

Sexual and Reproductive Health Integration Project (SRHIP): DFAT management response to the recommendations of the 2023 SRHIP evaluation report

Recommendations for DFAT	Response (agree, disagree)	Comment	Next Steps	Time frame
<p><i>Recommendations 1 to 3 are for action during the remainder of Phase 2 and are to be actioned by SRHIP consortium implementing partners.</i></p> <p>Recommendation 1: The SRHIP consortium continue to finalise integration activities and deliver on committed targets.</p> <p>Specific activities could include:</p> <ul style="list-style-type: none"> • Progress the final 5 Catholic Church Health Services (CCHS) facilities (located in Eastern Highlands, Madang, West Sepik, and Morobe) as planned, and complete integration and referral systems, to fully realise HIV/STI and primary health integration. • Collaborate with Papua New Guinea’s National Department of Health (NDOH) on health information data systems to transfer the remaining facilities using the old health information system to the new NDOH health information system. • Consider options to preserve the high standard of Human Immunodeficiency Virus (HIV)/Sexually Transmitted Infections (STI) 	<p>Agree</p>	<p>In December 2022, DFAT approved a costed extension of SRHIP Phase 2 until 31 December 2024 to enable recommendations 1 to 3 to be implemented by the SRHIP implementing partners and managed through the PATH investment program.</p> <p>DFAT shared a draft of the SRHIP evaluation report with implementing partners and requested partners consider how they could implement recommendations 1 to 3 prior to the Phase 2 extension to December 2024.</p> <p>Implementing partners agreed to focus on achieving the outcomes of SRHIP Phase 2, and on areas for action proposed in this evaluation, particularly for outcomes related to development of strong partnerships and strong engagement, especially with Papua New Guinea National Department of Health (NDOH) and community groups.</p> <p>In an April 2023, a learning and reflection workshop attended by DFAT and implementing partners reflected on</p>	<p>DFAT through its managing contractor, PATH, will continue to monitor progress and work with implementing partners to achieve the End of Program Outcomes (EOPOs) for SRHIP Phase 2 by December 2023.</p> <p>As outlined in Recommendation 3, DFAT will share information with PATH on other DFAT investments on HIV including through the Global Fund set aside funding where community lead monitoring is being rolled out in Port Moresby, PNG.</p>	<p>2023</p>

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<p>staff clinical skills established under Phase 1 and 2, such as refresher training.</p> <ul style="list-style-type: none"> • Through qualitative assessments, such as surveys, measure the impact of training and capacity building on operations and clinical work practices. • Where possible, and within the timeframe, revise the use and focus of Provincial Health Authority (PHA) Service Level Agreements (SLA) to include shared learning and best practice, subnational coordination, data management, training, and referral pathways, to improve the sustainability of integration efforts. • Undertake a systematic learning and reflection review to ensure lessons learned are captured, and adaptations made where possible in the time remaining, and to inform Phase 3. <p>Recommendation 2: Progress formalising engagement partnerships with key population and vulnerable groups, to guide inclusive counselling and operational tools and practices.</p> <p>Specific activities could include:</p>		<p>SRHIP’s end of program outcomes (EOPOs) and how to reach these outcomes and improve in implementation, as recommended in this evaluation.</p> <p>The CCHS consortium are highly engaged and are progressing Recommendations 1 to 3.</p>		

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<ul style="list-style-type: none"> • Formalise agreements with Key Population Advocacy Consortium (KPAC) and Callan Services, and collaboratively coordinate on: <ul style="list-style-type: none"> ○ Local key population networks. ○ Identification and incorporation of diverse approaches in clinical and counselling practices. ○ Development of a Disability Action Plan based on the Persons with Disabilities (PWD) integration needs assessment. • Approve and roll out the Sexual and Reproductive Health (SRH) Referral Policy and gender transformative approach. • In conjunction with the Youth Advisory Committee, roll out the Adolescent and Young Adult Action Plan. • Investigate options to reduce ‘loss to follow up’ for patients on treatment plans. <p>Recommendation 3: Continue to strengthen engagement with community groups to increase SRH awareness, reduce stigma, and increase access to services.</p> <p>Specific activities could include:</p> <ul style="list-style-type: none"> • Include HIV/STI expertise in all outreach units to strengthen access to specialist care, while providing services in remote, peri-urban or 				

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<p>rural locations.</p> <ul style="list-style-type: none"> In collaboration with PNG-Australia Transition to Health (PATH) investment program and DFAT, identify stakeholders working with communities and seek out opportunities where outreach impacts can be increased; for example, with the multilaterally funded USAID Community-led Monitoring (CLM) project. Leverage <i>Igat Hope's</i> existing peer-to-peer national network to increase the uptake of HIV/STI testing and treatment. This is a synergistic opportunity that would extend the impact of SRHIP and the People Living with HIV (PLHIV) informal and extensive national network of <i>Igat Hope</i>. 				
<p>Recommendations 4 and 5 are proposed for a SRHIP Phase 3 design and implementation and are to be actioned by PATH or DFAT.</p> <p>Recommendation 4: DFAT and PATH frame the scope of a Phase 3 to incorporate learning from SRHIP Phase 1 and 2, in conjunction with developments in national and subnational responses since 2020 to HIV/STI and reproductive health.</p>	Agree	<p>DFAT agrees with the need for continued support for SRH services but not necessarily a phase three of SRHIP. The extent of continued support is subject to DFAT programming and budget decisions; to Australia's health investments prioritisation and alignment with PNG's National STI and HIV Strategy (2023-2027), which is currently being drafted and yet to be endorsed by PNG Government.</p> <p>If Phase 3 was pursued, DFAT would incorporate lessons from a range of</p>	<p>If DFAT's new PNG Health Portfolio Plan prioritises investing in SRH and HIV/STI services, DFAT will consider Recommendation 4 in the design process and in the selection of implementing partners.</p> <p>Addressing Recommendation 5, DFAT will work with PATH to improve collaboration with PHA, NDOH and collaboration between other service delivery grantees.</p>	2024-2025

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<p>Specific activities suggested are:</p> <ul style="list-style-type: none"> • DFAT, through PATH or Human Development Monitoring and Evaluation Services (HDMES), uses the 2022 Global Fund disease burden survey and USAID CLM mapping to identify where future SRH needs exist, against current government and non-government responses and investments. • DFAT, with PATH and implementing partners, agree on the definition, scope, and terms of 'integration' required with NDOH, PHAs, stakeholders and communities, to establish clear expectations in subsequent grant designs. • DFAT, through PATH or HDMES, rigorously assesses the quality of proposal documentation for Phase 3, and critically reviews the Theory of Change and approach to Monitoring, Evaluation and Learning (MEL) and reporting. Following SRHIP Phase 3 contracting, the Theory of Change, MEL system and reporting be updated as required, and DFAT to provide oversight to ensure ongoing quality and relevance. • DFAT and PATH develop streamlined mechanisms for engagement of KPAC and Callan Services to ensure multiple program designs and implementation do not burden 		<p>programs being implemented by DFAT and other donors in PNG to support SRH and use existing information to inform the design.</p> <p>DFAT, through PATH, will improve governance and collaboration between the service delivery grants by integrating management and collaboration across grantees.</p> <p>The PATH program is specifically designed to transition programs such as SRHIP into PNG's health system; strengthen and influence local institutions (e.g. Provincial Health Authorities (PHA)) and systems in a targeted way to sustain service delivery capabilities; and progressively cultivate, transfer and scale these successes once embedded.</p>		

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<p>smaller PNG Non-government Organisations (NGO).</p> <ul style="list-style-type: none"> • Within the SRHIP Phase 3 scope, DFAT and PATH retain but calibrate expectations of service delivery organisations' capability to progress inclusion activities with diverse populations such as PWD, sex workers and other marginalised groups. <p>Recommendation 5: PATH to actively support and collaborate with grantees under the Frontline Health Outcomes workstream, and SRHIP, on mutual implementation and governance activities.</p> <p>Specific activities include:</p> <ul style="list-style-type: none"> • PATH include DFAT, NDOH and PHAs in quarterly governance reflection workshops. • PATH coordinates and cooperates with all sub-grantee partners including SRHIP implementers, ensuring complementary facilitation on mutual program activities and shared compliance requirements (safeguarding, Gender Equality, Disability and Social Inclusion (GEDSI) and Preventing Sexual Exploitation, Abuse and Harassment (PSEAH)). • PATH reintroduces joint field trips to SRHIP 				

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<p>sites, inclusive of DFAT and NDOH attendance, to improve understanding of grantee projects, facilitate strategic and adaptive learning, and support validation of results.</p> <ul style="list-style-type: none"> • PATH, with DFAT and NDOH, facilitates best practice workshops or reflection forums across providers to share and roll out SRHIP CCHS successes, such as the Behaviour Change Communication Toolkit. • PATH supports increased coherence and cooperation between DFAT-funded PATH sub-grantees inclusive of SRHIP, to optimise synergy and effectiveness when working with PHAs and other subnational partners (e.g. accessing local key population networks). 				
<p><i>Recommendation 6 is proposed for future DFAT programming in HIV/STI/SRH and family planning in PNG, and is to be actioned by DFAT.</i></p> <p>Recommendation 6: In national and subnational forums, and in collaboration with other donors and program implementers, DFAT continues to communicate about existing and new project investments in HIV/STI and SRH to enhance</p>	Agree	<p>DFAT already engages in PNG national and subnational forums in collaboration with other donors.</p> <p>These forums include the National Aids Council, the Steering Committee for the National STI/HIV Strategic Plan, the National HIV Technical Working Group and the Global Fund Country Coordinating Mechanism and Development Partner meetings.</p>	DFAT is advocating for progress for current and future investments in HIV/STI and SRH with the PNG National Governments, PHA's, and donor counterparts to improve awareness and enable local ownership as well as funding efficiencies.	2023

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<p>coordination and coherence across donors and with NDOH and PHAs.</p> <p>Specific activities include:</p> <ul style="list-style-type: none"> • DFAT considers options for how to best support NDOH to strengthen donor coordination. • DFAT continues to strengthen relations with NDOH lead managers, to improve engagement on and ownership of DFAT investments in HIV/STI and SRH. • DFAT shares with NDOH, and other donors, evaluation learning to assist evidence-based decision-making for current and future investments, enhancing alignment and reducing duplication. 		<p>DFAT collaborates with USAID on the Community Lead Monitoring project managed through USAID.</p> <p>DFAT presented at the February 2023 National HIV Technical Working Group (TWG) meeting on its HIV/STI and SRH investments in PNG (bilateral and regional). The TWG requested SRHIP implementing partners to present to the TWG on lessons learned and recommendations to improve the integration of HIV/STI services into primary health care services. This is planned once the evaluation has been published.</p>		