

Independent Evaluation of the Village Health Worker (VHW) Program, Vanuatu

MANAGEMENT RESPONSE

Initiative Summary

Initiative Name	Vanuatu Health Sector 2010-2014		
AidWorks initiative number	INJ438		
Commencement date	October 2012	Completion date	February 2013
Total Australian \$	3.7 Million		
Total other \$	N/A		
Delivery organisation(s)	Save the Children Australia (SCA)		
Implementing partner(s)	Ministry of Health (MoH)		
Country/Region	Vanuatu		
Primary sector	Health Sector		

Initiative Name	Vanuatu Health Sector 2010-2014
Initiative objective/s	<p>The Vanuatu Health Delivery Strategy outlines shared outcomes with the Ministry of Health. Progress towards these shared outcomes is feasible during the first four years of funding, but full achievement is expected to require a long-term engagement. These shared outcomes are:</p> <ul style="list-style-type: none"> • Reduce child mortality; • Improve maternal health; • Combat HIV/AIDS, malaria and other diseases; • Enhanced access to, and quality of, health care services, particularly for rural communities, including a strengthened health supply chain, strengthened community nursing, and upgraded facilities; • Controlling and progressively eliminating malaria; • Improved budgeting, financial and expenditure management; • Strengthened health information system to track MDG progress and support evidence-based decision-making. <p>Assistance in the sector is structured around these shared outcomes jointly agreed with the Government of Vanuatu through the Partnership for Development process, which will be revised in mid-2014. Revision of the Partnership will bring focus away from high-level MDG targets and onto government-led change in key areas of weakness which are essential for achieving :</p> <ul style="list-style-type: none"> • Public Financial Management strengthening including procurement and assets management; • Support for costed, evidence-based workforce planning and management; and • Assistance to strengthen provincial service delivery, effectively bolstering primary care provision. <p>The 2012 Delivery Strategy mid-term review advocates for a continued shift towards sector budget support, but with more consideration given to a fluid political environment and much stronger measures to protect against fiduciary risk. To address fragmentation, DFAT will pull out of areas that contribute little to systems strengthening and will focus implementation strategies in three areas noted above.</p>

Evaluation Summary

Evaluation Objective: The primary purpose of the evaluation was to provide recommendations on how the VHW Program can best focus its efforts to contribute to primary healthcare in Vanuatu and specifically MoH's Healthy Islands Policy. DFAT, SCA and MoH has used this information to make key management decisions including the definition of a renewed program focus, development of a monitoring and evaluation framework, an implementation schedule and appropriate funding levels.

Evaluation Completion Date: 11 March 2013

Evaluation Team: Consultants – Glenn Laverack and Linda Westberg

DFAT representative – Kendra Derousseau

VHW representatives – Chris Hagarty and Caroline Hilton

MoH representatives – Len Tarivonda

DFAT's response to the evaluation report

- Overall, all stakeholders were comfortable with the final report.
- DFAT accepted that there was sound rationale for continuing the VHW program, provided the key weaknesses identified in the evaluation report were addressed.
- All recommendations were endorsed by DFAT (see below). Central to the response to the report has been that MOH ran a tender for a new program which adopts those recommendations.
- SCA was the successful tenderer for the new program. The new program intends to be a more effective and efficient investment that delivers measurable results.

DFAT's response to the specific recommendations made in the report

Recommendation	Response	Actions	Responsibility
<p>1. Develop a phased, realistic transition plan, with clear steps and milestones towards integration of the program into MOH, while being aware of capacity constraints. Strategies for strengthening management systems and leadership of the program should be specified, with explicit milestones for gradual transition, for example the integration of key program management roles into the MOH after the first two years.</p>	<p>Agree – to ensure that the new program is more effective, efficient, value for more, and delivers measurable results.</p>	<p>This has been addressed in the design of the new program. The new program has already been tendered and currently in inception phase.</p>	<p>DFAT/MoH/SCA</p>
<p>2. Review the allocation of existing budget resources to increase the proportion allocated to Aid Posts, VHWs and HPOs to improve service delivery at the village and district levels.</p>	<p>Agree – to ensure that the new program is more effective, efficient, value for more, and delivers measurable results.</p>	<p>This has been addressed in the design of the new program. The new program has already been tendered and currently in inception phase.</p>	<p>DFAT/MoH/SCA</p>

<p>3. Better align the program with the Healthy Islands Policy, increasing the attention paid to health education and promotion and community mobilisation and aligning program activities with those of the Revitalisation of Primary Health Care initiative.</p>	<p>Agree – to ensure that the new program is more effective, efficient, value for more, and delivers measurable results.</p>	<p>This has been addressed in the design of the new program. The new program has already been tendered and currently in inception phase.</p>	<p>DFAT/MoH/SCA</p>
<p>4. Prepare and implement a systematic approach to monitoring progress (against annual MOH plans) and performance (towards GoV and program outcomes) using existing systems wherever possible. The monitoring system should collect, analyse, report and use information to support monthly management meetings where decisions are made and resource allocation to Aid Posts, VHWs and HPOs are reviewed.</p>	<p>Agree – to ensure that the new program is more effective, efficient, value for more, and delivers measurable results.</p>	<p>This has been addressed in the design of the new program. The new program has already been tendered and currently in inception phase.</p>	<p>DFAT/MoH/SCA</p>

<p>5. Increase focus on community mobilisation and community support for VHWs. Specifically:</p> <ul style="list-style-type: none"> a) Revitalise Aid Post Committees and broaden their remit to health education and promotion (Suggestions for revisions for the 2003 Health Committees Act, which forms the legal foundation for APCs, are outlined in Annex 9). b) Explore options for making small grants available for community level activities. c) Explore the potential integration of more Aid Posts with strong existing organisations in communities, such as schools and churches, to encourage and mobilise further community support for VHWs. 	<p>Agree – to ensure that the new program is more effective, efficient, value for more, and delivers measurable results.</p>	<p>This has been addressed in the design of the new program. The new program has already been tendered and currently in inception phase.</p>	<p>DFAT/MoH/SCA</p>
--	--	--	---------------------

<p>6. Provide VHWs with quality assured and effective training and materials to enable them to effectively do their work, and explore options for developing more extensive training for VHWs working in remote Aid Posts. This will require expert review of existing curricula and training materials, as well as development and/or adaptation of more appropriate IEC materials, in coordination with the MOHs Health Promotion Unit.</p>	<p>Agree – to ensure that the new program is more effective, efficient, value for more, and delivers measurable results.</p>	<p>This has been addressed in the design of the new program. The new program has already been tendered and currently in inception phase.</p>	<p>DFAT/MoH/SCA</p>
<p>7. Develop clear job descriptions defining the roles and responsibilities of VHWs and communicate these to VHWs and their communities. Consider differentiation of roles of VHWs to reflect the varying contexts and circumstances faced by different VHWs across Vanuatu. (Suggestions for roles and responsibilities can be found in Annex 8 of the report).</p>	<p>Agree – to ensure that the new program is more effective, efficient, value for more, and delivers measurable results.</p>	<p>This has been addressed in the design of the new program. The new program has already been tendered and currently in inception phase.</p>	<p>DFAT/MoH/SCA</p>
<p>8. Develop a new model for good quality and regular supportive supervision as soon as feasible to strengthen support to VHWs, including peer support and learning exchange.</p>	<p>Agree – to ensure that the new program is more effective, efficient, value for more, and delivers measurable results.</p>	<p>This has been addressed in the design of the new program. The new program has already been tendered and currently in inception phase.</p>	<p>DFAT/MoH/SCA</p>

<p>9. Conduct a baseline survey and mapping activity to take stock of the number and activities of VHWs and Aid Posts to allow for evidence-based support in the next phase.</p>	<p>Agree – to ensure that the new program is more effective, efficient, value for more, and delivers measurable results.</p>	<p>This has been addressed in the design of the new program. The new program has already been tendered and currently in inception phase.</p>	<p>DFAT/MoH/SCA</p>
<p>10. Carry out an independent assessment to investigate the motivation of VHWs and identify appropriate incentives.</p>	<p>Agree – to ensure that the new program is more effective, efficient, value for more, and delivers measurable results.</p>	<p>This has been addressed in the design of the new program. The new program has already been tendered and currently in inception phase.</p>	<p>DFAT/MoH/SCA</p>

Prepared by:

Elena Haines, Program Manager, Health

Approved by:

Kevin Smith, First Secretary, Health and Infrastructure