

Joint Review of Australian Government and United States Government support to Hamlin Fistula Ethiopia MANAGEMENT RESPONSE

Initiative Summary

| Initiative Name | | | |
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| AidWorks initiative number | INF039 | | |
| Commencement date | 23 February 2001 | Completion date | 30 June 2014 |
| Total Australian \$ | \$8,358,720.70 | | |
| Delivery organisation(s) | Hamlin Fistula Australia and Hamlin Fistula International Foundation | | |
| Implementing partner(s) | Hamlin Fistula Ethiopia | | |
| Country/Region | Ethiopia | | |
| Primary sector | Maternal and Child Health | | |
| Initiative objective/s | <p>The Australian Government has provided more than \$10 million of support over the past 20 years to the Addis Ababa Fistula Hospital (now known as Hamlin Fistula Ethiopia (HFE)) and the Hamlin College of Midwives in Ethiopia to address Obstetric Fistula (OF).</p> <p>Support has included a funding arrangement through Hamlin Fistula Australia (HFA) that supported a comprehensive program with four interrelated activities: treatment and care; training; prevention; and collaboration with the Federal Ministry of Health (FMOH). All parties terminated this agreement in November 2012 at the request of Dr Hamlin, following a dispute between HFE and HFA.</p> <p>HFE's overall objectives include:</p> <ol style="list-style-type: none"> 1. To provide compassionate holistic treatment for women suffering from OF 2. To be a world leader in training, research, treatment, care and prevention of OF 3. To actively participate in awareness raising and prevention activities leading to future OF eradication 4. To work towards rehabilitation of these women back to normal life 5. To provide ongoing resources of medical skills and finances to ensure the best possible service. | | |

Evaluation Summary

Evaluation Objective: The review was undertaken jointly with USAID. It sought to review the results of the Australian and United States Governments' support to Hamlin operations in Ethiopia over the past 10 years, with a particular focus on the results attained under the most recent funding Agreements.

The review aimed to contribute to learning and improvement, and maximise long-term benefits and sustainability through a better understanding of the context, successes and challenges facing Hamlin operations in Ethiopia, as well as fulfilling accountability requirements and informing future maternal, newborn and child health programming in Ethiopia. The review terms of reference are included in the review report.

Evaluation Completion Date: 22 August 2013

Evaluation Team: Fiona Duby (Sexual and Reproductive Health Specialist and Team Leader) and John Hailey (Organisational Development Specialist).

Response to the evaluation report

Please note that AusAID has been integrated into the Department of Foreign Affairs and Trade (DFAT) since this report was finalised. The management response is therefore provided by DFAT.

Assessment of the quality of the report

- DFAT recognises the complexity of the terms of reference for this review and appreciates the depth and breadth of information captured in the report.
- DFAT deems the report to be comprehensive, providing practical recommendations and lessons to strengthen Hamlin operations and to guide future programming.
- As the consultants attest to under *Limitations* (page 4) of the report, the quality of recent reporting provided by Hamlin Organisations has been poor and data is inconsistent. This has impacted the ability of the consultants to review results and present accurate data in terms of the review findings.
- DFAT does not agree with the Report's rating of four for Efficiency. A rating of three would be fair given the serious concerns raised about reporting and data quality, tranche acquittal, cost of infrastructure and cost inefficiencies relating to wages and further infrastructure development. While noting the review was of HFE's past performance, DFAT recognises that processes are underway to address inefficiencies in future within the organisation and its partners.

Overall response to the review

- There is no current contractual arrangement between the Australian Government and HFE or HFA.
- The Australian Government continues to support the work of HFE through funds that remain in the HFIF trust fund, a long-term assured income stream for HFE operations.
- As found in the review and was clear from DFAT monitoring trips, the work of HFE is transformative for women with OF and relevant in the context of broader maternal, newborn and child health service provision in Ethiopia.
- The review made practical recommendations for HFE and its partner organisations around the world to strengthen governance and organisational development practices. DFAT encourages HFE and its partners to use the review findings as an opportunity to learn and continue to develop into a professional organisation consistent with its value and size.
- As was the focus of the most recent agreement with HFA, DFAT recognises the need for HFE to strengthen relationships and alignment with the Ethiopian Federal Ministry of Health (FMOH) to encourage the integration of fistula prevention, treatment and rehabilitation into the Ministry's priorities, plans and guidelines. DFAT particularly encourages the Hamlin College of Midwives to work with the FMOH to increase the quality of midwives trained across the country.
- DFAT supports efforts by HFE to address governance issues that arose over recent years. Any consideration of future funding would be made in the context of broader support to the Ethiopian health sector and due diligence requirements.
- DFAT agrees with the recommendations related to donors and will refer to the lessons learned to inform future programming.

Response to the specific recommendations made in the report

| Recommendation | Response | Actions | Responsibility |
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| 1. Donors should consider support of HFE's revised strategy where it adds value to the health sector and where it can build capacity in key areas of HFE's operations. Consider a more collaborative and cost-effective and streamlined mechanism for support to HFE – including joint evaluation | <p>Agree</p> <p>DFAT agrees that donors should consider support for HFE's revised strategy where it adds value to Australia's support to the Ethiopian health sector.</p> <p>DFAT agrees that support to partners should be managed through collaborative, cost-effective and streamlined mechanisms to reduce reporting burdens and other inefficiencies.</p> <p>DFAT agrees there is a clear need to strengthen capacity in certain areas of HFE, particularly monitoring and evaluation.</p> | <p>DFAT will consider this recommendation when determining any future funding to Ethiopia's health sector, if it complements Australia's aid program priorities.</p> | <p>Africa Development Branch Canberra and Addis Ababa Post</p> |
| 2. Donors can play a pro-active role in facilitating HFE's efforts to introduce change and closer alignment with FMOH. | <p>Agree</p> <p>DFAT strongly agrees that efforts need to be made by HFE to introduce change and closer alignment with FMOH. This was recognised in the most recent funding arrangements with HFE through HFA.</p> | <p>Australia, in its capacity as a donor of the MDG Performance Fund, can facilitate HFE's efforts to more closely align with the FMOH, where appropriate, noting that primary responsibility to align and liaise with the FMOH lays with HFE.</p> | <p>Addis Ababa Post/Regional MNCH Advisor</p> |

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| <p>3. AusAID should ensure that entities receiving AusAID funds (such as HFA) are required to assume responsibility for appropriate monitoring and Technical Assistance of the organisations whom they represent.</p> | <p>Agree</p> <p>Australian Government funding agreements require entities receiving funds to be accountable for quality reporting and risk management.</p> <p>At the time of signing the agreement with HFA, it was considered a prudent risk mitigation measure to bank funds in Australia, and this was in line with how Australian donations for HFE were managed by HFA.</p> <p>However, HFE did not show satisfactory capacity to provide high quality reporting, and oversight arrangements between HFA and HFE were inadequate. This affected HFA's ability to provide quality information.</p> | <p>DFAT understands the recommendation made in the review and will consider this to inform future programming when using an intermediary.</p> | <p>Africa Development Branch</p> |
| <p>4. The USAID supported situation assessment would be a useful advocacy tool with FMOH to encourage incorporation of OF into the HSDP-IV</p> | <p>Agree</p> <p>DFAT agrees that the situation analysis is a useful tool, particularly given the previous lack of knowledge of the situation of fistula in Ethiopia.</p> <p>The situation analysis and review report indicate that fistula will remain an issue in Ethiopia for at least another 10 years, more likely 15 years. In this context, DFAT agrees it would be beneficial to incorporate consideration of fistula into the HSDP-IV and that HFE works closely with the FMOH.</p> | <p>As a donor to the MDG Performance Fund, Australia will share the situation analysis with the FMOH.</p> <p>The situation analysis can be used by all as a basis to urge stronger integration of OF priorities into FMOH planning, as appropriate.</p> | <p>Addis Ababa Post/Regional MNCH Advisor</p> |

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| <p>5. Consider strategies for scale-up and/or replication of current work related to OF identification, rehabilitation and referral for skilled delivery with the Government of Ethiopia's Health Extension Program.</p> | <p>Agree</p> <p>The report highlights the Government of Ethiopia's commitment to community health with a national network of over 30,000 village level health workers known as Health Extension Workers (HEWs). The report also highlights evidence of an increase in identification of women with fistula and referral to HFE centres when HEWs were made more aware of OF and supported by USAID partners to actively identify and refer them for treatment.</p> | <p>Australia, in its capacity as a donor to the MDG Performance Fund, will share the review findings with the FMOH.</p> <p>The review findings can be used by all to encourage the Government of Ethiopia to consider scale up and/or replication of current successful work related to OF identification, rehabilitation and referral for skilled delivery, within the Health Extension Program.</p> | <p>Addis Ababa Post/Regional MNCH Advisor</p> |
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