 mths receiving the MCV1 increases by 5%; or is maintained at 90%+ between 2018 and 2019	NHSP target is 90% by 2020	90%+ coverage maintained or coverage increased by 5%+ for provinces with less than 90% coverage	DHIS	Up to 12% PLF proportionally on target achieved
P4.2 Contraceptive contacts increase year on year		Percentage of provinces where the total number of contraceptive contacts increases by at least 5% between 2018 and 2019	CIS reports on contraceptive contacts as a proxy indicator as family planning service data is not routinely collected	At least 5% increase in contraceptive contacts per 1000 population		

PROVINCIAL						
Performance indicator		Performance Measure	Description/ remarks	Target	Means of verification	PLF Allocation
P4.3 All births are attended by a Skilled Birth Attendant		Percentage of provinces where the number of births attended by a SBA increases by 5% when under 90%; or increases when already 90%+ between 2018 and 2019	Number of deliveries by Skilled Birth Attendant (SBA). NHSP target by 2020 is 100%, but a rate of 90%+ is considered performance against this indicator	100%		

Annex 4: 2018 Payment Linked Performance Indicators

DEVELOPMENT PARTNERS		
Performance Indicator	Description/Remarks	Means of verification
DP1.1 All development partner contributions are “on plan” in AOPs	100% of development partner contributions are on plan and included in AOPs	Development Partner funding on budget to be tracked through the SWAp secretariat. SIG Budget and LMEA update PCU template for planned DP contributions.
DP1.2 All development partner contributions are on are “on budget”	100% of development partner contributions are on budget - 376 or non-appropriated 476	
DP1.3 Development partners are “on system”	100% of appropriated development partner 376 contributions flow through MHMS Development Partners Account or other SIG account as agreed by SIG and Partner	
DP1.4 Funding inputs are announced at the SIG budget launch (July) and appropriated through the regular SIG budget process (appropriated in November)	All signatories to the Partnership have advised annual inputs prior to Planning DPCG	
DP2.1 DP disbursements are made on time and in accordance with commitments	All signatories to the partnership	SIG 376 Budget compare with the MoFT actual receipts (or deposits into the Donor Partner Account).
DP2.2 DP’s provide multi-year budget projections to assist Ministry’s long term planning activities.		Line Ministry Expenditure Analysis (LMEA) Development Partner Agreements, PCU records
DP 3.1 Program related technical cooperation supported by development partners that has been cleared by MHMS	Register of cleared technical cooperation maintained for any assignment greater than 3 months in duration. 476NA template being developed that may also assist with tracking.	Technical cooperation register
DP 3.2 Development partners regularly update TC inventory, including long and short term TA and volunteers		

NATIONAL						
Performance Indicator		Performance Measure	Description/ Remarks	Target	Means of verification	PLF Allocation
N 1.1 Recurrent health budget (276) allocation is at least 12.5% in 2018	Budget	Percentage of National Revised Budget Estimate allocated to Health (276) in 2018	If the 12.5% is not met no PLF will be payable in 2018	12.5%	2018 Budget Outcome Report (MoFT) – Summary of Total Expenditure Table	Pre-condition for PLF support
		Percentage of Recurrent Health Budget (276) Allocated to Provinces in 2018	Core Indicator Report 2018 Maintain provincial allocation year on year	37%	2018 Budget Outcome Report (MoFT)	10% PLF on target achieved
N 2.1 MHMS Executive and Corporate Services Restructure is completed in 2018	Health Reform	a) Executive Restructure completed by end 2018 (50% of score) b) Corporate Services Restructure completed by end 2018 (50% of score)	Completed is: <ul style="list-style-type: none"> • positions mapped and costed; • submitted to MPS for approval; • existing staff transferred or promoted; and • remaining gaps identified for future recruitment 	100%	HRM	Up to 5% PLF on proportionally on target achieved
		a) Full implementation of RDP at Tingoa AHC (20%) b) RDP Staffing structure completed for: Tangarare; Avuavu; Aola; and Wagina AHCs in line with RDP IP (10% for each)	Full implementation as defined by RDP IP. Staffing structure for AHCs must include posting/staffing plan.	100%	HRM	Up to 5% PLF proportionally on target achieved

NATIONAL						
Performance Indicator		Performance Measure	Description/ Remarks	Target	Means of verification	PLF Allocation
		c) Doctors deployed to 4 AHCs in 2018 (10% for each)				
N 3.1 MHMS has implemented an asset register in each Division	Governance	Percentage of MHMS Divisions that have an asset register in place by end of 2018	To meet this target for quality, the asset register must at least list all assets that were purchased through government systems in 2018	100%	Finance and Budget Unit	Up to 3% PLF proportionally on target achieved
N 3.2 Functioning Executive and governance committee meetings in 2018		Percentage of selected meetings conducted according to their ToR required frequency in 2018 (for each type of meeting, then averaged)	Performance measured on meetings of: d. Senior Executive e. Planning & Finance Committee f. Risk & Audit Committee	100%	Minutes of meetings List of participants	Up to 3% PLF proportionally on target achieved
N 3.3 Proportion of vacant MHMS counterpart positions where MHMS recruitment processes are completed within 8 weeks of a position becoming vacant		Percentage of vacant MHMS counterpart positions that have been advertised, interviewed for and recommendations sent to MPS within 8 weeks of position being vacated	A counterpart position is an MHMS role that is supported by at least one HSSP funded in-line advisor	100%	Counterpart Position Register (see HRM)	Up to 4% PLF proportionally on target achieved
N 4.1 Proportion of maternal deaths reviewed using MDSR in 2018	Health	a) Percentage of the 6 provinces where health staff received MDSR training in 2018 as planned; and	6 provinces where MDSR training is planned for 2018 are: Guadalcanal, Honiara, Central, Temotu, Renbel and Choiseul. All other provinces received MDSR training in 2017.	100%	Maternal Death Surveillance and Response Reports	Up to 4% PLF proportionally on target achieved

NATIONAL						
Performance Indicator		Performance Measure	Description/ Remarks	Target	Means of verification	PLF Allocation
		b) Percentage of all maternal deaths that were reviewed using MDSR in 2018	Score is an average of the percentage for each measure			
N 4.2 Hospital HIS reporting is expanded to include Gizo and Kilu’ufi Hospitals		Percentage of monthly hospital HIS reporting submitted to MHMS by Gizo and Kilu’ufi Hospitals in 3rd &4 th Quarter 2018	Hospitals to report monthly on discharges, bed occupancy and average length of stay	100%	HIS Reporting	Up to 3% PLF proportionally on target achieved
N 5.1 Enhanced NCD Clinics operating in 16 health facilities in Guadalcanal, Honiara, Choiseul and Renbel Provinces in 2018		Service quality and coverage NCD clinics established and implementing PEN service package in the following sites: NRH Diabetes Clinic, Good Samaritan Hospital, Kukum, Mataniko and Rove Urban Clinics, Marau and Visale Health Centres, plus 2 of 2 health facilities in Renbel and 7 of 26 health facilities in Choiseul (16 clinics in total at 6.25% each)	Enhanced clinics include integrated service delivery practices for NCD prevention, early detection and case management (WHO PEN) in all 16 health facilities – implementation measured by 75% of patients presenting at an NCD Clinic being screened with CVD risk assessment.	100%	NCD Program Reporting	Up to 3% PLF proportionally on target achieved
N 5.2 Proportion of primary health care facilities that have access to essential medicines			Percentage of essential medicines in stock at primary health care facilities, averaged over all facilities	Core Indicator Report 2018 Having better linkages between DHIS and mSupply will support routine data collection of this information.	80%	DHIS and M-Supply

NATIONAL						
Performance Indicator		Performance Measure	Description/ Remarks	Target	Means of verification	PLF Allocation
N 5.3 Health care providers are trained in the care of GBV clients in 2018		Percentage of health care providers trained in the care of GBV clients in 2018 against the annual quota (150 per year to 2020)	Annual quota is derived from the number of health care providers that should be trained in the care of GBV clients by 2020	100% of annual quota	GBV Coordinator training records	Up to 3% PLF proportionally on target achieved
N 5.4 Proportion of provinces where average number of ANC visits (per expectant mother) is at least 4		Percentage of provinces where the average number of ANC visits (per expectant mother) is at least 4 in 2018.	Core Indicator Report 2018	100%	DHIS	3% PLF on target achieved

PROVINCIAL						
Performance indicator		Performance Measure	Description/ remarks	Target	Means of verification	PLF Allocation
P 1. Timely submission of AOPs and budgets	Budget	All provinces have finalised AOPs and budgets by 30 September 2018	Where the budget ceiling is not finalised, then performance is measured on submission of draft AOP based on prior year ceilings.	100%	Financial Controller Records	Pre-condition for PLF support
P 2.1 Proportion of Provinces that have submitted imprest retirements to MHMS for all imprests that are more than 90 days overdue per reporting requirements	Finance &	Percentage of provinces where imprests outstanding for more than 90 days are less than 15% of the total value of outstanding imprests	Each province that achieves the target will count towards proportional performance payment. Where the total value outstanding imprests	100%	MHMS Consolidated Provincial 2018 Financial Report	Up to 8% PLF proportionally on target achieved

PROVINCIAL						
Performance indicator		Performance Measure	Description/ remarks	Target	Means of verification	PLF Allocation
			comprises less than 5% of the total value of the imprests issued for the year, the indicator is also met.			
P 2.2 Timely completion of provincial financial, operational planning and health information reporting		Percentage of selected reports submitted within 45 days of the end of the reporting period for that report in 2018	Performance measured on: e. Quarterly financial reports f. Monthly Bank Reconciliations g. Quarterly Progress Reports against AOPs h. Monthly DHIS Reports	100%	DHIS; MHMS Consolidated Provincial 2018 Financial Report; MHMS Finance	Up to 18% PLF proportionally on target achieved
P 3. Outreach activities increase year on year	Outreach	Percentage of provinces that achieve at least a 5% increase in each of the selected outreach activities between 2017 and 2018	Performance measured on: d. visits to schools e. satellite clinics f. vaccinations visits	At least 5% increase from previous year for each outreach activity per province	DHIS	Up to 12% PLF proportionally on target achieved
P 4.1 Child Immunisation coverage at least 90%	Services	Percentage of provinces where the number of children aged 12-59 mths receiving the MCV1 increases by 5%; or is maintained at 90%+ between 2017 and 2018	NHSP target is 90% by 2020	90%+ coverage maintained or coverage increased by 5%+ for provinces with less than 90% coverage	DHIS	Up to 12% PLF proportionally on target achieved

PROVINCIAL					
Performance indicator	Performance Measure	Description/ remarks	Target	Means of verification	PLF Allocation
P4.2 Contraceptive contacts increase year on year	Percentage of provinces where the total number of contraceptive contacts increases by at least 5% between 2017 and 2018	CIS reports on contraceptive contacts as a proxy indicator as family planning service data is not routinely collected	At least 5% increase in contraceptive contacts per 1000 population		
P4.3 All births are attended by a Skilled Birth Attendant	Percentage of provinces where the number of births attended by a SBA increases by 5% when under 90%; or increases when already 90%+ between 2017 and 2018 ¹	Number of deliveries by Skilled Birth Attendant (SBA). NHSP target by 2020 is 100%, but a rate of 90%+ is considered performance against this indicator	100%		

¹ In 2017, this indicator required a 5% increase on previous year for all provinces, but this was difficult to achieve for provinces already with coverage of 90%+

Annex 5: Clauses 9.1-9.11 of the Direct Funding Agreement

9. Performance Linked Funding (Performance Component)

- 9.1 Performance Component payments will be triggered by an Independent Performance Assessment of mutually decided Performance Targets.
- 9.2 Performance Targets will be jointly determined by the Participants and tabled at the Joint Annual Performance Review (JAPR). Participants will determine in advance targets related to emergency responsiveness which can be used to replace annual targets in the event of a designated emergency.
- 9.3 A draft Indicative Schedule of Performance Targets is provided in Annex 2, Table 3. The final Schedule of Performance Targets will be developed following completion of the NHSP monitoring and evaluation framework (expected by the end of 2016). The Final Schedule of Performance Targets will reflect indicators in the monitoring and evaluation framework. Participants will jointly reassess and amend the Schedule prior to the JAPR and any amendments will form an integral part of this Arrangement. In this regard, a formal amendment to this Arrangement will not be necessary.
- 9.4 Independent Performance Assessment results will be a standing agenda item at the JAPR.
- 9.5 The performance cycle will start at the JAPR where draft Performance Targets are tabled and end at the following year's JAPR where the results of the Independent Performance Assessment are reported. The period of measurement for each Performance Target will be jointly determined by Participants.
- 9.6 Performance Component funds will be paid into the CBSI Health SWAp Deposit Account as a lump sum payment after the Independent Performance Assessment is tabled.
- 9.7 Unless otherwise mutually decided by the Participants, Performance Component funds will be appropriated in the SIG Budget for the fiscal year through SIG's regular budget process and reflected in the relevant Costed Annual Operational Plans.
- 9.8 Fifty (50) per cent of the Performance Component funds will be allocated to the provinces. The remaining fifty 50 per cent of the Performance Component funds will be earmarked for other Core component activities and be subject to SIG's budget allocation process. All Performance Component funds are to be reflected in the relevant costed Annual Operational Plans.
- 9.9 The Independent Performance Assessment will determine the Performance Component after balancing both quantitative and qualitative indicators of performance. Unless otherwise mutually decided between the Participants, the default amount will equal the weight of the group of Performance Targets which have been achieved multiplied by the total Performance Component (the total available for potential award is an indicative A\$10.7 million over four years). Each indicator within a group will have equal weight unless otherwise determined between the Participants. The Independent Performance Assessment qualitative assessment will moderate the final Performance Component payment outcome.
- 9.10 In the event that only some of the Performance Targets are achieved in a group, or a Key Performance Target is only partly achieved, a pro rata performance payment will be paid for that group of Performance Targets. The assessment will factor in other qualitative indicators related to performance, for example, Ministry effort, any acts of God (such as natural disasters and disease outbreaks) or other extraneous, mitigating circumstances related to achieving the Performance Targets.
- 9.11 The selection of an Independent Performance Assessment team and the terms of reference will be mutually decided by the Participants. Other Development Partners in the health SWAp will be invited to participate in the assessment, including the development of the terms of reference. If SIG is unsatisfied with the results of the Independent Performance Assessment, it will inform GoA in writing and in that event GoA will make a final determination. The Independent Performance Assessment will be funded from Program Management Costs

Annex 6: Terms of Reference – Independent Performance Assessment of HSSP 2018 Performance Indicators

Objective

The Solomon Islands Resource Facility (SIRF) will recruit and manage the work of a specialist consultant.

The consultant will be engaged to support the MHMS assess its own, and SWAp partners' performance, including preparing a report, delivering presentations and assisting MHMS with finalising the 2019 performance indicators.

The consultant will be engaged to:

- help the Ministry assess and report on its progress against the jointly agreed performance indicators (as set at Attachment A), using the HSSP Independent Performance Assessment reporting template. The report will highlight progress in 2018 on institutional reforms and service delivery results and progress against operational plans and strategies in the NHSP;
- make recommendations on performance payment for 2018;
- help the Ministry assess the performance of SWAp partners against the Development Partner performance indicators (as set out at Attachment A) and provide a briefing to the Ministry on key findings to assist them at JAPR deliberations; and
- prepare a draft set of jointly agreed performance indicators for 2019-2020 (consisting of indicators from the MHSP MEF for 2019-2020 and indicators of priority policy reforms for 2019), based on report recommendations, and in close cooperation with MHMS.

Scope (dates to be confirmed with MHMS)

The scope of the appraisal is set out in clauses 9.1-9.11 of the Direct Funding Agreement (Attachment B).

The independent assessment and associated narrative report will be based on evidence collated and reported in the draft HSSP reporting template, to be completed by MHMS, under the direction of the Policy and Planning Division.

The independent assessment and associated narrative report will be based on a draft reporting template, to be completed by MHMS, under the direction of the Policy and Planning Division.

The consultant will travel to Honiara by 23 April 2019 and present the first draft of their report to MHMS and GoA by 2 May 2019. The findings will be presented at the JAPR on 6 May 2019.

The consultant will be responsible for performance outcomes listed below.

1. Preparation and document review, *(5 days)* including liaising with relevant MHMS stakeholders on completion of draft reporting template.

2. Travel in country for up to 13 days to work with the MHMS Executive to review MHMS sector performance against jointly agreed performance indicators for 2018 (Attachment A) as well as development partner performance. *(up to 13 days in country and 4 days travel)*

2a. Prepare a brief report for MHMS and DFAT on 2018 performance including:

- i. recommendation on the performance payment for 2018 to be paid immediately after the JAPR;
- ii. performance of SWAp partners against the development partner indicators in the 2018 indicator matrix (Attachment A) and the Partnership Arrangement between Solomon Islands Government and

Development Partners in the Health Sector-Wide Approach 2016-2020, and areas for improvement; and

iii. prepare a draft set of achievable set of milestones for 2019, in alignment with NHSP.

2b. Liaise and work in close cooperation with MHMS to assess performance and discuss the main findings and recommendations with SIG and partners as required and in advance of the JAPR.

2c. Prepare and deliver a 5-10 minute presentation for the MHMS executive prior to the JAPR.

2d. Prepare and deliver a 5-10 minute presentation of findings at the JAPR:

i. tabling of the report of progress against the performance matrix;

outlining areas of strengths and weaknesses and areas of opportunity for improvement for MHMS and partners;

iii. outlining 2018 performance payment recommendation;

iv. outlining of recommended key performance milestones for 2019; and

v. recommending how the process can be continually improved including tracking tools for MHMS Executive/donors quarterly meetings.

3. Finalise report, including follow-up with MHMS executive and DFAT on issues raised during the JAPR in order to confirm findings and data. The final report should also include an annex of the proposed 2019-2020 performance indicator matrix (*up to 5 days*)

Approach

The review will include a desk analysis of performance evidence generated in 2018, as collected and reported by MHMS in the draft HSSP Independent Performance Assessment reporting template. This information will be verified against relevant documentation and confirmed through consultations with relevant stakeholders in country. Provincial travel is not envisaged, however a visit to Guadalcanal and Honiara City Council clinic is likely. The consultant will refer to any available reviews or reports in assessing performance and assess the feasibility of next year's indicators. The consultant's analysis will factor in any mitigating circumstances (including the need to respond to natural disasters and major disease outbreaks) and their report will outline key achievements, areas for improvement and a recommendation on the performance component. The consultant's report on the selected indicators will contribute to the broader sector review undertaken by SIG and development partners at the JAPR.

Deliverables

- Draft report (up to 20 pages including annexes) to be tabled at the JAPR to DFAT by 2 May 2019.
- Presentation to the MHMS executive prior to the JAPR by 3 May 2019.
- Presentation on the findings to MHMS and donors at the JAPR on 6 May.
- Final report to DFAT by 24 May 2019.