Accelerated Immunisation and Health Systems Strengthening (AIHSS) Program: DFAT management response to the recommendations of the 2023 AIHSS Program Evaluation Report

Recommendation 1: Extend the AIHSS program

Access to essential immunisation remains a critical need and right for the PNG population. The AIHSS program has provided vital support to Provincial Health Authorities (PHAs) in a way that has strengthened the reach of these services to underserved communities and has the potential to contribute to sustainable health system strengthening.

Recognising the many challenges in implementing the AIHSS program since its commencement, the donors, DFAT, New Zealand Ministry of Foreign Affairs and Trade (MFAT) and Gavi, should consider extending and strengthening the support provided under the AIHSS program to enable the benefits of this program to be realised in participating provinces. Further ongoing donor support is also needed to address the substantial systemic challenges to establishing a sustainable immunisation program in AIHSS provinces and varying levels of PHA readiness.

DFAT Response: Agree

Comment: Donors have agreed, together with PNG's National Department of Health and Department of National Planning and Monitoring, to extend AIHSS for a second phase. A design for Phase 2 has been developed, incorporating recommendations from this evaluation, and extending AIHSS to an additional three provinces (West New Britain, Oro, and Enga) – now totalling 15 provinces.

Next steps: Following tender and contracting processes being undertaken by PATH, it is anticipated that AIHSS Phase 2 will commence implementation in early 2024.

Timeframe: Early 2024.

Recommendation 2: Support PHA autonomy and ownership of the AIHSS program

The AIHSS program model and approaches implemented have not always aligned with PHA systems and, in World Vision-supported provinces, the approaches used by the Implementation Service Provider (ISP) are undermining PHA autonomy and effectiveness of DFAT support to the PHA immunisation program.

In the short term, World Vision (WV) needs to work together with the PNG-Australia Transition to Health program (PATH) and PHAs in target provinces, to identify and implement solutions that will better align AIHSS program delivery with PHA systems, address PHA stakeholder needs and contribute to a sustainable strengthening of the immunisation program.

AIHSS donors should commission an AIHSS program redesign in which PATH, ISPs and other technical partners, engage closely with PHAs to design an approach that aligns with PHA systems, prioritises a partnership approach, and aims to strengthen PHA autonomy and ownership of this program.

DFAT Response: Agree

Comment: DFAT has instructed PATH to work with ISPs to ensure their activities align with the priorities, systems, and process of the respective PHA during the remainder of AIHSS Phase 1.

The AIHSS Phase 2 design was developed through wide consultation with all key stakeholders, including PHAs supported under Phase 1. It addresses the recommendations of the evaluation including approaches to strengthen PHA capacity to lead and manage the AIHSS program, such as supporting immunisation as part of the integrated primary health care and promoting sustainability through alignment with government systems.

Next steps: World Vision (WV) is implementing a number of actions in response to this recommendation, including:

- co-locating WV coordinators within PHAs and signing Memoranda of Understanding (MoUs) with PHAs to agree on the roles and responsibilities of WV
- conducting regular bi-monthly/monthly update meetings with PHAs on program implementation
- collaborating and establishing working relationships with other partners in the provinces to ensure coordinated support
- supporting PHAs with implementation of Public Finance Management corrective action plans (CAPs) and with health facility budget and workplan submissions
- jointly conducting supervisory/ monitoring visits with the PHA.

Actions currently being undertaken by PATH to strengthen PHA autonomy and ownership include:

- working with ISPs to realign and update their sustainability and exit strategies in line with PATH's new Transition Framework[1]
- facilitating ISPs and PHAs to jointly review and amend AIHSS-related MoUs and terms of reference for ISP officers in the provinces
- undertaking monthly update meetings between PATH and ISP on program implementation.

Timeframe: During remainder of AIHSS Phase 1 until December 2023; and during early implementation of Phase 2 in 2024.

[1] The PATH Transition Framework is a guide for PATH and DFAT on how to progressively improve the integration and alignment of PATH projects with routine government-led health systems.

Recommendation 3: Revise and restructure the AIHSS monitoring and evaluation (M&E) framework

The AIHSS M&E system is currently not meeting the needs of key program stakeholders to provide clear, reliable, and strategically-focused data for program monitoring, oversight and decision-making and ensure accountability of implementing partners.

In the short-term, PATH should undertake a review of the current M&E framework and system in place. This includes clarification of the program logic and end of investment target to be achieved. PATH should work with relevant stakeholders to address current gaps in data reporting, including lack of information on quality and effectiveness of key activities such as micro-plans, outreach activities, capacity building activities, and quarterly review meetings; secure on-the-ground support to analyse, interpret and advise the PATH Frontline Health Outcomes (FHO) team on data being collected and reported; and use this data to drive improved program outcomes.

The new program design should involve a comprehensive overhaul of the Program's M&E framework to ensure that this system is fit for purpose and complies with relevant DFAT standards and stakeholder information needs. This would include an integrated program logic and comprehensive M&E Plan, to ensure that data is generated and used for program monitoring, accountability, learning and adaptive management in an efficient and effective way.

DFAT Response: Agree

Comment: The design of AIHSS Phase 2 includes a draft program logic, theory of change, and monitoring, evaluation and learning (MEL) framework. The program logic is aligned to PATH's program logic and PNG's *National Immunisation Strategy* and *National Health Plan*. To the extent possible, indicators are aligned with PNG's electronic Nation Health Information System (eNHIS).

Next Steps: The AIHSS Phase 2 design requires that PATH will collaborate with stakeholders to review, update, and finalise the draft program logic and MEL Framework during early implementation of Phase 2. PATH will also recruit an M&E Specialist to support the implementation of the program logic and MEL Framework, with support from PATH's Performance and Adaptive Systems (PAS) team.

Currently, PATH has a data analyst who is assisting the PATH AIHSS Program team to develop an improved quarterly snapshot to report to donors, the PNG National Department of Health (NDOH) and other partners on progress towards the end of program outcomes.

In AIHSS Phase 2, eNHIS will be the primary source of data for tracking standard indicators (e.g. immunisation coverage) and PATH will work with ISPs and PHAs to collect selected customised indicators (e.g. sex and disability disaggregated data).

Timeframe: Phase 2 MEL Plan to be finalised by June 2024.

Recommendation 4: Strengthen PATH's approach to managing AIHSS

PATH support to the AIHSS program primarily addressed contract management rather than provision of strategic and outcomes-focused support. Many substantial implementation challenges in AIHSS provinces have not been identified and addressed in a proactive manner. Currently, lead PHAs and ISPs are contracted to deliver work plans, the quarterly Performance Reporting Framework, program narrative reports, and associated documents and plans, but the quality of these documents varies considerably.

PATH should refocus and strengthen the way that it supports implementing partners to respond to program challenges, bottlenecks and opportunities, and adopt a strategic outlook that brings the technical expertise and resources available to PATH and the AIHSS program to address program design and implementation challenges.

In both the short-term and in a redesigned program, this includes engaging suitable technical specialists to support the PATH FHO team to conduct quarterly reviews of progress in all AIHSS provinces and identify positive practices, performance challenges and risks to be addressed. PATH should ensure that AIHSS Program Officers are supported to work with grantees to address identified risks and challenges in a proactive manner.

Reporting templates should be standardised and stronger quality assurance conducted to ensure that program reports, plans and strategies are fit for purpose.

PATH should consider refocusing contracts with implementing partners to involve program performance rather than only report-based deliverables.

DFAT Response: Agree

Comment: The AIHSS Phase 2 design has identified key actions to address this recommendation, including the recruitment by PATH of new roles including a senior project leader for AIHSS, as well as Gender Equality, Disability, and Social Inclusion (GEDSI), M&E and public financial management (PFM) specialists.

PATH's PAS team has reviewed the AIHSS quarterly and annual reporting templates to better align with PATH reporting and donor requirements. This will strengthen management of AIHSS by ensuring that indicators are tracked, performance is managed, and there is a strong evidence-base for strategic discussions.

DFAT will use this Management Response, and an action plan developed by PATH in response to the evaluation recommendations, to drive and monitor improved PATH management of AIHSS.

Next Steps: PATH has advertised for an AIHSS Project Lead to commence as soon as possible in 2023 to drive inception of AIHSS Phase 2. Recruitment of PFM, MEL and GEDSI specialists and an additional Senior Grant Manager (to support expansion of AIHSS to an additional three provinces under Phase 2) is also being progressed by PATH.

PATH will convene a reflection workshop with ISPs, PHAs, NDOH, donors and technical partners to share lessons, challenges and jointly address issues to improve program implementation.

Timeframe: The Project Lead will commence as soon as possible in 2023 and the other new positions will be recruited to commence at the start of Phase 2, during early 2024.

The Reflection Workshop to be held before the end of 2023.

Recommendation 5: Strengthen the program approach to sustainability

The AIHSS program has introduced an innovative new approach to support strengthening of primary health care in PNG that aligns with Government of PNG (GoPNG) national and health sector policies; however, current efforts to promote sustainability of the immunisation program are insufficient for the achievement of these objectives.

AIHSS donors and PATH should ensure that the new program design incorporates a practical, evidence-based and adequately resourced strategy to achieve sustainability objectives agreed with the GoPNG and PHAs. The strategy will need to consider an appropriate balance of increasing vaccination coverage with increasing immunisation access in hard-to-reach areas. It should prioritise development of a sustainable immunisation program over rapid but unsustainable methods to increase coverage. This includes replacing overly ambitious vaccination coverage targets with achievable objectives, in line with DFAT standards and the approach proposed by the GoPNG National Immunization Strategy. Redesign of the PFM component and inclusion of sustainable financing objectives and attention to PHA governance and planning will be a critical component of this strategy.

DFAT Response: Agree

Comment: The AIHSS Phase 2 Design includes actions to enhance the sustainability of AIHSS outcomes and transition to government systems. These include:

- an increased emphasis on supporting immunisation as part of integrated health service delivery
- increasing alignment with GoPNG systems and institutions (e.g. use of eNHIS data for program M&E; transition to use of government financial management processes and systems)
- enhanced PFM and planning support to PHAs.

In addition, a Transition Tracking Tool (TTT) has been developed by PATH for all projects, including AIHSS. The TTT facilitates PATH AIHSS Program Managers to monitor progress on project transition to government management and routine health systems over time.

Next Steps: The Phase 2 Design requires that PATH develop a Sustainability and Transition Plan for AIHSS Phase 2 by December 2023.

PATH is continuing to work with PHAs and ISPs to establish and implement PFM Corrective Action Plans (CAPs). PATH will conduct a PFM review of provinces that are currently implementing PFM CAPs and update the CAPs to include sustainable financing objectives.

PATH will work with World Bank, Global Fund and NDOH through the Health Financing Technical Working Group to ensure collaboration and synergies in PFM capacity building.

Timeframe: Sustainability and Transition Plan to be developed by December 2023.

Recommendation 6: Strengthen partner coordination and communication

Partnership with key immunisation stakeholders is a key element of the AIHSS program. Partly due to substantial turnover of program partners in PNG, the role of technical partners, UNICEF and WHO, and the involvement of NDOH in the AIHSS program have declined. There is also a lack of clarity about the roles of PATH, ISPs and PHAs, particularly related to PFM objectives and activities, and currently no opportunities for shared learning amongst participating PHAs and ISPs.

In the short term, PATH should restart a structured forum for grantee communication, coordination, and learning.

PATH should work with relevant stakeholders to address the following:

- Engage with AIHSS program partners to clearly define and strengthen their role in the program.
- Develop a strategy for NDOH and broader GoPNG involvement in and oversight of AIHSS program.
- Restructure monthly AIHSS partner meetings to provide opportunities for more strategic discussion and management decisions – this approach could also support cross-program learning and be used to engage key national level partners to assist in resolving bottlenecks.
- Incorporate structured partner performance monitoring and regular partnership health checks within the program to support improved partnership effectiveness, learning and adaption.
- Provide opportunities for partners to adapt their approaches based on the lessons learned.

DFAT Response: Agree

Comment: The Phase 2 Design details key actions to strengthen partner coordination and communication. It outlines modifications to the governance structure of AIHSS including the composition and role of the AIHSS Senior Management Group (SMG), and identifies the need to formalise linkages to NDOH's National Expanded Programme on Immunisation (EPI) Technical Working Group (TWG). The design also outlines requirements for annual planning and reporting on AIHSS Phase 2 that will enhance coordination and communication across stakeholders.

Next Steps: In managing AIHSS 2, PATH will:

- conduct six-monthly reflection and learning workshops with all stakeholders
- report on AIHSS progress to the national EPI TWG to ensure alignment with national EPI priorities and strengthen engagement with NDOH and other partners
- formalise arrangements for working with key technical partners (WHO, UNICEF), including developing TORs for their support to AIHSS
- conduct a 'ways of working' workshop in the first three months of the Phase 2 to clarify roles and responsibilities and establish communication channels, meetings, and reporting requirements.

Timeframe: New partnership, governance, coordination and reporting arrangements will be established in first quarter 2024.

Recommendation 7: Prioritise GEDSI in a revised AIHSS program design

The current AIHSS program design does not have a GEDSI strategy, and GEDSI is under-resourced and addressed in a fragmented way. A number of the GEDSI activities conducted have been welcomed by PHA stakeholders who wish to further strengthen how they address GEDSI in their programs.

AIHSS donors and PATH should ensure that DFAT GEDSI standards are comprehensively addressed in any future AIHSS program design. The new design should include a GEDSI program strategy; a GEDSI-related outcome and indicators, a dedicated GEDSI budget and GEDSI specialist technical assistance to provide necessary guidance throughout program implementation.

DFAT Response: Agree

Comment: The Design has prioritised GEDSI in AIHSS Phase 2 through a twin track approach involving both dedicated GEDSI activities and GEDSI mainstreaming.

Next Steps: PATH will recruit a dedicated GEDSI specialist for AIHSS Phase 2, who will be supported by the PATH GEDSI team. The design requires that an AIHSS GEDSI strategy be developed by June 2024. This will include actions in areas such as:

- support to PHAs to strengthen and incorporate GEDSI approaches
- improving collection of sex and disability disaggregated data
- enhancing community engagement and improving access to routine immunisation for marginalised groups.

Timeframe: The GEDSI strategy will be finalised by June 2024.

Recommendation 8: Prioritise community engagement and integrated primary health care

Effective community engagement is key to increasing community acceptance of immunisation, leading to increased immunisation coverage. This is still weak in many provinces in PNG. The AIHSS program is ideally placed to support PHAs to strengthen community engagement and to share lessons on successful approaches to working with communities.

Similarly, the program has an opportunity to strengthen integrated health care delivery through outreach and mobile clinics. Despite the potential of this NDOH-endorsed approach to promote equity and efficiency of primary health care service delivery, in practice integrated outreach frequently does not occur or is conducted in an ad hoc manner.

PATH should ensure that community engagement and integrated primary health care are key components of a redesigned AIHSS program. This will involve addressing both elements in a practical manner, recognising barriers and promoting drivers present in the program implementation contexts, to strengthen application of each of these approaches in program provinces.

DFAT Response: Agree

Comment: The Design specifies that AIHSS Phase 2 should require grantees to support/deliver integrated health care services in outreach and mobile services wherever possible. The Design identifies an important role for technical partners (WHO and UNICEF) in supporting planning and training in relation to integrated service delivery.

To enhance community engagement, the Design identifies that AIHSS Phase 2 should support implementation of NDOH's Village Health Assistant (VHA) policy (currently in draft form).

Next Steps: PATH has commenced tendering and contracting processes for AIHSS Phase 2 which require potential grantees to demonstrate how they will support/provide integrated health care services and enhanced community engagement activities.

Technical partners (WHO, UNICEF) are currently supporting NDOH to finalise development of the VHA training curriculum, which is essential for implementation of the new VHA Policy.

Timeframe: 2023 – 2027.

Recommendation 9: Conduct immunisation coverage surveys

The acknowledged weaknesses in PNG population data give rise to widespread concerns regarding the reliability of immunisation coverage in PNG.

Donors and technical partners should consider conducting coverage surveys to provide an improved estimate of coverage in AIHSS program provinces.

DFAT Response: Partially agree

Comment: DFAT agrees that data weaknesses need to be addressed, however it is not necessarily the role of AIHSS to undertake or support surveys.

Next Steps: Consideration of coverage surveys by NDOH's National EPI Technical Working Group is an appropriate next step.

Donors and technical partners will continue to support data strengthening and capacity building with NDOH.

Timeframe: Consideration of this recommendation at National EPI Technical Working Group by first quarter 2024.