

Report on Quality at Entry and Next Steps to Complete Design for Health Resource Centre

A: AidWorks details <i>completed by Activity Manager</i>			
Initiative Name:	Health Resource Centre		
AidWorks ID:	INH380	Total Amount:	\$13,579,000
Start Date:	1 July 2007	End Date:	30 June 2011

B: Appraisal Peer Review meeting details <i>completed by Activity Manager</i>	
Initial ratings prepared by:	Angela Mercuri
Meeting date:	17 December 2007
Chair:	
Peer reviewers providing formal comment & ratings:	
Independent Appraiser:	– Ms Deborah Rhodes
Other peer review participants:	

C: Quality Rating Assessment against indicators*completed by Activity Manager / Peer Reviewers / Independent Appraiser*

Criteria	Rating (1-6) *	Explanation	Actions to improve
1. Clear objectives	4	<p>This design includes a goal, a purpose, three components and eight outcomes. While they are relatively clearly stated, there are ways to tighten the language used to improve clarity. First, the use of adjectives such as “effective”, “timely” and “high quality” is not necessary in these statements (no activity would be designed to be ineffective, untimely or poor quality).</p> <p>Second, the set of objectives implies a project form of aid, where statements are in a cause-and-effect relationship and are based on a well analysed problem. However there are no clear outputs for this activity, and the current components are written more like inputs. HRF is neither a project nor a facility in terms of its form of aid (see comments below), but AusAID's latest design advice asks for all activities to have:</p> <ol style="list-style-type: none"> 1. An “objective” which identifies how the activity will link to AusAID's higher level strategy (and that matches the current purpose statement) 2. “Outputs” (which could include variations on the currently drafted components such as: <p>Output 1 = Regional and international health expertise provided to AusAID on demand [NB the establishment and maintenance of the database; and the quality assurance of expert reports would be two activities within this output. The help desk facility could also be an activity within this output since it is established entirely to contribute expertise to AusAID].</p> <p>Output 2 = Health studies sourced and synthesised for AusAID use</p> <p>Output 3 = depends on perception of the products of help desk – is it any more than Output 1 above?.</p> <ol style="list-style-type: none"> 3. “Outcomes” (some are included in the ADD but there is a large leap between the inputs proposed and such outcomes). <p>In reality, this activity is not a development activity, but rather an administrative/corporate resourcing mechanism to enable AusAID to meet its own policy objectives and requirements. Therefore it may be inappropriate to use development design language and frameworks. In this case, AusAID may simply wish to use the current wording in the ADD which reflects descriptions of the “inputs” for the mechanism. If the decision is taken to use the existing input-type statements, then further consideration is needed on how to assess the performance of the mechanism (i.e. indicators of results are not appropriate and neither are assessments of outcomes as if they could be attributable to this mechanism.)</p>	<p>AusAID to decide what form of aid is involved and either edit the ADD to reflect current AusAID labels (i.e the need for outputs) or seek the design team to meet AusAID's requirements accordingly.</p>

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2. Monitoring and Evaluation	3	<p>AusAID now requires an M&E Framework to be developed as part of the design. It is inappropriate for tendering contractors to be asked to guess what AusAID seeks as evidence of performance of this mechanism, especially as it will be almost entirely driven by AusAID demand and be largely based on quality of inputs rather than outputs/outcomes. Indicators listed in the ADD (page 28-29) are largely indications of AusAID demand and HRF inputs, rather than results. This is okay as long as AusAID is clear that such information will not inform AusAID about overall development results.</p> <p>Assessment of the HRF should include ways of assessing whether the rationale remains valid and is borne out by experience. For example the ADD says the HRF is necessary because other systems and mechanisms are not adequate. Therefore a question about whether the HRF is sufficiently complementary (coordinated with) existing mechanisms to justify an additional mechanism, could be asked. Other questions to be asked at the mid-term review need to be included in the M&E Framework from the outset, so the basis for assessment is clear to all stakeholders. Section 4b states "AusAID will also monitor and evaluate the performance of the HRC against the objectives, purpose, scope and functions of the HRC as outlined previously, in addition to achievements against the outline of thematic topics and quality assurance goals" but this is too vague to be helpful in assessing performance of the HRF. For example, there is no reference to "objectives" in the rest of the design, so how will AusAID monitor against them? Secondly, what does "the outline of thematic topics" mean? At best, advice provided by this mechanism could be categorised by themes, rather than be seen to be linked in achievement terms. Finally, where are the "quality assurance goals" listed?</p> <p>A major mid-term review of HRF is certainly supported. At the outset, AusAID should identify the sorts of questions which might be asked at this review, e.g. 1. Was the HRF the right mechanism to meet the demand for health expertise?; 2. Was there sufficient demand for services to justify the HRF's establishment ?; 3. What is the extent and nature of the contribution by the HRF to improved quality of AusAID health activities?</p> <p>Also, indicators, if used are supposed to include elements of quality, quantity and time,</p> <p>If HHTG are not likely to have the time to dedicate to quality assurance and monitoring of advice provided through HRF, then there is insufficient opportunity for adequate independent assessment of quality.</p>	<p>Further work required within AusAID to determine how the success of the HRF will be assessed. The indicators proposed are largely, but not all based on AusAID demand and are input based, rather than output based. If AusAID is happy with this, then they could be valid however, information about such indicators is not likely to be useful in terms of QaI when it comes to assessing the performance of the mechanism at results level, so AusAID needs to be clear about this from the outset.</p>
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3. Sustainability	2	<p>The potential sustainability of <i>benefits</i> of such a mechanism is extremely difficult to assess given the likely diversity of advice provided and the likely lack of direct links between advice provided and health outcomes within various country programs.</p> <p>The sustainability of the <i>mechanism</i> is entirely dependent on AusAID policy and budgeting decisions. It may be appropriate for AusAID to acknowledge that as this is an administrative/corporate resourcing mechanism rather than a development activity, an assessment of the sustainability of benefits is not required, but this will cause some difficulty when it comes to annual QaI assessment.</p>	The lack of information on which to assess the likely sustainability of HRF benefits is not a problem with the design, but rather a reflection of the fact that HRF is a corporate resourcing mechanism rather than a development activity per se.
4. Implementation & Risk Management	3	<p>The description of the proposed management and implementation arrangements is good, allowing for adequate flexibility, some clear lines of accountability and acknowledgement of the demand-driven nature of this mechanism.</p> <p>There are only two risks identified in an annex to the ADD (page 41) and both are incorrectly rated according to the current AusGUIDE risk assessment system. Both should be listed as "extreme" which means that further work is required to ameliorate the risks in the design.</p> <p>Further discussion of the risks and how they are to be ameliorated is also necessary in the text of the ADD if this AusAID QaE requirement is to be met.</p> <p>The ADD frequently identifies that the HRF will need to work closely with existing and proposed new mechanisms, networks and systems. This raises an additional risk about coordination and collaboration between potentially competing organisations and networks, in a context governed by a competitive tendering process.</p>	If AusAID wishes to proceed with implementation of this activity, knowing that these risks are extreme, then specific acknowledgement is required and the M&E framework should include ways of monitoring and responding to these risks.
5. Analysis and lessons	5	<p>The analysis and lessons included in this design are thorough and appropriate, particularly the description of the DfID experience, the analysis of the information provided by AusAID's health advisers about the nature of potential demand and the description of potential areas of overlap and collaboration between the HRF and existing mechanisms, networks and systems. The design team have analysed the AusAID context well, linking the HRF to the broader policy context and identifying some of the current and potential issues in AusAID that will affect its operation (e.g. high staff turnover, diverse sources of requests, diverse types of information requested and lack of certainty about demand). Unfortunately the thorough analysis of the context has not been sufficiently fed through into the risk and M&E sections of the design. However much of this connection depends on AusAID's internal decisions, rather than an external design team's assessments, so a joint effort is appropriate to finalising this aspect of the design.</p>	Some of the implications of the analysis included in the ADD need to be added to the risk matrix and M&E framework as identified above.

*** 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

