DFAT Independent Evaluation of the Fiji Health Sector Support Program 2016
MANAGEMENT RESPONSE

Investment Summary

Investment Name	Fiji Health Sector Support Program		
AidWorks initiative number	INJ640		
Commencement date	4 July 2011	Completion date	30 June 2017
Total Australian $	AUD40,364,225.69 [AUD29,171,046.44 expensed to date]		
Delivery organisation(s)	Abt JTA		
Implementing partner(s)	Ministry of Health and Medical Services		
Country/Region	Fiji		
Primary sector	Health		

Investment Name	Fiji Health Sector Support Program
Initiative objective/s	FHSSP's overall *goal* is to: *Engage with the Fiji health sector by supporting the Fiji Ministry of Health and Medical Service (MoHMS) to achieve key strategic objectives in relation to reducing infant mortality (MDG4), improving maternal health (MDG5), and the prevention and management of diabetes, as outlined in the MoHMS strategic plan.* FHSSP has five high level objectives: 1. To institutionalise a safe motherhood program at decentralised levels throughout Fiji. 2. To strengthen infant immunization and care and the management of childhood illnesses and thus institutionalise a 'healthy child' program throughout Fiji. 3. To improve prevention and management of diabetes and hypertension at decentralised levels. 4. To revitalise an effective network of village/community health workers as the first point of contact with the health system for people at community level. 5. To strengthen key components of the health systems to support decentralised service delivery. FHSSP is organised around five inter-related, mutually supporting components/result areas. The intended *outcomes* of work in these areas are: 1. Expectant mothers are able to access safe and quality hospital services, family planning services, and cervical screening services. 2. Systems in place to support and maintain a high vaccination coverage rate, nurses trained to deliver comprehensive child health care, and contribution to the provision of quality child health services. 3. Early detection of undiagnosed diabetes and hypertension, increased continuity of care, and establishment of quality diabetes centres. 4. An effective system of trained and resourced Community Health Workers, and increased community and stakeholder ownership and engagement. 5. A functioning Public Health Information System, regularly monitored and evaluated health services, endorsed clinical practice guidelines, and operational research to support evidence based planned. Programming to achieve the above results is focused on: • Training, equipment upgrade, infrastructure development, Civil Society Organisation partnership, institutional strengthening (IT, planning, policy), and advisory services.

Evaluation Summary

Program effectiveness

Overall, FHSSP has performed well, meeting end of program outcomes in most of the five objective areas. The Program, however, has not always consistently defined its objectives, which has made it difficult to assess impact.

While the themes of safe motherhood, healthy child, non-communicable diseases, community health workers and health systems strengthening have remained, there have been variations in how these have been interpreted and approached, and therefore the focus of each objective has varied over time.

Objective 1: Late program work on Ante Natal Clinical activities have the potential to be effective but its impact beyond the pilot will depend on uptake by MoHMS beyond the life of the program. The audit approach has improved availability of staff equipment and supplies and encouraged more services to be delivered against standards in facilities where most deliveries take place. However, the program has not gathered evidence on whether quality of care and outcomes for mothers and babies have improved; so it is difficult to say conclusively that this has been an effective approach, although anecdotal evidence gathered from the field is positive.

Objective 2: Support to vaccine procurement and the Expanded Program on Immunisation was very effective, although sustaining improvements in surveillance may be challenging beyond the end of the program. The program has performed well in terms of numbers of people trained but the impact of that training has not been measured in terms of quality of care and patient outcomes.

Objective 3: Although the Program undertook a more limited role in improving the management of diabetes than had originally been envisaged (largely because of the difficulties in establishing diabetes centres), FHSSP successfully supported MoHMS to develop and sustain a national screening program. HPV vaccine coverage is on target and effectively supports the implementation of the cervical cancer screening policy.

Objective 4: Revitalising the CHW network has been a successful intervention, but it has been more limited than originally planned. A number of factors, including lack of remuneration, weak links with the health system in some areas, ownership issues, and the future recurrent costs of training, supervising and monitoring CHWs currently make it a fragile investment. Training, however, was reported by the program to have been warmly received by participants.

Objective 5: Health systems strengthening has been an effective intervention. Support to health information systems (PHIS and PATIS) increased the availability of better quality data. Support to monitoring and evaluation has also helped to improve the coherence and quality of indicators being used in the corporate planning process. Investments in workforce planning and development have had some demonstrable impact on staffing levels.

The evaluation captured success stories, which came out of relatively small targeted investments, such as printing training materials, health cards and manuals, and providing logistics support for audits. These types of support plugged gaps in the MoHMS budget and enabled activities to take place, representing efficient and effective uses of Australian and MoHMS funding.

Program impact

Anecdotal data gathered suggests that the Program may be making a difference across all five objectives. There is evidence in Program biannual progress reports that the interventions have worked alongside wider government efforts to improve outcomes in maternal, child, infant and perinatal mortality rates, and rates of amputation (diabetic sepsis) and hospital admissions due to diabetes complications.

Program efficiency

The evaluation revealed that high performing objectives received high levels of funding. Budgets set against slow performing objectives were able to be re-programmed where required, fairly rapidly and with the necessary endorsement. While FHSSP operates a parallel financial system to the MoHMS, the program works closely with the Ministry's planning unit regarding program development and budget activities. FHSSP has representation on the Ministry's budget steering committee and assists in the development of the Ministry's annual budget submission. All budgeted annual work plans are then brought to the Program Coordinating Committee for endorsement. This approach supports a high degree of ownership by the Ministry while the parallel funding stream allows for committed, flexible and responsive program implementation.

Program sustainability

MoHMS has already successfully taken on responsibility for some Program activities, e.g. funding 100 per cent of vaccines and delivering diabetes screening. This reflects a strategic approach by the Program to build sustainability into its activities from the outset wherever possible. The Program has a taken an early and strategic approach to sustainability and, since November 2014, has been implementing an Exit Strategy which is designed to engage all partners in the issues that need to be addressed to achieve sustainability beyond the end of the Program. The Exit Strategy is closely aligned to the monitoring and evaluation plan and is clearly a comprehensive and useful tool.

Evaluation Objective

The independent evaluation of FHSSP was conducted to assess the efficiency, effectiveness and sustainability of FHSSP's:

i. capacity building approaches
ii. program management
iii. stakeholder cohesion and cooperation
iv. monitoring and evaluation
v. analysis and learning; and
vi. cross-sectoral issues like gender and disability.

Evaluation Completion Date: 1 June 2016

Evaluation Team: Adrienne Chattoe Brown (Team Leader/Health Specialist), Susan Majid (Evaluation Specialist).

DFAT's response to the evaluation report

The final report submitted by the review team meets DFAT's quality criteria guidance on evaluation reports. The report reflects an understanding of most of the key issues of the Program. The rationale for the majority of recommendations is provided and there is an executive summary for decision-makers. The style, format and writing are clear and concise.

The evaluation concluded that long term support by the Australian Aid Program to the Fiji health sector had built good relationships and trust, enabling the three parties (DFAT/MoHMS/Abt JTA) to maintain Program momentum despite political circumstances, emergencies, and variations in donor funding.

FHSSP took a more strategic approach to Programming in Phase 2, moving on from FHSIP's more eclectic approach. The Program has been able to strike a balance between maintaining focus and meeting individual requests from MoHMS, which have not always fit into the Program's core business, and supporting emergency responses. This has contributed to FHSSP's and by extension DFAT's good relationship with MoHMS.

Program scale up in 2012 bought added value. This enabled the deployment of long-term advisers in key areas of interest to MoHMS – monitoring and evaluation and workforce development – and the continuation of long-term support to the Health Information Unit.

Technical assistance, particularly through long-term advisers (LTA) has been acknowledged by MoHMS as generally being of good quality. MoHMS has appreciated having LTAs embedded in its Teams, because they were more effective than short-term advisers (STA) at building capacity, they understood the environment better and were able to recommend appropriate and sustainable solutions. Although MoHMS would rather have kept the advisers as long-term, it acknowledges that transitioning them to short-term has been successful.

Within MoHMS, the Program successfully identified a level of staff – directors and national advisers – where it could have a direct influence on their capacity and, by extension, the work they do. Maintaining the involvement of the Clinical Services Networks was important in bringing about change in service delivery, driving up standards, building relationships between different cadres of clinical staff, linking public health and clinical services and promoting better alignment between policies, clinical interventions and training.

FHSSP has supported activities that have made an immediate difference to service delivery such as training, developing standards, and supporting higher level policy level interventions e.g. on workforce development. In some activities, FHSSP has built in an exit strategy into the design, e.g. vaccine cost sharing. This type of support has built goodwill towards the Program at all levels of MoHMS.

The evaluation report presents opportunities to further strengthen and consolidate DFAT's position in the Fiji health sector. The recommendations will inform future bilateral funding including its activities, institutional structures and monitoring approach. The design process of the new bilateral health program provides a timely and appropriate mechanism for integration of the evaluation recommendations into the next phase of DFAT's support for Fiji's health sector. Coordination with the Fiji Reference Group, which includes representatives from the MoHMS, will ensure these actions are taken forward.

DFAT's response to the End of Program Evaluation report recommendations

Recommendation	Thematic Area	Response	Actions	Responsibility
1. The United Nations' Sustainable Development Goals should help to frame the priorities for the new health Program.	Planning	Agree	DFAT has addressed this with the Fiji Health Design Reference Group	DFAT/Health Design Team
2. The forthcoming Health National Strategic Plan 2016 – 2020 should also frame engagement by the Australian Aid Program.	Planning	Agree	DFAT has addressed this with FHSSP and MoHMS	DFAT/FHSSP
3. Continued support to health information systems will be important to underpin any efforts in health systems strengthening.	Design	Agree	DFAT has addressed this with the Design Team, and Fiji Reference Group	DFAT/Design Team
4. Continued support to workforce planning and development could also help to address MoHMS staff shortages and misalignment of human resources with workload.	Design	Agree	DFAT has addressed this with the Design Team, and Fiji Reference Group	DFAT/Design Team
5. A focus on hard to reach women, linked to efforts to reduce maternal mortality. Efforts to mobilise more women to attend early Ante Natal Clinics should be continued, linked with investments in CHWs.	Design	Agree	DFAT has addressed this with the Design Team and Fiji Reference Group	DFAT/Design Team
6. A more strategic multi-sectoral view of non-communicable diseases is needed.	Design	Agree	DFAT has addressed this with the Design Team and Fiji Reference Group	DFAT/Design Team
7. The model of cost sharing should be replicated.	Implementation	Agree	DFAT has addressed this with the Design Team and the Fiji Reference Group by recommending that future the Fiji Health Program seek opportunities for cost sharing arrangements.	Fiji Health Program.

8. Selected continued investment in Community Health Workers.	Implementation	Agree	FHSSP Extension Phase (FY 16/17) will build on support for CHWs.	FHSSP
9. In future, maintain an explicit focus on capacity development with clearer measures of outcomes.	Design	Agree	DFAT has addressed this with Design Team	FHSSP/Design Team
10. A more coordinated and evidence-based approach to planning and evaluating aid program activities.	Design	Agree	DFAT has addressed this with the Design team	DFAT/Design Team
11. Promote gender equality in future program.	Design	Agree	DFAT has addressed this with the Design Team and has been embedded in the new program	DFAT/Design Team
12. Increase targeting of vulnerable groups such as disabled persons.	Design	Agree	DFAT has addressed this with the Design Team and has been embedded in the new program with a focus on the inclusion of partnership opportunities with vulnerable groups	DFAT/Design Team
13. Consider potential areas for future programming: teenaged pregnancy, ongoing decentralisation of functions, strengthening of sub-divisional health services, and strategic engagement of volunteers.	Design	Agree	DFAT has addressed this with the Design Team and Fiji Reference Group	DFAT/Design team