



**Evaluation of Wok Bung
Wantaim Strategy
Summary Report**

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Summary: Wok Bung Wantaim Evaluation

This document is a summary of findings from the Wok Bung Wantaim evaluation, and focusses on the lessons learned from Wok Bung Wantaim that are most relevant to Provincial Health Authorities. It is intended to be used internally by the Australian High Commission in Port Moresby. Detailed evaluation findings and recommendations are presented in the full report *Evaluation of Wok Bung Wantaim Strategy*.

Background

Wok Bung Wantaim (WBW) was a health system strengthening intervention implemented in Hela and Southern Highlands between May 2018 and June 2021. The end of investment outcome was, “The strategic allocation of all available funding and resources for health, supports improved frontline health service delivery for communities in Hela and Southern Highlands”. To achieve this, the four outcomes were:

1. Improve coordination between national and provincial government agencies;
2. Improve funding flows of GoPNG grants;
3. Increase Provincial Health Authority (PHA) capacity to deliver quality services; and
4. Increase community engagement in health service planning.

WBW was guided by a variety of national agendas and strategies, but most especially the Provincial Health Administration Act (2007), DPLGA Corporate Plan (2018-2022) and NDOH National Health Plan (2010-2020). WBW was co-funded by OSF and DFAT through the PNG Partnership Fund (PPF), and most recently through the PNG–Australia Transition to Health (PATH) program. DFAT’s grant allocation for WBW was AUD 4.6 million, and OSF contributed an estimated AUD 2 million between 2018 and 2021.

HDMES undertook an independent evaluation of WBW between April and September 2021. The evaluation was done remotely and included a document review, interviews with 44 stakeholders, quantitative assessment of health service utilisation and outcomes, and case studies. The core focus of the evaluation was Hela PHA as Southern Highlands only launched in mid-2019.

What was WBW’s approach?

The fundamental principle of WBW was to test if high functioning partnerships could deliver better outcomes in health financing, primary healthcare quality and access, and community engagement. Partnerships were leveraged in a concerted manner to coordinate multiple entities and pool resources to support the newly launched HPHA, and its strategic plan. While OSF functioned as the grant manager, providing support and technical assistance when needed, Hela PHA led all sub-national engagement, bridging relations and consolidating a shared vision through MOUs, SLAs and other mechanisms and events. Underpinning the approach was a strong Board presence and governance arrangements supported by an active and accountable CEO and Senior Executive Management team (SEM). Participating entities included the Hela Provincial Administration (PA), GoPNG Open Members, District Development Authorities (DDAs), GoPNG central agencies, and Christian, Catholic Church, Marie Stopes and Susu Mamas service providers.

What were the key achievements of WBW?

Improved coordination

Multiple people commented that the soft skills of communication and engagement were critical in improving coordination. Two strategies however clearly enhanced mobilisation of stakeholders:

- **DPLGA workshops:** The Department of Local Government Authority (DPLGA) was engaged to facilitate workshops that clarified the roles and responsibilities of the principal administrative entities – the Hela



PA, PHA, and DDAs. One workshop was facilitated in each of the 3 districts and many observed these were seminal. They improved understanding about the different powers vested in each entity which laid the foundations for clearer expectations and discussions around operational matters.

- **HPHA Partnership Committee (HPC):** The HPC was launched in 2018 and played a vital role in improving coordination and communication across sub-national parties. Multiple interviewees noted meetings were regular, well planned and well attended. Success was attributed to the proactive Chair (CEO), Secretary and SEM, and broad membership from Open Members to the PHA, DDAs and health service providers.

Effective health financing

WBW improved the financial systems in Hela PHA, within the parameters of the PNG public finance system. The concrete deliverables that improved financial flows and accountability at the sub-national level included:

- **Facility-based budgeting (FBB):** FBB was introduced in Hela under WBW with a particular focus on PHA District Managers and Officers in Charge of 35 key facilities, remote and urban areas. Staff were provided with training in annual activity planning and budgeting and inducted and mentored in the use of a chart of accounts, acquittal procedures and reporting templates. An Expenditure Screening Committee met monthly to review service stats, so that targets and expenditure could be monitored and reported to the Board. This enabled consistent accountability and provided regular oversight and visibility. Importantly the Managers were supported by an external Financial Advisor who worked with the PHA SEM and the Managers to introduce and bed down systems. Successes enhanced by FBB included: IOCs and managers feeling empowered to control staff schedules and service plans; better support afforded for outreach patrols and intermittent operational runs and medivacs; and, in 2019, K 1.2 million released to 48 government and church-run facilities in Hela, based on their respective appropriation.
- **Health Function Grants:** There was a 68% increase in health function grants between 2017 and 2019 while other provinces experienced an 8% decline. Overall funding to the Hela PHA more than doubled during the WBW period, from PGK 12.7 million in 2017 to PGK 31.3 million in 2019. GoPNG constituted 100% of Hela PHA receipts in 2017, 84% in 2018, and 90% in 2019. At the time of writing, the increase in HFGs could not be directly linked to WBW activities.
- **DSIP and PSIP Funds:** The HPHA CEOs engagement with the Open Member of Koroba-Kopiago and the Provincial Governor resulted in DSIP and PSIP contributions to PHA activities. The continuity of this strategy though relies on an active and fruitful relationship between the Members and the CEO. Reporting of total contributions are directed to the DPLGA, with little oversight for the PHA.

Improved frontline service delivery

During WBW frontline services were improved with significant technical support and funding. In addition to the projects allocations, DSIP and PSIP contributions, Incentive Fund grants, and corporate contributions from Exxon and Santos supported a wide array of activities. These included:

- **Infrastructure:** Repairs to the Tari Provincial Hospital Accident and Emergency Ward and medical store, and maternity ward renovations at Kelabo, Guala, Wanapkipa, Pureni, Fugwa health facilities and Koroba District Hospital.
- **Capacity building:** WBW funded training in the key areas of women's health, governance and management. Marie Stopes trained and certified 37 health workers in confidential counselling and long acting reversible family planning methods, and the Hela O&G Specialist trained 13 Community Health



Workers (CHW) in basic midwifery and obstetric skill. The Health Services Sector Development Program trained 88 middle managers in staff and team management, inducted the PHA Board members, and upskilled 71 technicians and frontline health staff in clinical governance including patient referrals, medical records and clinical audits. Expanding the CHW training and sustaining continued support across these areas, after WBW, would assure long term benefits.

- **Expanding the range of health services:** Non-government agencies were contracted to bolster service capacity in Hela, especially for women and children's health. SSM were funded to repair and commission Pai Health Facility and provide essential maternal and child health services to reduce the burden on Tari Hospital's out-patients department. Marie Stopes PNG were contracted to deliver sexual and reproductive services through outreach mobile clinics in isolated rural communities where need was high but access low. Prior to WBW, neither of these organisations had worked in Hela but brought much-needed supplementary services given their specific expertise and community focus.
- **Service Level Agreements:** Service Level Agreements were used to formalise the partnership provided by the Christian and Catholic Church Health Services. Prior to WBW they had never worked with a clear mandate even they manage over 70% of health facilities in rural and remote areas of Hela. The SLAs improved coordination and transparency between the PHA and church partners and provided the framework for church health facilities to receive a portion of the PHAs Health Function Grants.

Improved health outcomes

Under WBW there were improvements in health outcomes in comparison to the project's baseline and other non-WBW areas¹. These were evident in the use of frontline health services, antenatal care visits, vaccinations, and outpatient presentations and facility-based deliveries. Additionally:

- The number of outreach clinics almost doubled, from 5 per 1,000 people in 2017 to 9 per 1,000 in 2019.
- The number of women making their fourth antenatal care visit rose by 63%, from approximately 8 per 1,000 people in 2017, to 13 per 1,000 in 2019.
- The number of children (per 1,000 people) receiving their nine-month measles vaccination rose by almost 50% from 2017 to 2019.

Remaining gaps and challenges

WBW provided effective strategies to address health system issues at the provincial level, but its national focus was much more specific and targeted.

- OSF sought membership to national forums such as HSACC and PLSSMA. It was hoped that advocacy at these meetings could improve the profile of the public private partnership model for the PHA agenda. Tangible results could not be ascertained.
- Long-term health system challenges that impact on PHAs, such as HR management, medical supplies, equipment and technologies, were not part of the project's focus.
- The Review of Laws Affecting Health Governance & Service Delivery was progressed with a Consultation report and Policy Options Paper. Progressing this important work from where WBW had left it could positively change the operating environment for PHAs and relevant national agencies. PHAs are

¹ These improvements are not solely due to WBW, as other projects were operating at the same time. These include the UNICEF Saving Lives Spreading Smiles project, Health Services Sector Development Program, Incentive Fund post-earthquake redevelopment, and contributions from SANTOS and EXXON Mobil. Notwithstanding, the WBW partnership approach made a significant contribution to the improvements in health outcomes.



currently hamstrung with little power and authority over HR and finance matters – two critical and essential areas that need to be addressed.

- The sustainability of WBW outcomes is fragile. Continuing to strengthen the developments requires retention of key staff and continued funding and this is unlikely to happen without a robust wider sustainability framework and specific plans.
- Community engagement was limited. External factors including security risks, tribal warfare and natural disasters (2018 earthquake) delayed progress. Additionally, community cohesion and change readiness cannot be assumed. Strong and consistent local leadership is an imperative, especially in areas like Hela.
- There was little consideration of gender equity and social inclusion. Engagement with Provincial Councils of Women occurred only late in the project period.

Lessons learned from WBW

The WBW partnership approach succeeded at the sub-national level, but not at the national level. It demonstrated that positive change and health outputs can be delivered with an effective PHA leadership and committed SEM, empowered with resources and financial means. These roles worked within their designated positions and used their power and authority to drive local change.

Long-term impacts and sustainability however cannot be achieved through the WBW strategy alone. Interim and innovative solutions are required to address the continuing problematic areas of medical supplies, financial flows and HR. Broader structural change to the systems and processes that underpin these areas is required, if the PHA agenda is to be fully realised.

The WBW strategy is not a singular key to success. Success is achievable when the right PHA leadership is in place, has the requisite technical and administrative skills, is underscored with a wider appetite and readiness for organisational change and is well resourced. Many interviewees noted that the key driver of change in WBW was the CEO, and his ability to engage members across the political, administrative, and health spectrum. Even though the role of CEO has legitimate authority it is contingent on the incumbent's leadership style and how they dispense responsibility, drive accountability, and engage with partners. The role needs to be buttressed with a supportive Chairman, Board and Provincial Governor. All these positions need to be mutually aligned to ensure solid and continued support when the change agenda becomes a target of dissent.

The below provides a range of activities that PHAs could implement to strengthen their provincial health outcomes, based on learnings from the WBW.

Priority area

Suggested actions

Overall approach

Adopt a partnership approach

- A partnership approach can harness resources to supplement a PHAs capacity profile
- Find and engage well-resourced, competent and supportive local partners who support the PHA agenda. These can add administrative, financial, technical or contract management value
- Drive communication and coordination, consistently, otherwise partners operate in a leadership vacuum. Bring stakeholders together and develop a shared vision with an agreed plan of action. Support the agenda with ongoing collaboration and accountability that is vertical and horizontal linking stakeholders with each other and to PHA departments.



- Partnership brokering workshops at the outset can be fruitful as they establish clear foundations for shared commitment, accountability, achievements, gaps and solutions
- Consider how activities can be sustained if the partnership were to end.
- Allow long timeframes for results and additional time for sustainable systems change.

Build PHA capacity

- Strong PHA leadership and organisational readiness is crucial.
- Conduct a baseline assessment of PHA leadership and middle management capacity to identify strengths and weaknesses. Consider the capacity of the Board and CEO to lead governance, administration and partnership systems, processes and accountability, and middle management to drive project management and financial accountability.
- Invest in capacity building of PHA staff based on the baseline assessment, and continue to support and mentor staff and systems, post training.
- Ensure access to skilled Technical Advisers with relevant skills (e.g. facility-based budgeting) with a good understanding of provincial and national systems.
- Consider supplementary funding for top-up salaries or incentives to retain key staff given the dearth of capacity and experience.

Systematically identify provincial priorities

- Consult broadly with stakeholders and communities to ensure consistency of understanding regarding PHA needs, priorities and stakeholders activities.
- Address the WHO's six pillars of health system strengthening in a systematic and prioritised manner. Finance, service delivery, staff capacity, leadership and governance, medical products and technologies and health information and measurement cannot be addressed all at once.
- Establish priorities, set a measured plan and tackle in a consistent and rigorous manner.

Consider sustainability

- Develop a sustainability strategy early in the project and consider how activities can be implemented beyond the project period, including alternative funding sources.

Improved coordination

Strengthen coordination between PHA stakeholders

- Establish formal mechanisms for stakeholder coordination, such as a PHA Partnership Committee. Key features should include:
 - Quarterly meetings chaired by the CEO, reporting Minutes to the Board or Chair.
 - Membership including District Health Managers, non-government and faith-based service providers, key PHA Managers such as the NHIS Officer and Medical Supplies, DDA representatives and Open Members.
 - An agenda needs to cover standing items (e.g. current and upcoming activities, performance on key areas) and emerging national priorities (e.g. COVID-19).

Formalise partnerships with service providers

- Establish Service Level Agreements or Memorandums of Understanding between the PHA and non-government / faith-based services as a mechanism for coordination, transparency and resource sharing.
- Ascertain funding flows for non-state service providers, and seek viable funding solutions to ensure continued consistency of services.

Strengthen engagement with sub-national government

- Identify mechanisms to engage with Open Members, District Development Authorities, and local-level government. Approaches that worked well in Hela PHA included engaging the Department of Provincial



and Local Government Affairs to run workshops with Local Government Members and district authorities, PA, PHA and Hela Partnership Committee members.

Strengthen national-level coordination

(these suggestions are directed towards DFAT and other donors)

- National-level engagement is essential to support joint planning and accountability, timely funding flows and addressing health system components that are coordinated nationally (e.g. medical supplies, health information systems and budget allocations).
- Strengthen relations, engagement and support for national mechanisms and active committees (e.g. the Health Sector Aid Coordination Committee, Provincial Coordination Monitoring Committee, and National Economic and Fiscal Commission and others) to support momentum and align strategic vision and planning.
- Build on the WBW-supported *Review of Laws Affecting Health Governance and Service Delivery* to advance the structural changes required to fully empower PHAs.

Effective health financing

Support smooth transfer of funds from PHA to facilities

- Strengthen internal PHA financial processes, such as timely and consistent reporting, and transfer of funds from the PHA to facilities.
- Adopt facility-based budgeting as a mechanism to improve planning, budgeting and service delivery at facility level.
- Provide training on planning, budgeting and management to District and Facility Managers.

Sustainable quality health services

Improve infrastructure and maintenance

- Strengthen PHA project management and infrastructure technical expertise, so that the PHA can efficiently manage infrastructure projects from procurement to completion.
- Consider establishing a dedicated Project Management Unit within the PHA to coordinate infrastructure and maintenance projects.

Expand availability of health services

- Establish partnerships with non-government organisations to provide supplementary health services, where these cannot be provided by existing services.
- Carefully consider sustainability, as NGO service delivery requires ongoing funding.

Community engagement

Strengthen community engagement

- Work with Provincial Councils of Women to engage women in decision-making.
- Establish Health Facility Committees to engage communities in decision-making.
- Engage strong local leadership to drive shared communication, values and behaviour change.
- Work through other agencies with strong community engagement.

