

## HP Mid-Term Review Recommendations and Management Responses

### Program Intent and Strategy

MTR Recommendations	DFAT Management Responses
1. DFAT and VAHP to better articulate and communicate the intent of, and strategy for, VAHP's ongoing investment to support MoH leadership and strengthen the delivery of essential health services (i.e. the area of focus of this Mid-term review).	<b>Agree:</b> DFAT and VAHP will develop a shared vision on Australia's intention in the health sector focusing on linking primary and tertiary health care and consolidating investments through a design update.
2. To facilitate engagement with GoV on strengthening essential health services (an area strongly related to, but also distinct within other streams of VAHP support – see Figure 3), this area of VAHP effort be given a recognised strapline/name and be given explicit operational space and resourcing to ensure effective progress.	<b>Agree:</b> VAHP will renew its focus on health service delivery through the Tasmalum working group and develop a framework for bottom-up assessment of primary health care delivery across a variety of settings. DFAT will pursue a design update for the next phase of support and in doing so include a stronger distinction between and within streams of support including to consolidate and clarify Australia's support in both Primary and Tertiary Health.

### VAHP Modalities

3. The results framework and the updated theory of change (recommendation 2) lead prioritisation of strategic VAHP technical assistance inputs and policy dialogue inputs, with a stronger Provincial focus for the technical assistance.	<b>Agree:</b> VAHP will update the TOC based on the Strategic Review & Reflection Workshop. This work is already underway. A performance framework for Tasmalum and the whole of program is currently under development.
4. VAHP consider a greater physical presence in MoH to enhance policy influence (see also recommendation 10). The Direct Finance Agreement modality is addressed at recommendation 11.	<b>Agree:</b> VAHP will consider options for a physical presence in MOH to enhance policy influence. VAHP to consult with MOH and other embedded programs such as VESP, R4D2 and WHO.

### PDIA approach

5. VAHP draw on relevant expertise to review their perceived and actual ways of working with adaptive management and PDIA, with a view to using the approaches more effectively.	<b>Agree:</b> VAHP will develop processes to communicate ways of working with adaptive management, PEA and PDIA for DFAT, counterparts and within VAHP. The MTR report raises whether Adaptive Management approaches such as PDIA are appropriate in Vanuatu. VAHP will engage DFAT and MOH senior management to re-confirm the appetite for change and commitment to adaptive approaches.
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## Provincial Focus

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6. A new Provincial Health Adviser/Facilitator position be recruited and based in MoH Corporate for greater presence in MoH and with specific responsibility to advise and support partner coordination, Provincial planning and budgeting and support the 'bottom-up' Provincial Focus Strategy (working in close liaison with VAHP's Provincial facilitators).	<b>Agree:</b> In consultation with MoH, VAHP will explore the possibility of increasing its physical presence in MoH. VAHP will integrate the new and proposed Provincial Health Facilitator into the revised Public Health Advisor role. This role will be embedded in MOH, supported by the new Partnership Director, and will work across both the Corporate and Public Health Directorates.
7. The Tasmalum Working Group urgently focus on the strategic intent of the Pilot - what it is trying to achieve and demonstrate, in particular in relation to decentralisation, health systems strengthening and GEDSI; how success is being defined; over what time period the Pilot will run; and how it will be monitored and reported.	<b>Agree:</b> VAHP will guide the strategic intent of the provincial pilot by developing a Tasmalum Health Centre Pilot Roadmap and a performance framework. This is already underway with links to the clinical services model and hospital masterplan project in the future.

## Workforce Development

8. In close collaboration with the Public Service Commission (PSC) and the Vanuatu Qualifications Authority (VQA), VAHP build on current support to VCNE to scale up and prioritise broader support to Nursing as the Partnership moves into Phase 2.	<b>Agree:</b> VAHP will focus on providing enhanced support and leadership to VCNE's re-registration. Support to the nursing workforce will also be enhanced by the development of the clinical services model and the hospital master plan project.
9. In close collaboration with PSC and the VQA, VAHP increasingly support development of pre-training, and introduction of in-service training, for nursing cadres. This to include exploring the potential for virtual training and taking the opportunity to integrate GEDSI/Inclusive Health and climate considerations into relevant modules.	<b>Agree:</b> VAHP will provide support to MOH for in-service training for nursing cadres. VAHP will support MoH in its development of targeted training. This may include technical resources or engagement of partners through the MoH systems and processes. For climate considerations VAHP may consult with Australia Pacific Climate Partnership.

## Health Sector Coordination

10. DFAT, ideally in conjunction with or in support of WHO, consider proactively progressing informal donor coordination. A first step might be to co-host with WHO a health partners catch-up with a view to institutionalising such catchups on a regular basis. As a minimum, DFAT to consider	<b>Agree:</b> In support of WHO's broader leadership on donor coordination, DFAT will additionally focus on informal coordination with DFAT-funded partners. DFAT will use the master plan work as a tool to influence and support WHO to lead stronger partner coordination and strengthen governance
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informally coordinating on a regular basis with the agencies to which it provides funding (WHO, UNICEF, UNFPA etc).	structures from national to provincial level.
<b>Direct Finance Agreement</b>	
11. Ways of working with DFA be reviewed with a view to making it more efficient. Several specific recommendations are proposed at the end of section 3.4.2 of the report.	<b>Agree</b> that VAHP will increase TA resourcing such as a PFM specialist to explore options to streamline DFA processes while ensuring the right balance between fiduciary risk and reputation risk. VAHP will work with DFAT to review and address reforms to the DFA and ensure DFA allocations are clearly aligned to the joint DFAT-GoV objectives for VAHP which are linked to the NSDP and the HSS.
<b>GEDSI</b>	
12. Working closely with central agencies, VAHP expand Women in Leadership opportunities for nurses, including those at Provincial level, to support and model inclusive leadership.	<b>Agree</b> to prioritise provincial participation in the Women in Leadership Program (WILP). The Technical Working Group is reviewing cohort 1 and considering cohort 2 to be in Santo. Northern Provincial Hospital Medical Superintendent and staff have already indicated their readiness. MOH Health executive will endorse this with funding support from the DFA.
13. VAHP to build on current program of work in GBV to support the establishment of a register of on-call health professionals that are equipped and trained to respond to GBV service demands during times of emergency which are a more frequent occurrence due to climate change.	<b>Partially agree:</b> DFAT will capitalise on existing relevant DFAT-funded work in GBV through UNFPA's Transformative Agenda. VAHP will also coordinate efforts with other relevant partners working in this space like WHO.
14. If continuing GBV focus into next phase VAHP work collaboratively to expand current activities to pilot and monitor a comprehensive GBV service package including testing referral pathways and other MoH approved 'service ready' elements at Provincial level, with a view to scaling in the next phase.	<b>Agree</b> that VAHP will work with the MOH inclusive health committee and graduates of the WILP. VAHP will also partner with Vanuatu Skills Partnership given its established relationship with ADRA's GBV prevention program and Vanuatu Women's Centre at the provincial level.
15. As part of the Tasmalum pilot and together with the Tasmalum Working Group, explore opportunities for piloting disaggregated data collection and reporting as part of the overall demonstration activity.	<b>Agree</b> and VAHP will explore opportunities for piloting disaggregated data collecting and reporting during the forthcoming Tasmalum Theory of Change workshop.

## Climate

MTR Recommendations	DFAT Management Responses
16. DFAT and VAHP ensure VAHP-funded infrastructure, as well as building contractors, comply with DFAT safeguards and standards.	<b>Agree:</b> Where possible DFAT and VAHP will ensure DFA funded infrastructure complies with DFAT’s Environmental and Social Safeguards Policy, by ensuring their awareness and capacity on mitigating environmental and social impact risk in the construction of facilities.
17. At relevant opportunities, VAHP include climate resilience in various health training programs.	<b>Agree</b> VAHP will work with SANMA Skills Centres and its ‘Skills for Health’ workstream to identify and deliver customised skills training for both the Tasmalum Health Centre Working Group and staff in priority areas such as IT training, data management, communication, and project management. VAHP will also work with VSP to integrate climate resilience.
18. VAHP broker its Provincial relationships to facilitate potential Global Environment Facility funding opportunities for health.	<b>Partially agree:</b> VAHP and DFAT will explore existing relevant GEF funded opportunities to leverage and will consider potential future opportunities.

## Climate

19. M&E and Adaptive Management expertise be urgently drawn into broader discussions of the future intent and strategies for VAHP. Outputs of that process should include an updated theory of change (complete with working assumptions) and a results framework that makes clear the level of ambition regarding what VAHP is trying to achieve and the indicators for monitoring progress against outcomes. Results frameworks also to be developed and agreed for the Women in Leadership and Tasmalum Pilot initiatives.	<b>Agree:</b> DFAT and VAHP will consider the future intent and strategies for VAHP including a revised theory of change and results framework.
20. GEDSI considerations to be mainstreamed into the theory of change and results framework.	<b>Agree:</b> The revised theory of change and result framework will mainstream GEDSI consideration.
21. DT Global increase M&E TA support for the Program.	<b>Disagree:</b> VAHP will explore options to enhance M&E support from within current resourcing. If VAHP identify a need for additional M&E resourcing, a strong value for money argument will be prepared for DFAT’s consideration.