

## Independent Evaluation of the Capacity Building Service Centre

### MANAGEMENT RESPONSE

Prepared by: Performance and Quality Section, PQE Branch, Canberra

Approved by: Octavia Borthwick, ADG PNG / Geoff Clark, Health Program Director, Port Moresby

Date Approved:

#### Aid Activity Summary

Aid Activity Name	Capacity Building Service Centre (CBSC)		
AidWorks initiative number	INF966		
Commencement date	11 August 2004	Completion date	31 December 2010
Total Australian \$	\$71,000,000.00		
Total other \$			
Delivery organisation(s)			
Implementing Partner(s)	National Department of Health (NDoH)		
Country/Region	Papua New Guinea		
Primary Sector	Health		

#### Aid Activity Objective:

The purpose of the CBSC was to develop the competencies and capabilities of individuals, groups and agencies in the Papua New Guinea (PNG) health sector with the goal of improving the health of all Papua New Guineans. It perpetuated Technical Assistance (TA) as the main modality and assumed that sufficient additional funds for service delivery would flow through pooled funds from the Health Sector Improvement Program (SWAp).

#### Independent Evaluation Summary

There were several design weaknesses which limited achievement of the purpose. The evaluation assessed that the pathway from inputs of TA to the outcomes of improved service delivery and health status were not specified and have remained a 'black box', paving the way for confusion about exactly what CBSC was aiming to achieve. Others were the assumption that sufficient funds would flow through PNG government systems and the SWAp to address service delivery shortfalls, and the absence of a clear focus on public health. These could, and should, have been addressed during implementation.

#### Evaluation Objective:

The objectives of the independent evaluation were to:

- a) evaluate the effectiveness of the CBSC;
- b) enable AusAID and the Government of PNG (GoPNG) to reflect and act on the lessons from the CBSC;
- c) inform the design of future assistance to the health sector and improve AusAID's ability to help GoPNG meet its development challenges in the context of a sector wide approach with development partners; and
- d) inform AusAID's Annual Review of Development Effectiveness report, Annual Thematic Performance Reports, Annual Program Performance Reports and Country/regional strategy reviews.

**Evaluation Completion Date:** 15 December 2009.

**Evaluation Team:** Sue Emmott, Ken Lee and Paul Weelen, with William Kawe and Sarah Leslie.

## Management Response

The Evaluation presented two options for the future:

1. Close the CBSC (not recommended by the evaluation)

Prior to the evaluation, AusAID signalled that the CBSC would finish in 2010. However, there was nothing yet in its place. At the time, a clear program of work existed in the Capacity Building Implementation Plan 2009/10 and the process of recruiting and placing advisers in new priority provinces was still underway. It would have been extremely difficult to deliver on what had been promised by the end of 2010, such as finalisation of the National Health Plan, the major restructure of the National Department of Health, and the roll out of the Provincial Health Authorities, and key personnel were likely to seek and obtain alternative employment if closure had been signalled. Although the evaluation team was asked to review the CBSC exit strategy, the uncertainty about the decision-making process for discontinuation meant that such a strategy had not yet been adequately developed.

2. Extend the CBSC until 2012 (recommended by the evaluation)

An extension acknowledges that TA has limitations as the major modality and that it is desirable to design of a new program of support which takes a broader view of capacity building, but allows time for a proper transition which maintains the gains achieved. Over two years the CBSC could phase out in-line positions, broaden the menu of options as identified in the 2009/10 Improvement Plan, and change the governance arrangement in favour of alignment with government structures and to include development partners. Appropriate support under an extension could include: national policy and strategic direction; development of the SWAp; restructuring in NDoH; and unifying public health under the provincial health authority framework. Two years would also allow time for the important debate between NDoH and all development partners about the future of TA (including but not limited to advisory services), such as developing pooled mechanisms and a single sector capacity development plan.

It was clear that future Australian support to the sector would need to adjust to delays and be responsive to the changing context, including the outcomes of the Development Cooperation Treaty Review. Recognising that, without CBSC support, vital areas of the health sector risked collapse and more time was required for a transition to the SWAp, the CBSC has been extended for 18 months. This extension bridges the gap between the current range of health activities and implementation of the PNG Health Delivery Strategy. Lessons from the evaluation have been taken into account for both the CBSC extension and the new Health Delivery Strategy. The evaluation has also informed AusAID's annual quality reporting.

The Health Delivery Strategy under development recognises that a different program of support is now required for capacity development. Under the new model of support, capacity development activities (to be delivered through an implementing service provider) will focus on support to provinces, service delivery and long-term placements.