



Australian Government
AusAID

Quality at Entry Report and Next Steps to Complete Design for Australia Fiji Health Sector Support Program 2010/11 – 2013/14

A: AidWorks details <i>completed by Activity Manager</i>			
Initiative Name:	Australia Fiji Health Sector Support Program 2010/11 – 2013/14		
AidWorks ID:	INJ232	Total Amount:	AUD20 million
Start Date:	1 January 2011	End Date:	30 th June 2014

B: Appraisal Peer Review meeting details <i>completed by Activity Manager</i>	
Initial ratings prepared by:	AusAID Suva Post
Meeting date:	5 August 2010
Chair:	Ms Romaine Kwesius, Acting Pacific Minister-Counsellor
Peer reviewers providing formal comment & ratings:	<ul style="list-style-type: none"> – Timothy Gill, Manager Pacific Health, Human Development Section, Pacific Branch, AusAID Canberra – Jim Tulloch, independent consultant – Beth Slayter, Senior Health Adviser, Health & HIV Thematic Group, AusAID Canberra
Independent Appraiser:	<ul style="list-style-type: none"> – Beth Slayter and Benedict David, Health & HIV Thematic Group, AusAID Canberra
Other peer review participants:	<p><u>AusAID Canberra</u></p> <ul style="list-style-type: none"> – Laurence McCulloch, Working in Partner Systems, – Debbie Bowman, Director, Human Development Section, Pacific Branch, – Timothy Gill, Manager Health Unit, Human Development Section, Pacific Branch – Jeremy Guthrie, Director, Melanesia Section, Pacific Branch – Beth Slatyer, Senior Health Adviser, Health & HIV Thematic Group, <p><u>AusAID Suva Post</u></p> <ul style="list-style-type: none"> – Romaine Kwesius, Acting Pacific Minister-Counsellor – Sarah Goulding, Counsellor, Fiji Bilateral Aid Program – Richelle Turner, Contracts Officer, Operations Policies Section (Suva) – Paulini Sesevu, Senior Program Manager (Health, Law & Justice) – Margaret Logavatu, Program Manager, (Health, Social Protection) – Sarah Gwonyoma, Assistant Program Manager (Health) – Lesu Waqaniburotu, Assistant Program Manager <p><u>Cambodia</u></p> <ul style="list-style-type: none"> – David Wilkinson, Design Mission team leader <p>(Note: copy of Minutes attached)</p>

C: Safeguards and Commitments *(new!) 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 <i>Environmental Protection and Biodiversity Conservation Act</i> ?	NA
2. Child Protection	Does the design meet the requirements of AusAID's Child Protection Policy?	NA

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

3. Description	<p>This proposed Fiji Health Sector Support Program (FHSSP) for the period 2010/11 – 2013/14 builds on current Australian bilateral assistance to the Ministry of Health in Fiji. It aims to contribute to the Ministry's efforts to achieve higher level strategic objectives in relation to infant mortality (MDG 4), maternal mortality (MDG 5) and the prevention and management of diabetes. The proposed program of support will be managed by a Managing Contractor (approx.30% of total program funds).</p> <p>FHSSP seeks to achieve improvements in maternal and child health (both mortality and morbidity) and in diabetes (both treatment and prevention) through better sub-divisional service delivery, some limited strengthening of the health system, and the activation of a cadre of village health workers at community level.</p> <p>This program will fund a core team of 10 people including 4 technical specialists, four divisional facilitators to manage program implementation at each of the four divisions, and two program management personnel including a Program Director and Program Administrator. The design assumes that international expertise inputs may be required (not full time) for the Public Health Information Systems and Monitoring and Evaluation technical specialist if not available locally. The interim guidance released by the Operational Policy Services has been followed in the preparation of the proposed budget.</p> <p>The program will also provide training, workshops and small scale infrastructure/ medical equipment with the objective of institutionalising and strengthening specific clinical/public health programs managed by the Ministry of Health. It will contribute to MOH objectives, rather than achieve stand alone objectives.</p>
4. Objectives Summary	<p>The Program aims to improve maternal health, child health and diabetes prevalence, and improving key aspects of the central health system and the community health workforce. The Program will work primarily with the Ministry of Health and other key stakeholders to help:</p> <ol style="list-style-type: none"> 1. institutionalise a safe motherhood program at decentralised levels throughout Fiji 2. strengthen infant immunisation and care and the management of childhood illnesses and thus institutionalise a "healthy child" program throughout Fiji 3. improve prevention and management of diabetes and hypertension at decentralised levels 4. revitalise an effective network of village/community health workers as the first point of contact with the health system for people at community level; and 5. strengthen key components of the health system to support decentralised service delivery (including health information, monitoring & evaluation, strategic and operational planning, risk management and operational research)

E: Quality Assessment and Rating <i>(no more than 300 words per cell)</i> <i>completed by Activity Manager after agreement at the Appraisal Peer Review meeting</i>			
Criteria	Assessment	Rating (1-6) *	Required Action (if needed)
<p>5. Relevance</p> <p><i>The Australian Aid Program does not have a formal Fiji Country Strategy; although it does have an engagement strategy, which is regularly updated in accordance with the evolving political situation in Fiji.</i></p>	<ul style="list-style-type: none"> The priorities selected are in line with the Fiji Ministry of Health's Strategic Goals 2011-2015 and health outcomes, which includes reducing maternal mortality and morbidity and improve family health; improve child health and reduce child morbidity and mortality and reduce NCD morbidity, disability and mortality. It is also an appropriate response to the burden of disease in Fiji and makes an attempt to reach those with less access to health services. This program is consistent with the Australian Government's response to the 2006 coup that Australia will support the ordinary people of Fiji by maintaining programs that improve their livelihoods, but suspend assistance where the actions of the interim government render Australian Government funded programs ineffective or compromised. Consistent with Australian whole of government engagement in Fiji, the aid program has been recalibrated to focus on mitigating the social and economic impacts of political instability and the global recession on vulnerable groups. This includes an emphasis on maintaining essential services in health and education, promoting rural enterprise development and financial inclusion, exploring social protection measures, partnering with civil society on advocacy, income generation and service delivery programs, and provision of scholarships and volunteers. FHSSP is consistent with AusAID's global and regional strategies and MDG commitments, and provides a rational platform for continued Australian support to Fiji. It demonstrates Australia's commitment to the people of Fiji, particularly given the decline in performance of the health sector in recent years. FHSSP aims to also improve donor coordination (in line with Cairns Compact) through the Program's strategic focus on maternal & child health and diabetes prevention and management – platforms which donors can coalesce and align with MOH priorities; and also through the proposed Program oversight and governance mechanism 	6	AusAID Suva will work closely with the selected managing contractor on FHSSP Year 1 Implementation Plan and Monitoring and Evaluation Plan

E: Quality Assessment and Rating <i>(no more than 300 words per cell)</i> <i>completed by Activity Manager after agreement at the Appraisal Peer Review meeting</i>			
6. Analysis and Learning	<ul style="list-style-type: none"> The design has drawn on the impressions of MOH staff about what was successful or useful in the current program. Clearly the constrained and fluid environment rules out a number of options that are considered to be necessary for good development effectiveness in the health sector. This has also limited consideration of innovative options such as use of international or national NGOs, serious engagement with multilateral agencies, or use of performance-based incentives in this design; and has instead defaulted to a TA/training-driven response to poor service delivery. The proposed FHSSP design has been informed by the <i>Fiji Health Sector Situational Analysis</i> commissioned by AusAID in 2008, <i>Design mission for the FHSIP 2010 Transition</i> period commissioned in November 2009, and <i>FHSIP Independent Completion Review</i> in May 2010. The proposed design takes into account the current FHSIP Program set up, including engagement at the divisional level, more emphasis on service delivery, and direct engagement with Ministry of Health through the FHSIP Coordinating Committee. 	4	AusAID Suva will work with the selected managing contractor to ensure previous lessons learnt on its development assistance to Fiji is considered when implementing the new Program.
7. Effectiveness	<ul style="list-style-type: none"> The proposed governance mechanism is a replica of the existing FHSIP Coordinating Committee mechanism, which has been in place since January 2010 and appears to be working well, with scope to bring in other development partners and key GOF central agencies. The draft design document provides a comprehensive overview of Year 1 activities, which can serve as a work-plan (refer comments under Relevance). Years 2-4 implementation plans will be developed as part of the MOH annual planning process. Objectives/outcomes are clearly stated with measurable indicators and outcomes. It is recognised that this will not be achievable by AusAID input alone but in conjunction with MOH and other Development partners. 	4	AusAID Suva will work closely with the selected managing contractor to build community and stakeholder engagement and buy-in for the new FHSSP Program.

E: Quality Assessment and Rating <i>(no more than 300 words per cell)</i> <i>completed by Activity Manager after agreement at the Appraisal Peer Review meeting</i>			
8. Efficiency	<ul style="list-style-type: none"> The Program team will include: a Director, Senior Program Administrator, 4 divisional facilitator and up to 6 technical facilitators (<i>Safe Motherhood, Infant & Child Health, Diabetes Prevention & Management, Primary Health, Public Health Information, and Monitoring & Evaluation</i>); and short term technical assistance as and when needed. The Program team will work closely at the four divisions (through the divisional coordinators), and will be assisted by the technical facilitators. The Program director will also manage an “Unallocated Fund” to address emerging health needs and priorities (under Objective 5). The final draft design reflects 70% of the Program funds being directed towards Sub-divisional levels to help improve service delivery. However fungibility remains a key concern and needs to be reflected in the final design document. Volunteer community health workers have been neglected across the Pacific (with the exception of Vanuatu), but provide a potentially formidable resource in primary health care, in particular the health promotion and behaviour change communication necessary in the Fiji context. It's a real strength of this design that it seeks to invest in this cadre. It will be vital to ensure that this investment is building on and complementing the work of the MOH and churches/NGOs in this area. The investment in VHW/CHWs also provides a real opportunity to 'bundle' similar health interventions so that the health system makes the most of every opportunity to reach the grass roots. 	4	<ul style="list-style-type: none"> AusAID Suva post will work closely with the selected managing contractor to ensure the use of local expertise as well as utilising existing expertise within MOH and local institutions in the implementation of FHSSP; and mitigate against creating perverse incentives unknowingly. AusAID Suva will also work closely with MOH and other key partners to influence the allocative and technical efficiency of spending of all available funding in selected areas of support. AusAID Suva will work closely with the new Program to leverage of the work of other partners e.g. UNFPA, IPPF and WHO; Objective 2: UNICEF and WHO; Objective 3: SPC and WHO; Objective 4: Save the Children [have longstanding VHW project in Vanuatu] and WHO; Objective 5: WHO and UQ).

E: Quality Assessment and Rating <i>(no more than 300 words per cell)</i> <i>completed by Activity Manager after agreement at the Appraisal Peer Review meeting</i>			
9. Monitoring and Evaluation	<p>The design outlines some key process and outcome indicators. It recognizes that there is not a strong M and E focus in the MOH and that this will need strengthening. Achievement of many of the outcome indicators will depend on factors beyond the control of the program. Nevertheless these are the things the program aims to change and it is reasonable to include them as indicators. The design suggests that they be complemented by process indicators which will necessarily need to be (re-)defined annually and perhaps at the inception phase or the next MOH review of its strategic and annual corporate plans. Expected outcomes to be achieved through the proposed program of support includes: reduced burden of non communicable diseases, improved maternal health and reduced maternal mortality and morbidity and improved child health and reduced child mortality and morbidity. References to a mid term review in Year 2 to assess program progress and implementation as well as an independent completion review of the Program in Year 5 has been built into the design; as well as other periodic reviews such as the quality at implementation report.</p>	4	<ul style="list-style-type: none"> • AusAID Suva will work closely with the selected managing contractor and MOH to develop a clear M&E Plan to monitor implementation of FHSSP activities. This will include using a range of indicators available on NCDs, including STEPS and Mini-STEPS conducted by WHO for site-specific monitoring; and other related proxy indicators.. • Clarify how M&E approaches in the design will strengthen and simplify the MOH's information system. • It would be good to get a better sense of the priority health (e.g. attended deliveries) and process outputs (e.g. plans; resource allocation etc) that this investment will hope to realistically achieve in the timeframe. • Need to provide a clearly articulated M&E Framework which could be further fleshed out in Years 2-5; but in its current form, it is difficult to know whether we are moving in the right direction/ creating an impact. The current framework should also include key information required to do Quality at Implementation Reports for the new Program.

E: Quality Assessment and Rating <i>(no more than 300 words per cell)</i> <i>completed by Activity Manager after agreement at the Appraisal Peer Review meeting</i>			
10. Sustainability	<p>Given the current political environment in Fiji, the Aid Program is aiming to remain engaged in the health sector as an immediate priority; and to ensure that essential health services continues to be delivered to the ordinary people of Fiji; and to help arrest any further slippages to the health situation/ MDG status as appropriate.</p> <p>However, a key issue is how success will be measured. There is a need to be realistic with this type of TA model and success for integration and ownership form GoF will depend on context (shifts in political economy) and effective transition processes of this programme.</p> <p>Shadow alignment appear to make sense given the current context, but based on experience from elsewhere, this can become institutionalised and create perverse incentives for government and contractors over time so we need to have a sense of how we would handle transition and how the programme will manage transition to more either and integrated approach or alternatively a deterioration in the political economy etc.</p> <p>The more the program has an influence on government processes and institutions, the more the benefits are likely to be sustainable. The fewer the areas of program focus, and the deeper the influence, the more sustainable the benefits will be. The program will need to resist the temptation under the flexible component of the funding to support lots of bits and pieces that are unlikely to lead to anything sustainable.</p> <p>Sustainability will also be best achieved through a real revitalisation of the primary health care (PHC) approach. When communities are supported to make decisions about which health services they need to prioritise, to monitor effectiveness of health services, and to be engaged in provision of health services (especially health promotion), health service providers become more relevant, accountable and effective. WHO has recently developed a strategy for revitalising PHC for health system strengthening, which has achieved a high level of buy-in by Pacific MOHs. This strategy, analysis and expertise will be used as a resource for FHSSP.</p> <p><i>The Pacific Health Guidance Note provides relevant strategic directions and will be used to guide FHSSP program implementation.</i></p>	4	<ul style="list-style-type: none"> AusAID Suva will closely monitor new measures introduced through FHSSP with a view towards managing expectations around affordability, accountability and fungeability during programme implementation. AusAID Suva will also foster links between the bilateral FHSSP and other relevant regional health initiatives.
11. Gender Equality	<p>The programme design has a strong focus on maternal and child health. In relation to the management of diabetes, gender disaggregated statistics would usefully determine effective service delivery models, sensitised to the needs of men and women.</p>	4	<p>AusAID Suva post will work closely with the selected managing contractor to ensure all program data is sex disaggregated and ensure a stronger focus on demand side issues for accessing services especially for women and also consider what are the cultural and economic barriers preventing men and women's access to health services.</p>

* 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

E: Next Steps <i>completed by Activity Manager after agreement at the Appraisal Peer Review meeting</i>		
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. Draft Reg 9/10 to seek funding approval for the FHSSP Program	AusAID Suva	30 September 2010
2. Work with PAS on RFT documentation for FHSSP tender	AusAID Suva	30 October 2010
3. Work with selected managing contractor to implement 'required actions' identified in QAE Report	AusAID Suva	Ongoing from Jan 2011

F: Other comments or issues <i>completed by Activity Manager after agreement at the APR meeting</i>
<ul style="list-style-type: none"> The ratings have been modified to reflect discussions at the APR, and revisions to the draft design document.

F: Approval <i>completed by ADG or Minister-Counsellor who chaired the peer review meeting</i>		
<p>On the basis of the final agreed Quality Rating assessment (C) and Next Steps (D) above:</p> <p><input type="checkbox"/> QAE REPORT IS APPROVED, and authorization given to proceed to:</p> <p style="padding-left: 40px;"> <input type="radio"/> FINALISE the design incorporating actions above, and proceed to implementation or: <input type="radio"/> REDESIGN and resubmit for appraisal peer review </p> <p><input type="checkbox"/> NOT APPROVED for the following reason(s):</p> <p>_____</p> <p>_____</p> <p>_____</p>		
	signed:	