Australian Government
AusAID

Quality at Entry Report for
Australia Indonesia Partnership for Health Systems Strengthening

A: AidWorks details *completed by Activity Manager*			
Initiative Name:	Australia Indonesia Partnership for Health Systems Strengthening Program (AIPHSS) 2012-2016		
Initiative No:	< insert AidWorks ID >	**Total Amount:**	AUD 50 million
Start Date:	2012	**End Date:**	2016

B: Appraisal Peer Review meeting details *completed by Activity Manager*	
Initial ratings prepared by:	Independent appraisers and peer reviewers
Meeting date:	27 July 2011
Chair:	Rod Brazier, ADG Indonesia & East Timor Branch
Peer reviewers providing formal comment & ratings:	– Ben David, Principal Health Adviser, AusAID Canberra – Joanne G, Principal Health Adviser, AusAID Canberra
Independent Appraiser:	– Jim Tulloch, former Principal Health Adviser, AusAID Canberra – Stewart Tyson, health consultant (HRF)

B: Appraisal Peer Review meeting details *completed by Activity Manager*	
Other peer review participants:	GOI Representatives – Dr Untung Suseno, Special Adviser to the Minister of Health in Health Financing and Community Empowerment, MOH Indonesia – Dr Gita Maya, Head of Sub-directorate for Policy, Program and Planning , Bureau of Planning, MOH AusAID Jakarta Attendees: - Jacqui De Lacy, Minister Counsellor, AusAID Indoensia - Sam Zappia, Chief of Operations, AusAID Indonesia - Martin Taylor, Principal Design Consultant - Doug Ramage, Governance Adviser, Post - Petra Karetji, Director Decentralization, PRRD, Post - Helen McFarlane, Counsellor, Health and DM, Post - Members of Health Team (Amanda Simmonds, Ria Arief, Widya Setyowati, Ainsley Hemming, Nicola Ross and Imam Surbekti) - Sally Mackenzi, PFM, Post - Anggiet Ariefianto, Unit Manager, Gender, Post - Kartika Sari Dewi, SPM HIV &EID, Post AusAID Canberra Attendees: - Kristen Stokes, Indonesia Health Analyst - Danielle Sever, First Secretary Health Indonesia (to begin in 2012 to Post) - Fransesca Lawe-Davies, Indonesia Service Delivery Manager – Debbie Muirhead, Research Adviser – Bernie Pearce, Gender Adviser - Laurie McCulloch, Working in Partner Systems, Program Strategy and Design Department of Health and Aging, Australia (DOHA) - Klaus Klauke, Director, Asia Pacific Section

C: Safeguards and Commitments (completed by Activity Manager)		
Answer the following questions relevant to potential impacts of the activity.		
1. Environment	Have the environmental marker questions been answered and adequately addressed by the design document in line with legal requirements under the *Environmental Protection and Biodiversity Conservation Act*?	*Yes*
2. Child Protection	Does the design meet the requirements of AusAID's Child Protection Policy?	*N/A*

D: Initiative/Activity description *completed by Activity Manager (no more than 300 words per cell)*

3. Description of the Initiative/ Activity

What is it?

The Australia – Indonesia Partnership for Health Systems Strengthening Program (AIPHSS) will support the Government of Indonesia's plan to strengthen health systems and achieve the health Millennium Development Goals, in particular the seriously off track maternal mortality MDG. The program aligns with the Ministry of Health Strategic Plan (2010-2014) and has targets and indicators linked to the Plan's attached Performance Matrix. It also aligns with the Government's 'Roadmap to Accelerate Achievement of the MDGs in Indonesia' which includes an explicit commitment to achieve the maternal mortality MDG.

The program impact (goal) is *improved health status of poor people.* It will be measured beyond the life of the project by improved maternal mortality rate and improved under 5 mortality rate. The outcome (purpose) will *be improved utilisation of quality primary health care and appropriate referral by the poor and near poor to achieve the health MDGs (in 20 districts in 5 provinces).* The program intends to strengthen health financing and workforce systems through the course of implementation, and thereby contribute, in support of other Government of Indonesia plans, to improving maternal and child health outcomes. The program will specifically target increased utilisation of primary health care by the poor and near poor.

The AIPHSS will be partially harmonised with the Global Fund HSS grant to strengthen primary health care services for poor people. The AusAID investment will be up to $50 million in five years from 2011 to June 2016. The AIPHSS will share governance and implementation arrangements with the Global Fund HSS Program but have separate management arrangements. This is because both programs, while supporting health system strengthening, were designed at different times, focus on different parts of the health system and thus have different counterparts within the Ministry of Health is so that the Ministry of Health can harness the program synergies and maximise outcomes and both donors can work together to provide consistency in approach and minimise transaction costs for the Ministry of working with two donors. The governance and management arrangements have been designed to ensure joint accountability between the Government of Indonesia and AusAID, but to ensure lead accountability for managing and implementing the project lies with a Program Management Unit (PMU) within the Ministry of Health. The PMU will be supported by an AusAID contracted Implementing Service Provider (ISP) and a Program Technical Adviser (PTA).

4. Objectives Summary

What are we doing?

The program impact (goal) is *improved health status of poor people.* It will be measured beyond the life of the project by improved maternal mortality rate and improved under 5 mortality rate. The program intends to strengthen health financing and workforce systems through the course of implementation, and thereby contribute, in support of other Government of Indonesia government plans, to improving maternal and child health outcomes. The program will specifically target increased utilisation of primary health care by the poor and near poor.

The Program intervention will result in achieving the following five outputs:

(i) Output 1: Ministry of health using evidence-based data and up to date information for the national level policies' decision making on health financing and health human resources to improve access and quality of primary health care for the poor and the near poor.

(ii) Output 2: Twenty districts/city health offices in five provinces implement health financing and human health resources' policies and programs more effectively and efficiently to improve access and quality to primary health care for the poor and the near poor.

(iii) Output 3: Selected primary health centres (Puskesmas) and village health posts (Pustu) in twenty districts/cities in five provinces having (empowered) qualified health workers and have sufficient resources to deliver quality and free health care services

(iv) Output 4: Centre for Health Workforce Education and Training (Pusdiklatnakes) ensures selected government health polytechnics (Poltekkes) run accredited nursing and midwifery stuffy programs to produce qualified nurses and midwives for the selected primary health care and village health posts.

(v) Output 5: Universities, research institutes, civil society organizations are able to delivery evidence-based data for central and local policy-makers on health financing and health workforce.

E: Quality Assessment and Rating *(no more than 300 words per cell)*

Criteria	Assessment	Rating (1-6) *	Required Action (if needed) ‡
5. Relevance	***Why are we doing this?*** The program is relevant to both GoI and GoA objectives in the health sector. It's overall goal of improving maternal and child health towards achievement of the MDGs is appropriate, as is the focus on the health financing and human resource dimensions of health system strengthening. The analysis underpinning the program is more thorough than for many AusAID initiatives. That being said, the argument for choosing to work in "partial harmonization" with the Global Fund and use its mechanisms may be somewhat biased. It is not obvious that this approach will result in "relatively low transaction costs for AusAID".	JT (4) ST (6) B & J (6) FINAL (5)	A more balanced view of the pros and cons of working with the Global Fund could be provided. This would not necessarily change the decision but might ensure AusAID is better prepared to work with this modality. Articulate some of the risks, pros and cons of the GF modality in Annex 7 and 12.
6. Effectiveness	***Will it work?*** The objectives are clearly articulated and consistent with the country strategy and Australian priorities and policies. It has clearly articulated the objectives and when they are likely to be met, although some information is missing in relation to the program logic. The program is addressing two pillars of the health system which is health financing and health workforce. The goal might seem unrealistic, possibly because the program is only "contributing" to it and the achievement of the goal will not solely depend on the success of this program but will also derive from other pillars of the health system. Other comments: - sound solid program logic - range of stakeholder consultation to ensure the room for collaboration work with wide range actors in the program - design proposed is a new approach for AusAID (new way of working) where it is partially 'adopt" existing GF approach…it also builds the capacity of GOI to start leading the program (not using traditional approach of using MC but also building the linkages with markets) - the involvement of wide range of TAs possibly will improve GOI knowledge	JT (3) ST(5) B & J (4) FINAL (5)	Concerns raised: The program logic needs some changes, including clarification around the goal. JT: noted his concern about the risk and likelihood of change not occurring. Expressed uncertainty over the goal of the program as outlined in the current design and whether it relates to health system strengthening of maternal and child health.
7. Efficiency	***How will we do it?*** Delivery modality (through GOI-led program within MOH supported by an AusAID Implementing Service Provider) is appropriate. Roles and responsibilities are clear with defined checks and balances. Other options were discounted for valid reasons. Use of national systems and maximising ownership is balanced by 'partial harmonization' with the Global Fund and use of proven Global Fund systems including fiduciary management and oversight. The role of the PTA as currently defined is unrealistic. The role of the ISP is not well enough defined.	JT (4) ST (5) B & J (4) FINAL (5)	Review role of PTA. Define more clearly role of ISP. If its TA role is limited to only some Outputs, make this clear and explain how the others will be serviced.

5. Relevance	***Why are we doing this?*** The program is relevant to both GoI and GoA objectives in the health sector. It's overall goal of improving maternal and child health towards achievement of the MDGs is appropriate, as is the focus on the health financing and human resource dimensions of health system strengthening. The analysis underpinning the program is more thorough than for many AusAID initiatives. That being said, the argument for choosing to work in "partial harmonization" with the Global Fund and use its mechanisms may be somewhat biased. It is not obvious that this approach will result in "relatively low transaction costs for AusAID".	JT (4) ST (6) B & J (6) FINAL (5)	A more balanced view of the pros and cons of working with the Global Fund could be provided. This would not necessarily change the decision but might ensure AusAID is better prepared to work with this modality. Articulate some of the risks, pros and cons of the GF modality in Annex 7 and 12.
8. Monitoring & Evaluation	***How will we know?*** The program M&E logframe provides some information on baseline data, and for the collection of management information for implementation and decision making as well as evidence of effectiveness. Other comments: - proposal contains good outline of output, outcomes and has strong result framework - clear accountable process through the LFA but need to be clearly articulated	JT (3) ST(5) B & J(4-5) FINAL(5)	JT: • Revisit the logical framework indicators in outcomes to ensure balance and where appropriate, clarify the goal of the program in the body of the document • ensure the design addresses complexities of health financing. • advise how the M&E will be fleshed out during the inception phase. The design foreshadows the need to finalise the logframe and M&E framework during the Inception Period.
9. Sustainability	***Will benefits last?*** Very strong national ownership and leadership, design maximises use of national systems, focus on institutional capacity building and improving efficiency and effectiveness of domestic health spend. Minimal capital inputs from AusAid. System improvements will contribute to a stronger primary health care base from which to launch interventions against emerging and future health challenges. Successful health financing and human resource reforms are likely to be adopted beyond the progam area. Inputs will strengthen voice and influence of policy networks and civil society.	JT (4) ST (6) B&J (4) FINAL (5)	

10. Gender Equality	***How will we achieve gender equality?*** The design incorporates the promotion of gender equality and provides an explanation as to how gender issues will be systematically but proportionally considered and addressed.	JT(4) ST(5) B & J(5) FINAL(5)	The design foreshadows the development of a Gender plan during the Inception Phase will will include further consideration on the ability and impact on women's participation.
11. Analysis and Learning	***How well have we thought this through?*** The design incorporates appropriate situational analysis and lessons learnt from past experience in order to formulate the desired objectives and approach. The design has well articulated the existing situation in Indonesia health sector including how this program could carry forward the next steps – areas of where this program could fill in the gap in the existing health system.	JT(4) ST(6) B & J(5) FINAL (5)	More articulation regarding the theory of change: how the program will move from output to outcome; how the mechanism will ensure sustainability

* **Definitions of the Rating Scale:**			
Satisfactory *(4, 5 and 6)*		***Less than satisfactory*** *(1, 2 and 3)*	
6	Very high quality; needs ongoing management & monitoring only	**3**	Less than adequate quality; needs to be improved in core areas
5	Good quality; needs minor work to improve in some areas	**2**	Poor quality; needs major work to improve
4	Adequate quality; needs some work to improve	**1**	Very poor quality; needs major overhaul

‡ **Required actions (if needed):** These boxes should be used wherever the rating is less than 5, to identify actions needed to raise the rating to the next level, and to fully satisfactory (5). The text can note recommended or ongoing actions.

F: Next Steps *completed by Activity Manager after agreement at the Appraisal Peer Review meeting*

Provide information on all steps required to finalise the design based on *Required Actions* in "C" above, and additional actions identified in the peer review meeting	Who is responsible	Date to be done
1. Risk and the likelihood that change will occur: - Revisit the logical framework indicators (in outcomes) to ensure balance and where appropriate, clarify the goal of the program in the body of the document - Ensure the design addresses complexities of health financing	HSS Design Team Jakarta	15 September 2011
2. Partial harmonization with the GF and the complexity of the management model: - Articulate some of the risks, pros and cons of the GF modality in Annex 7 and 12 - Revise the management structure diagram in Attachment 1	HSS Design Team Jakarta	15 September 2011
3. Program Activities: - Provide greater detail in Annex 10 relating to the inception period and the links with GOI planning processes. Include the scope of services for the ISP - Provide an additional attachment to Annex 7, which articulates the process for developing and agreeing annual work plans	HSS Design Team Jakarta	15 September 2011
4. M&E: - Advise how the M&E will be fleshed out during the inception phase (this link to log frame, hierarchy of results and specific indicators)	HSS Design Team Jakarta	15 September 2011
5. Role of the ISP: - clarify the role of the ISP in the design	HSS Design Team Jakarta	15 September 2011

G: Other comments or issues *completed by Activity Manager after agreement at the APR meeting*

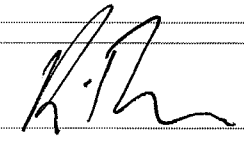
- Re- articulate the role of the PTA
- Revisit the risk management template

H: Approval *completed by **ADG or Minister-Counsellor** who chaired the peer review meeting*

On the basis of the final agreed Quality Rating assessment (C) and Next Steps (D) above:

☑ **QAE REPORT IS APPROVED**, and authorization given to proceed to:

☐ **NOT APPROVED** for the following reason(s):

Roderick Brazier ADG IET	signed: 	19/10/11 < date >