

Report on Quality at Entry and Next Steps to Complete Design for Ethiopia Health Sector Development Program (HSDP IV)

A: AidWorks details *completed by Activity Manager*

Initiative Name:	Africa Maternal and Child Health Phase Two		
AidWorks ID:	INJ730	Total Amount:	AU \$45 million
Start Date:	June 2011	End Date:	30 June 2015

B: Appraisal Peer Review meeting details *completed by Activity Manager*

Initial ratings prepared by:	Peter Duncan-Jones
Meeting date:	28 April 2011
Chair:	Lisa Rauter, Assistant Director-General, Africa and Middle East
Peer reviewers providing formal comment & ratings:	<ul style="list-style-type: none"> – Joanne Greenfield, Maternal and Child Health Advisor – Laurence McCullouch, Working in Partner Systems
Independent Appraiser:	– Fiona Duby, AusAID Health Resource Facility consultant (telephone)
Other peer review participants:	<ul style="list-style-type: none"> – Sue Graves, Counsellor, AusAID Nairobi – Peter Duncan-Jones, First Secretary, AusAID Addis Ababa (telephone) – Naomi Dumbrell, Director, North East Africa – Tracey Newbury, Program Manager, East Africa – Benedict David, Principal Health Adviser – Stephanie Kimber, Policy Officer, East Africa – Susan Ferguson, Gender Advisor – Andrea Cole, Quality and Performance Africa – Malcolm Leggett, Strategy and Portfolio Planning, AusAID – Jarl Chabot, MCH Design Consultant (telephone) – Jane Kierath, Disability Inclusion (Not attending but provided written comments)

C: Quality Rating Assessment against indicators

completed by Activity Manager / Peer Reviewers / Independent Appraiser

Quality	Rating (1-6) *	Comments to support rating	Required Action (if needed)
1. Relevance	5	It was agreed that funding for HSDP IV would fully align with Australia's strategic approach to aid in Africa and with the Africa Australia Maternal and Child Health Initiative. The HSDP was appraised by all donors, NGOs, GoE and the private sector in December 2010 with positive reviews.	The DSID should clearly articulate how AusAID will assess the results of our contribution within a multi-donor and government – lead process.
2. Analysis	4	It was agreed that the document - Health Sector Development Program IV 2010/11– 2014/15 – is the primary document on which the AusAID program is based and that our program is a partner-led design initiative.	Existing political economy and poverty analyses should be sourced and included in the DSID.

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3. Effectiveness	4	<p>UNICEF administers the Health Pooled Fund that is the primary source of technical assistance to the MDG PF. It was noted that concerns over bureaucratic delays with their systems are being investigated by the Joint Core Coordinating Committee.</p>	<p>AusAID to confirm the extent to which UNICEF uses FMOH systems or its own to channel funds and what fiduciary risk is associated with the modality.</p>
4. Efficiency	4	<p>The sector design (HSDPIV) and the design for the UNICEF HPF do not include a risk assessment and risk management matrices.</p> <p>Some reviewers expressed concern about how decisions would be made on AusAID funding transitioning from UNICEF HPF to MDG PF.</p> <p>It was agreed that a rating of '4' was acceptable – conditional on i) incorporation in the DSID of a risk management matrix built on relevant analysis of the sector and broader development context and needs and ii) the determination of preconditions for disbursement, associated with a joint donor-funded fiduciary risk assessment (see next column).</p>	<p>Risk Assessment / management matrices for AusAID engagement in the UNICEF HPF and MDGPF be created and reviewed by Health team and Laurence McCulloch.</p> <p>The final report of a joint donor-funded fiduciary risk assessment (including AusAID involvement) will be prepared by around July 2011. Once the report is approved by stakeholders and released, preconditions for AusAID funding through the MDG PF will be determined in collaboration with WIPS, and made explicit in the DSID.</p>
5. Monitoring & Evaluation	4	<p>The DSID needs more concrete indicators of performance to quantify the return on investment for Australia and Australia's contribution to improved health outcomes.</p>	<p>AusAID will review the HSDP IV's performance assessment framework and decide whether those indicators are reliable for our use.</p>
6. Sustainability	4	<p>The PBA funding modality is inherently the most sustainable form of aid in many circumstances, but particularly in a high-performing environment such as exists in the Ethiopia health sector.</p> <p>Potential environmental risks include an increase in clinical and other waste products from increased utilisation of health services. The construction of incinerators and other means of medical waste disposal are included in FMOH's infrastructure development program.</p>	

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7. Gender Equality	4	<p>The new version of the HMIS includes a full set of gender disaggregated data that will inform in much more detail any gender related inequalities that affect women when using health services. This will be one of the main opportunities to address existing gender inequalities.</p> <p>The Sector Plan (HSDP) makes mention of gender as cross cutting issue and gender mainstreaming but in a very generalised manner (apart from some detail on addressing violence against women). There is no specific section in the HSDP on disability with only a few passing references in the document to disability. There does not appear to be detailed gender (or disability) strategies/plans.</p>	
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*** 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

D: 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 <i>Required Actions</i> in "C" above, and additional actions identified in the peer review meeting	Who is responsible	Date to be done
1. AusAID to confirm the extent to which UNICEF uses FMoH systems or its own to channel funds.	Peter Duncan-Jones	End August 2011
2. AusAID will review the HSDP IV's performance assessment framework and decide whether those indicators are reliable for our use.	Peter Duncan-Jones	End September 2011
3. AusAID to create a risk assessment and management matrix to be included in the DSID and reviewed by the Health Team and Laurence McCulloch	Peter Duncan-Jones & Tracey Newbury	End September 2011
4. AusAID to revise the DSID to: <ul style="list-style-type: none"> - Include political economy and poverty analyses - clearly document how AusAID will assess the results of our contribution, including concrete indicators of performance. - ensure that the preconditions for funding through the MDG PF are made explicit 	Peter Duncan-Jones & Tracey Newbury	End September 2011

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

- The Peer Review meeting concluded it was appropriate for AusAID to engage with the Ministry of Health in Ethiopia with the aim of placing funds into the MDG Performance Fund. Recognising the concerns raised in the Fiduciary Risk Assessment report, the peer review meeting agreed that the UNICEF-managed Health Pooled Fund was the best option for transitional support, until the recommendations of the FRA report are met by the Government of Ethiopia.
- There was some confusion/disagreement among the peer review members on what type of documentation was required by AusAID for partner-led designs. The PEP representative noted that the DSID did provide more information than required in the Guidelines and that the current document was somewhere between a DSID and a Delivery Strategy. The Program Managers disagreed with the HHTG representatives' request that the DSID include a log-frame but did agree to recommendations that greater information on risk and overall program management was required in the document for both the UNICEF HPF and the MDGPF/HSDP IV.

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

- Consideration will be given to developing a Delivery Strategy for the MCH program in Africa.

F: 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:

- ☒ **FINALISE** the design incorporating actions above, and proceed to implementation
 or: ☐ **REDESIGN** and resubmit for appraisal peer review

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


 Lisa Rauter, ADG AME

signed:

10-8-11
 < date >

When complete:

- Copy and paste the approved ratings, explanation and actions (table C) into AidWorks
- The original signed report must be placed on a registered file