



Australian High Commission
Papua New Guinea



PNGAus Partnership

MANAGEMENT RESPONSE TO THE EVALUATION OF THE PAPUA NEW GUINEA CLINICAL SUPPORT PROGRAM

In March 2022, the Australian Department of Foreign Affairs and Trade (DFAT) commissioned an evaluation of Australia's funding support to the Papua New Guinea (PNG) Clinical Support Program (CSP). The evaluation covered the implementation period of October 2018 to October 2021.

The evaluation assessed effectiveness, efficiency and relevance of CSP implementation in supporting the Government of PNG with clinical capability development. The objective of CSP was to enhance clinical capability development at ANGAU Memorial Provincial Hospital (AMPH), complementing ANGAU's broader infrastructure redevelopment efforts. CSP also intended to enhance clinical capability development in Port Moresby General Hospital (PMGH) and the University of Papua New Guinea's School of Medicine and Health Sciences (SMHS).

DFAT acknowledges the findings of the evaluation, which highlighted successes and challenges in the implementation of CSP. The evaluation noted that the focus on the outcomes in the original investment was lost and particularly on Phase 2 of the program (2018 – 2021), there was a deliberate attempt to target implementation to progress the infrastructure redevelopment of AMPH. Despite this, the evaluation also highlighted that the objectives of the program in building clinical capability development remained relevant to the needs of the PNG health sector. DFAT notes that the numbers from activities implemented under JID's management were not included in the report and DFAT also notes that WHOCCUTS is engaged by JID and not RACS during the CSP implementation.

The evaluation provided nine recommendations for DFAT to consider in any possible future support in Human Resources for Health (HRH), specifically on clinical capability support and efforts to strengthen the ability of the health workforce. This document outlines DFAT's response to the recommendations.



INDIVIDUAL MANAGEMENT RESPONSE TO THE RECOMMENDATIONS

No.	RECOMMENDATIONS	RESPONSE (AGREE/ PARTIALLY AGREE/ DISAGREE)	COMMENTS	ACTION PLAN	TIMEFRAME
1	In any future phases of the CSP, there needs to be a greater emphasis on collaborating with partners to better govern the CSP, strengthen accountability mechanisms and to deliver on program outcomes. This should involve establishing the governance arrangements stipulated in the original investment design or revised governance arrangements tailored to the current context.	Agree	<p>DFAT agrees that future investments in clinical upskilling should have the appropriate governance mechanisms and that this needs to involve relevant collaboration with partners. However, DFAT views that the governance arrangements in the original investment design were too ambitious with respect to seniority of membership and number of stakeholders involved relative to size and scope of the investment.</p> <p>Feedback from stakeholders to DFAT found that some aspects of the governance for CSP worked well but were not reflected in the evaluation, for example, the technical working group arrangements in place that steered the support on Paediatrics and Maternal and Child Health.</p>	<p>Any further investments will consider the governance arrangements carefully to ensure they are fit for purpose.</p> <p>DFAT will consider the appropriate level of participation of key stakeholders in future governance arrangements, so decisions are made and implemented in the most effective and efficient way.</p>	June 2024



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2	In the design of a future phase of CSP, the design team should review the original investment design and determine what remains relevant, what needs to be discarded, and what new outcomes are required (relevance). This review should be undertaken in consultation with key stakeholders, ideally operating within a newly established governance arrangement (see above).	Agree	<p>The ANGAU Hospital Redevelopment Project is coming to an end, therefore support to clinical upskilling will be considered alongside other priorities for investment within the health portfolio.</p> <p>DFAT agrees that the outcomes of the CSP as designed in 2018 to support the redevelopment, may not be relevant and a new design would be required.</p>	<p>DFAT will consult with appropriate stakeholders to determine reasonable outcomes for similar health programs and in future designs.</p> <p>Any future designs of clinical support will use this evaluation as a source of evidence to inform future decisions.</p>	June 2024
3	A new investment design should include a new Monitoring, Evaluation and Learning (MEL) Framework and ensure the program is adequately resourced and funded to strengthen rigour around MEL. Implementation of a baseline survey and a stronger and more uniform commitment to objective measurement of outputs and outcomes will be essential to demonstrate CSP effectiveness and impact. The	Agree	<p>Agree that resourcing of MEL should be improved and better managed in any future support to clinical upskilling.</p> <p>DFAT MEL standards requires a MEL Framework (including SMART indicators) as part of any design.</p>	<p>DFAT will ensure any future designs for clinical upskilling will have a MEL that is fit-for-purpose, including feasible implementation arrangements.</p> <p>The terms of reference for any future design will require the design team to review and</p>	June 2024



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	managing contractor should develop an overarching MEL Framework to guide all evaluation efforts - even if individual sub-contractors have their own MEL plan - and support ongoing robust MEL throughout implementation.			consider the recommendations from this evaluation, including the recommendations to improve MEL.	
4	Any future investment will need a stronger focus on GEDSI. GEDSI considerations need to be fully integrated into the new design and MEL framework and be properly resourced. This should include a strengthened focus on gender equality in clinical leadership positions and a more structured approach to reducing barriers to participation in CSP interventions related to gender equality and disability. The MEL Framework should have a clear requirement for disaggregated data to be collected on participation in CSP activities by gender and	Agree	<p>GEDSI principles are core DFAT principles that are required to be mainstreamed across all of Australia’s development programs.</p> <p>DFAT acknowledges the limitations of gender-disaggregated data collection and reporting process through the PNG’s electronic health information system.</p> <p>DFAT agrees to consider this recommendation for any future investment as part of the development of the new PNG Health Portfolio Plan (HPP).</p>	<p>DFAT will ensure managing contractors are implementing GEDSI principles as part of their contract clause.</p> <p>The terms of reference for any future design will require the design team to review and consider the recommendations from this evaluation, including the recommendation to improve GEDSI.</p>	June 2024



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	[physical and intellectual] disability and outcomes of participation in leadership roles.				
5	Ongoing support for yet to be commissioned components of AMPH into the newly completed infrastructure, including the surgical and medical wards, in the same way as already commissioned facilities were supported (relevance, implementation).	Agree	The commissioning support to all new DFAT-funded infrastructure at AMPH is within the scope of the ANGAU Hospital Redevelopment Project.	Under the existing contract with JID, support to the commissioning of remaining infrastructure will continue.	June 2024
6	Develop an appropriately staffed and equipped Training Department at AMPH to ensure that the current appetite and capacity for training at AMPH is sustained (sustainability)	Partially agree	DFAT agrees with the need for the capacity for training at AMPH should be sustained. However, recruitment of hospital staff, creation of hospital departments and allocation of the hospital budget for training is the responsibility of Morobe Provincial Health Authority (MoPHA). DFAT can provide advice to the MoPHA but has limited ability to ensure this recommendation.	DFAT will use the ANGAU Commissioning Committee Meeting to advocate for ongoing investment in training for AMPH staff.	June 2024
7	Develop CSP interventions to address the competence needs of biomedical support, hospital administration, information management (medical records administration	Partially agree	DFAT agrees that the functions identified in the recommendation are critical. However, DFAT 'partially agrees' with this recommendation as DFAT's future investments need to be considered	DFAT in consultation with NDOH will consider the role of specialist training alongside other human resources	June 2024



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	and coding), facilities management, and hospital services (relevance, effectiveness, sustainability).		alongside the new PNG HPP and PNG’s training priorities.	priorities for funding, including strengthening of primary health care. This consultation will take place in Q3 2023 as part of a process to planning DFAT’s overall portfolio of investments for 2024-2029.	
8	Facilitate local clinical specialists being able to 'step up' and play a greater leadership role in the capacity building of the PNG health workforce by alleviating constraints upon them (the result of workforce shortages) to act more strategically. Strategies to free up clinical leaders can be developed with CSP stakeholders (sustainability).	Agree	Agree that facilitating leadership of PNG clinicians to play a stronger role in clinical upskilling is a sustainable strategy to improve specialist workforce needs. Implementation of this recommendation is subject to the development of DFAT’s new HPP and the priorities agreed with GoPNG for investment determined as part of this process.	DFAT will ensure any future designs for clinical upskilling will consider how to implement this recommendation in a feasible manner. Any future design team will be provided with a copy of this evaluation.	June 2024
9	Identify proven effective examples of capacity building at AMPH that could be replicated in	Agree	DFAT acknowledges that incorporating training content into existing curricula or developing new	DFAT will ensure any future designs for clinical upskilling	Q3/Q4 2023



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	<p>other provincial hospitals or to the wider PNG health system and develop mechanisms to make this happen. This will likely require building on and leveraging relationships with UPNG and PMGH to incorporate content into existing curricula or developing new formal course options (sustainability).</p>		<p>courses will require extensive engagement across PNG to ensure support is aligned to PNG’s clinical training framework.</p> <p>Implementation of this recommendation is subject to the development of DFAT’s new HPP and the priorities agreed with GoPNG for investment determined as part of this process.</p>	<p>will consider how to implement this recommendation in a feasible manner. The terms of reference for any future design will require the design team to review and consider the recommendations from this evaluation, including this recommendation.</p> <p>Additionally, DFAT will share effective examples of capacity building in PNG with relevant stakeholders (including SMHS, PMGH, PHAs, National Department of Health, Department of Higher Education, Research, Science and Technology) in the second half of 2023 through active</p>	



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				consultations. DFAT will look for opportunities to present the lessons at key health sector events, ie CEO forums.	