

Partnering for Strong Families (PSF): DFAT management response to the evaluation’s recommendations

Recommendations for DFAT	Response (agree, disagree)	Comment	Next Steps	Timeframe
<p>Recommendation Area 1 – Continue to support Sexual Reproductive Health (SRH)/Family Planning (FP) and Maternal Child Health (MCH) services in PNG</p> <p>The Partnering for Strong Families (PSF) program has resulted in important achievements, however increasing access to SRH/FP and MCH information and services remains a critical need in PNG as well as a priority for the Government of PNG (GoPNG) and its national development goals. The roadmap outlined in the new National Health Plan (NHP) and Maternal and Neonatal Health (MNH) Strategy presents a substantial opportunity for DFAT to engage with the National Department of Health (NDOH) and Provincial Health Authorities (PHAs) to identify areas where support is most needed. As the leading donor in this sector, Australia can play an important role in delivery of these objectives in a way that builds on the achievements of the PSF and supports GoPNG and partners to achieve sustainable change in this important area.</p>	<p>Agree</p>	<p>In December 2022, a 12-month costed extension of PSF Phase 2 until 31 December 2023 was approved.</p> <p>DFAT is supporting SRH/FP and MCH services in PNG through other investments including (but not limited to): the Accelerating Immunisation and Health Systems Strengthening (AIHSS) program; the Sexual and Reproductive Health Integration Project (SRHIP); Youth With a Mission (YWAM) and Australian Doctors International (ADI) grants; the Australian NGO Cooperation Program (ANCP); and regional funding to the International Planned Parenthood Federation (which supports IPPF member association, the PNG Family Health Association).</p>	<p>For investments in 2024 and beyond, DFAT agrees to consider this recommendation as part of the development of DFAT’s new PNG Health Portfolio Plan during 2023.</p>	<p>2023</p>

<p>Department of Foreign Affairs and Trade (DFAT) should continue to invest in integrated SRH/FP and MCH service delivery to contribute to GoPNG national health priorities, gender equity and to meet unmet demand for essential SRH/FP and MCH services in PNG, in areas identified in key NDoH policies. The PSF program has demonstrated that non-government providers can have an important role to play in <u>supplementing</u> GoPNG health services and providing quality health services through innovative and inclusive models of care. However, for greater effectiveness and sustainability, it is essential that interventions are provided within a framework of integrated primary health care delivered within a community setting and conducted in partnership with government; and should incorporate effective service delivery approaches, such as the Hospital Embedded Family Planning Nurse (HEPFN) model, with adjustments to enhance impact and sustainability. If training in Long Acting Reversible Contraception (LARC) methods is to be continued any new design will need to examine the most appropriate model for this training so that it is effective, sustainable and aligned to NDOH and PHA systems and needs.</p>				
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<p>Recommendation Area 2 – Design and resource program to achieve equity and inclusion objectives</p> <p>Equity and inclusion must be central to the delivery of health services, and particularly SRH/FP services. This need is reflected in international policy and evidence, the principles and values of the PNG health system and the commitment of the GoPNG to ‘leave no one behind’. Some effective and practical approaches for inclusion, particularly for disability and reaching men, were developed through the PSF, however the program in its current form does little to meet the broader needs of disadvantaged and marginalised populations in PNG.</p> <p>DFAT, PNG Australia Transition to Health (PATH) and program partners to clearly define the type and scale of impact future programs intend to have in reaching underserved and disadvantaged groups and use best practice principles and specialist technical advice to design and resource the program to achieve that impact.</p> <p>DFAT should, through design and scope documents, ensure that the program uses a gender-transformative and youth friendly programming approach to address the barriers faced by adolescents, women and men in accessing comprehensive SRH and</p>	<p>Agree</p>	<p>Agreement to this recommendation is subject to DFAT’s new PNG Health Portfolio Plan prioritising continued investment in SRH/FP and MCH services.</p> <p>Under DFAT’s contract with Abt Associates, the PATH program is required to comply with DFAT policies including: the Disability Inclusion Strategy; Preventing Sexual Exploitation, Abuse and Harassment Policy; and the Gender Equality and Women’s Empowerment Strategy.</p>	<p>DFAT has shared the evaluation report with PATH and MSPNG and is working with them to ensure that elements of this recommendation that can be actioned within the 12-month extension period are incorporated into workplans and budgets for 2023.</p> <p>The new PATH Strategic Framework (2022–2025) includes a target to implement PATH’s whole of program GEDSI strategy to mainstream GEDSI and women’s leadership principles and activities across all PATH workstreams and operations including: planning and design, implementation, monitoring, evaluation, reporting and program management.</p> <p>During the 12-month costed extension in 2023, MSPNG committed to work to reach more underserved and disadvantaged groups, including through establishing new partnerships with disability and youth organisations.</p> <p>If DFAT’s new PNG Health Portfolio Plan prioritises investing in SRH/FP and MCH services, a design process will then be undertaken to guide DFAT’s post-PSF Phase 2 investments in SRH/FP and MCH</p>	<p>2023</p>
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<p>MCH health services and better reach underserved populations.</p> <p>DFAT should ensure that service design is disability inclusive and that there is substantial involvement of people with disabilities and other marginalised groups in project design and implementation.</p>			<p>services in PNG. This recommendation would be considered in that design.</p>	
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<p>Recommendation Area 3 – Recognise Provincial Health Authority (PHA) leadership through program design and promote partnership at all levels</p> <p>The leadership role and authority of PHAs in a decentralised health system must be recognised in all future design and delivery of DFAT-funded health programs.</p> <p>DFAT to ensure that any new health interventions are co-designed with PHAs, responding to PHA priorities and the local health system context. Partnership with subnational government and health system stakeholders at all levels should be central to the program design. Central to the selection of implementing partners should be their demonstrated ability to engage effectively with health system owners and stakeholders, alongside delivery of quality, inclusive and integrated SRH/FP and MCH services.</p>	<p>Agree</p>	<p>Agreement to this recommendation is subject to DFAT’s new PNG Health Portfolio Plan prioritising continued investment in SRH/FP and MCH services.</p> <p>The new PATH Strategic Framework (2022–2025) outlines that PATH will pursue a deliberate transition agenda to incrementally embed the essential and successful components of programs such as PSF into the health system, strengthen and influence local institutions (e.g. PHAs) and systems in a targeted way as required to sustain the relevant service delivery capabilities, and progressively cultivate, transfer and scale these successes once embedded.</p>	<p>DFAT has shared the evaluation report with PATH and MSPNG and is working with them to ensure that elements of this recommendation that can be actioned within the 12-month extension period are incorporated into workplans and budgets for 2023.</p> <p>During the 12-month costed extension in 2023, MSPNG committed to ensuring that a current MOU has been discussed, agreed and signed with each of the eight PHAs MSPNG engages with under PSF. MSPNG will also hold joint PHA meetings to share progress, learnings and quality improvement.</p> <p>If DFAT’s new PNG Health Portfolio Plan prioritises investing in SRH/FP and MCH services, a design process will then be undertaken to guide DFAT’s post-PSF Phase 2 investments in SRH/FP and MCH services in PNG. DFAT agrees to address this recommendation in developing the design process and in the selection of implementing partners.</p>	<p>2023</p>
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<p>Recommendation Area 4 – Design for sustainable transition to PHA management</p> <p>There is an expectation that the services delivered under the PSF program will transition to sustainable PHA management but there is currently no clear definition or logic for how this will be achieved. The strength of health service NGOs is not in building government financial management systems and capacity. PATH is well positioned to play a key role in developing this strategy and supporting implementation e.g., with PATH advisors in PHAs supporting and acting as a focal point for those efforts at national and provincial levels.</p> <p>DFAT to investigate a program design with a clear pathway towards ownership by government and strong program logic developed together with PHAs and NDOH. This includes suitably resourced strategies to support PHA governance and management capacity strengthening and a mechanism for financing that can reliably ensure continuity of funding to implementing partners and meets DFAT needs for accountability.</p>	<p>Agree</p>	<p>Agreement to this recommendation is subject to DFAT's new PNG Health Portfolio Plan prioritising continued investment in SRH/FP and MCH services.</p> <p>The new PATH Strategic Framework (2022–2025) outlines that PATH will pursue a deliberate 'transition' agenda to incrementally embed the essential and successful components of programs such as PSF into the health system, strengthen and influence local institutions (e.g. PHAs) and systems in a targeted way as required to sustain the relevant services delivery capabilities, and progressively cultivate, transfer and scale these successes once embedded.</p> <p>PATH has engaged a Transition Adviser for 2023 to progress the transition approach for service delivery programs, including PSF.</p>	<p>DFAT has shared the evaluation report with PATH and MSPNG and is working with them to ensure that elements of this recommendation that can be actioned within the 12-month extension period are incorporated into workplans and budgets for 2023.</p> <p>During the 12-month costed extension in 2023, MSPNG has committed to several actions to increase government ownership and sustainability of FP training and service delivery, including joint planning, coordination meetings, institutionalised information sharing processes, supportive supervision, quality audits and competency assessments.</p> <p>If DFAT's new PNG Health Portfolio Plan prioritises investing in SRH/FP and MCH services, a design process will then be undertaken to guide DFAT's post-PSF Phase 2 investments in SRH/FP and MCH services in PNG. This recommendation would be considered in that design.</p>	<p>2023</p>
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<p>Recommendation Area 5 – Take advantage of PATH proposed cross-program capacities and support partner program implementation and learning</p> <p>There has been limited engagement between implementing partners and PATH during the PSF Phase 2. PATH can play an important role in promoting coordination, strategic direction and integration across frontline health outcome projects and DFAT health investments more broadly, to both recognise its design direction and add value to DFAT’s health investments.</p> <p>PATH to reorient its approach towards strong engagement with implementing partners, improving monitoring, providing support for areas including GEDSI and PHA strengthening and sharing lessons and expertise between partners.</p>	<p>Agree</p>	<p>PATH has four ‘whole of program initiatives’ that can and should support the effectiveness of PSF: (i) Performance and Adaptive Systems (PAS) – the PAS team is responsible for the program Monitoring, Evaluation, Reporting, Learning and Adaptation (MERLA) function across PATH’s programs and operations; (ii) Gender Equality Disability and Social Inclusion (GEDSI) Strategy; Bottlenecks - addressing systemic and programmatic bottlenecks that affect health service delivery by PHAs; (iv) Partner Coordination - communication and coordination is critical to avoid duplication of activities and maximise the impact of the resources provided by partners to the PNG health system.</p>	<p>DFAT has shared the evaluation report with PATH and is working with them to ensure that this recommendation is actioned not only in relation to PSF, but also in relation to all service delivery programs managed under PATH.</p> <p>The new PATH Strategic Framework (2022–2025) outlines how PATH will strengthen the four ‘whole of program initiatives’ to benefit programs such as PSF.</p> <p>If DFAT’s new PNG Health Portfolio Plan prioritises investing in SRH/FP and MCH services, a design process will then be undertaken to guide DFAT’s post-PSF Phase 2 investments in SRH/FP and MCH services in PNG. This recommendation would be considered in that design.</p>	<p>2023</p>
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<p>Recommendation Area 6 – Strengthen PSF project and contract management</p> <p>Progress on delivering key project activities critical to the achievement of Phase 2 Intermediate Outcomes has been substantially delayed. There does not appear to be any plan to address these delays to meet contracted deliverables.</p> <p>DFAT/PATH to work with MSPNG to identify and implement remedial steps to address delayed outcomes, particularly relating to the revised National Family Planning Training Program (NFPTP) in-service and pre-service courses and establishment of the National Family Planning Provider Network (NFPPN).</p> <p>DFAT/PATH and MSPNG to strengthen contract and project management practices so that programs are delivered as designed. Where program deliverables are lagging, immediate steps must be taken to identify and address implementation barriers.</p>	<p>Agree</p>	<p>In the grant negotiations stage for the 2023 costed extension, MSPNG was required by DFAT through PATH to have an action and response plan directly addressing the recommendations in the PSF evaluation which required MSPNG’s action. MSPNG developed a comprehensive plan in response to the recommendations that was accepted by PATH and DFAT, allowing approval of the costed extension.</p>	<p>DFAT has shared the evaluation report with PATH and MSPNG and is working with them to ensure that elements of this recommendation that can be actioned within the 12-month extension period are incorporated into workplans and budgets for 2023.</p> <p>During the 12-month costed extension in 2023, MSPNG will work closely with UNFPA and NDoH on development and approval of the NFPTP curriculum. MSPNG has also undertaken to launch the National Family Planning Provider Network (NFPPN) in 2023.</p> <p>To support the successful delivery of the evaluation action and response plan MSPNG secured a full time Project Manager and Project Director, both of whom will have a key role in furthering MSPNG’s collaboration with national and sub national stakeholders and ensuring project deliverables are achieved on time.</p> <p>In relation to the second part of the recommendation, DFAT is working with PATH to ensure this recommendation is actioned not only in relation to PSF, but also in relation to all service delivery programs managed under PATH.</p>	<p>2023</p>
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<p>Recommendation Area 8 – National SRH/FP and MCH coordination</p> <p>The National Family Planning Technical Working Group (NFPWTG), formerly the main national coordination mechanism for SRH/FP and MCH in PNG, has been inactive for 18 months and the proposed new coordination mechanism, the Reproductive, Maternal, Newborn, Child and Adolescent (RMNCAH) Technical Advisory Committee (TAC), is not meeting regularly. It is also unclear how the role and activities of the FPTWG will be taken up by the Committee.</p> <p>DFAT to consider opportunities to support the capacity of the government to lead this group, which can play a key role in SRH/FP and MCH health policy development and strategic coordination to contribute to the creation of an enabling environment for quality, inclusive SRH/FP and MCH in PNG.</p>	<p>Agree</p>	<p>In the second half of 2022, the RMNCAH Technical Advisory Committee started to meet more regularly and DFAT has been an active participant in all meetings.</p> <p>MSPNG has funded a new position (from late 2022) in the Family Health unit at NDOH who will support the effectiveness of the RMNCAH TAC, amongst other duties.</p>	<p>DFAT will continue to be an active participant in the RMNCAH TAC.</p> <p>In consultation with NDoH, technical partners and other members of the TAC, DFAT will seek opportunities to support the effectiveness of its operation, where needed.</p>	<p>Ongoing</p>
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<p>Recommendation Area 9 – Ensure that M&E is fit for purpose and promote learning</p> <p>Data that would support measurement of progress to the program End of Program Outcome (EOPO) was not available to the evaluation. Operational research and learning, critical to developing and documenting effective program approaches and models of care, was not adequately prioritised in the program and NGO partners do not necessarily have the expertise to organise, manage or conduct such research. There is an important role for PATH, and other third parties (such as HDMES) to play in working with program partners and other key stakeholders to develop a fit for purpose M&E system, determine priorities for research to oversee this work and manage dissemination of results.</p> <p>DFAT to work with PATH and HDMES to design the M&E framework for any future SRH/FP and MCH program and identify and progress priority operational research.</p>	<p>Agree</p>	<p>DFAT agrees to the recommendation, noting that HDMES may not necessarily be the partner best placed to support this work, and the appropriate partner has not yet been determined.</p>	<p>DFAT has shared the evaluation report with PATH and MSPNG and is working with them to ensure that elements of this recommendation that can be actioned within the 12-month extension period are incorporated into workplans and budgets for 2023.</p> <p>PATH is undertaking a comprehensive review of its Performance Assessment Framework (including the individual program M&E Frameworks that feed into the PATH PAF) and information management systems to both streamline reporting and strengthen performance assessment systems.</p> <p>If DFAT's new PNG Health Portfolio Plan prioritises investing in SRH/FP and MCH services, a design process will then be undertaken to guide DFAT's post-PSF Phase 2 investments in SRH/FP and MCH services in PNG. This recommendation would be considered in that design.</p>	<p>2023</p>
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