

Saving Lives, Spreading Smiles project: Individual management response to the recommendations

Immediate Recommendation for DFAT	Response (agree, disagree)	Comment	Next Steps	Timeframe
<p>DFAT approve a no-cost extension, and UNICEF/National Department of Health (NDoH) consolidate and refocus activities to better respond to COVID-19 impacts on early essential newborn care (EENC) services and safe delivery, such as:</p> <ul style="list-style-type: none"> • Provision of information to providers on the importance of continuing to provide antenatal, delivery and post-natal care, and on precautions/protocols to reduce the risk of transmission of COVID-19 during provision of these services; • Increased education to pregnant women and their families on the importance of accessing and using these services, and on how to reduce the risks of transmission of COVID-19 during use of these services; and • Provision of adequate personal protective equipment (PPE) to high volume delivery (HVD) facilities, and village health volunteer's (VHV) targeted equipment such as kangaroo care (KC) kits 	Agree	DFAT agreed to extend the program. UNICEF requested a 12 month no cost extension (NCE) from 1 July 2021 to 30 June 2022 because there were unspent funds available for activities that were interrupted by COVID-19 restrictions.	<p>DFAT approved the no cost extension before this review was completed and has agreed with UNICEF that a full project report be submitted by 31 July 2022.</p> <p>DFAT conveyed to UNICEF the evaluation recommendations to consolidate and refocus activities to better respond to COVID-19 impacts on EENC services and safe delivery.</p>	Completed. NCE approved on 9 June 2021.

Long Term Recommendation for DFAT	Response (agree, disagree)	Comment	Next Steps	Timeframe
<p>Increase focus on supporting maternal, newborn and child health (MNCH) specifically within the Health Portfolio Plan to build on its increased profile in PNG and on the investments in the SLSS, noting that longer term support for the EENC initiatives is likely to be necessary. This could be reflected by including a more explicit focus on EENC as a component of sexual and reproductive health under the current PNG-Australia Transition to Health (PATH) design and including a relevant indicator on improving neonatal health outcomes in the Performance Assessment Framework (PAF). The intended focus on integrating assistance with Provincial Health Authority (PHA) management should also incorporate the EENC approach into strengthening integrated health service provision.</p>	Partially agree	DFAT will consider this recommendation as part of a review of DFAT's PNG Health Portfolio Plan in 2022. The response to this recommendation is listed as 'partially agree' as this Management Response should not pre-empt the findings of the Portfolio Plan review.	DFAT is developing a new PNG Health Portfolio Plan during 2023 and this recommendation will be considered in that context. Any changes to the PATH design will be guided by the new Portfolio Plan.	2023
<p>Address supply side barriers to consider how the program can facilitate and leverage broader efforts to strengthen primary health care such as efforts to address the health worker shortage in the provinces and districts, outside of a specific focus on MNCH. Explore ways to extend assistance to lower levels of health facilities to strengthen referral system/address geographical barriers to achieve greater equity of access. Undertake a cost effectiveness study to cost and compare alternative strategies to (a) maintain</p>	Partially agree	<p>DFAT partially agrees with this recommendation. While the SLSS Project supported VHV and health workers with training on EENC, it is beyond the scope and capacity of the program to ensure that these skilled workers are employed in specific facilities.</p> <p>DFAT does not intend to commission the proposed cost-effectiveness study which would</p>	<p>DFAT will continue to advocate for skilled health workers to be placed in lower levels of health facilities and consider this recommendation in the development of the new PNG Health Portfolio Plan planned for 2023.</p> <p>DFAT will ensure that the success and lessons learnt from the SLSS program are incorporated into future MNCH investments.</p>	2023

<p>delivery of EENC services; and (b) increase access of the population at need to these services.</p>		<p>appropriately be overseen by a technical partner such as UNICEF.</p>	<p>DFAT will advocate through its seat in the NDOH forums - Child Health Advisory Committee and Reproductive, Maternal, Newborn and Child Health (RMNCH) Technical Advisory Committee - for appropriate government funding allocation to MNCH activities to ensure that EENC services are maintained and reach the population.</p>	
<p>Support the GoPNG to implement the VHV policy, with support from UNICEF and other implementing partners.</p>	<p>Agree (in principle)</p>	<p>DFAT notes that the VHV is a network that has been engaged by UNICEF since 2015 to fill the gap for health human resources in communities. It is positive that NDOH has seen the value of VHVs in the communities and developed a policy to guide their engagement.</p>	<p>DFAT will take this recommendation into consideration in the development of the new PNG Health Portfolio Plan planned for 2023. In particular this recommendation will be relevant to consideration of any future Human Resources for Health (HRH) support.</p>	<p>2023</p>
<p>Approval of future investments by DFAT in the safe motherhood/EENC area should require development partners to provide more detailed gender equality and social inclusion (GESI) strategies, including:</p> <ul style="list-style-type: none"> • Specific analysis of underlying barriers restricting access by women, including women with a disability; • Considering the impact on increasing the survival rates of LBW babies on the incidence of developmental delays or disability, and how these are screened and addressed; and 	<p>Agree</p>	<p>DFAT agrees with this recommendation. While the SLSS project documentation has incorporated GESI in its work and the project has addressed it in practical ways (e.g. by advocating and providing space for male carers to be involved with skin-to-skin technique on newborn babies), reporting on how GESI has been addressed is a gap. The SLSS project has used the government reporting system which lacks sex and disability disaggregated data.</p>	<p>For any future investments, DFAT will ensure that - throughout the project - GESI is a priority area to address and report against, in line with PNG Health Sector Gender Policy 2014, and DFAT's Gender Equality and Women's Empowerment Strategy 2016 as well as aligned to Port Moresby Post's Gender Action Plan (under revision).</p>	<p>N/A</p>

<ul style="list-style-type: none"> Integrating GESI activities into monitoring and evaluation plans. 				
<p>For Future EENC programming, DFAT should convey to multi-lateral development partners the expectations of M&E plan quality – especially as a strategic management tool rather than a means of routine reporting and M&E Frameworks should comply with current DFAT standards.</p>	Agree	DFAT agrees with this recommendation. Throughout implementation it was difficult to align UNICEF’s reporting system to DFAT’s standards and UNICEF was rigid in using its existing system.	For any future investments, DFAT will engage with multilateral development partners develop and implement quality M&E plans in accordance with DFAT M&E Standards .	N/A