

## Independent Progress Review of PNG-Australia Sexual Health Improvement Program (PASHIP): MANAGEMENT RESPONSE

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 Date Approved:

### Aid Activity Summary

Aid Activity Name	PNG-Australia Sexual Health Improvement Program (PASHIP)		
AidWorks initiative number	ING918; Activity 06B190		
Commencement date	2 Oct 2007	Completion date	31 Dec 2012
Total Australian \$	Up to AUD25 million		
Total other \$	Nil		
Lead delivery organisation	Australian NGOs		
Implementing Partner(s)	PNG Partner NGOs		
Projects and implementing consortia ( <i>lead Australian NGO in italics</i> )	<ul style="list-style-type: none"> <li>• <b>4 As:</b> <i>Anglican Board of Mission</i> (with Albion St. Centre), Anglicare PNG and Anglican Health Services PNG</li> <li>• <b>STI Management Program (STIMP):</b> <i>Caritas Australia</i> (with Australasian Society for HIV Medicine (ASHM) and St Vincent's Hospital), PNG Catholic Health Service (CHS)</li> <li>• <b>Clinical Outreach, Men's Programs, Advocacy and Sexual Health Services Strengthening (COMPASS):</b> <i>Sexual Health and Family Planning Australia</i> (with Family Planning New South Wales, New Zealand Family Planning International; Melbourne, Cairns and Canberra Sexual Health Centres with Help Resources (PNG) PNG Family Health Association</li> <li>• <b>East New Britain Sexual Health Improvement Program (ENBSHIP):</b> <i>Burnet Institute</i> (with Cairns Sexual Health Centre and International Women's Development Agency)</li> <li>• <b>Lusa Numini Project:</b> <i>Save the Children Australia</i>, Save the Children in PNG</li> <li>• <b>Institute for Medical Research PNG</b> (baseline survey and research)</li> </ul>		
Country/Region	PNG (8 Provinces): National Capital District, Southern Highlands, Oro, Simbu, Eastern Highlands, Morobe, East New Britain & East Sepik		
Primary Sector	Health/HIV		

**Aid Activity Objectives:**

The specific objectives of the program are to:

1. increase access to, and use of, STI management and prevention services by the target communities, including appropriate groups of which vulnerable populations such as youth and women are a part; and
2. determine and disseminate the elements of effective and innovative PNG-specific STI services to showcase opportunities to improve STI services nationally.

**Independent Evaluation Summary*****Evaluation Objective:***

This Independent Progress Report (IPR) was commissioned with the following objectives:

- to assess the extent to which the goal and objectives of the program have been achieved including the research component;
- to assess consistency between management and implementation of the program and the program design;
- to identify issues which need to be addressed to improve the implementation and management of PASHIP through to December 2012 and recommend a course of action to accomplish this;
- to inform future support for STI and HIV prevention in PNG beyond 2012; and
- to consider how areas of the program can be strengthened. There are concerns about the implementation and effectiveness of the program and the review will make recommendations to improve effectiveness and efficiency.

***Evaluation Completion Date:*** 29 November 2010

***Evaluation Team:***

The review team consisted of the team leader Kate Butcher, technical specialist Shane Martin, GoPNG representative Mr Martin Korokan from the National Department of Planning & Monitoring and an AusAID representative from Canberra, Ms Bonita Maywald.

**Management Response**

The independent progress review was conducted satisfactorily within the scope of its terms of reference. While the review highlighted key developments and positive progress towards achieving the goal and objectives of the program, it also captured key areas of concern for the PASHIP team and its partners to address.

The management team strongly supports the post 2012 recommendation for continued AusAID support for STI programs in PNG given the significant burden of disease and limited government support. Recognising the valuable role of NGOs and the importance of working at the sub-national levels to deliver basic services in PNG, AusAID is committed to working directly with NGOs as well as provincial and local level government, churches, volunteers and the private sector to implement projects at the grassroots level.

The critical issue moving forward is how we can best support NDoH and provincial governments to strengthen STI and HIV service delivery and to promote health seeking behaviours. We will be consulting NDoH about this and STIs will be included in the provincial health capacity diagnostics process which is scheduled for the last quarter of 2011 and first quarter of 2012.

The management team agreed to most of the recommendations, with some exceptions. The management response and actions are noted below. The Secretariat and NGO implementing partners have started implementing some of the recommendations and the management team will ensure that all recommendations are fully implemented within the recommended time schedule. The recommendations were discussed with PASHIP Partners at the last Program Reference Group (PRG) meeting held in Kokopo, East New Britain (ENB) from 8 – 10 June 2011.

The following are the management team responses to each recommendation.

### **Recommendation 1**

Enhance alignment of Annual Activity Plans with relevant national policies; specifically the National HIV and AIDS Strategy and National Health Plan. This could be outsourced initially and undertaken as a desk exercise and shared at the next PRG.

**Response:** *The management team agrees to support the NGOs to align with the relevant GoPNG planning cycle through their Annual Activity Plans but notes this needs to be extended to alignment with provincial level planning as well. We do not consider this need to be outsourced.*

**Actions:** *The 2011 Annual Activity Plans have been aligned with the relevant area (Key Result Area 6) of the National Health Plan. At the June PRG meeting, NGO partners were requested to engage with provincial level health authorities to align activities. NGO partners have also been asked to prepare exit and handover strategies in consultation with provincial health authorities and present them to next PRG. The AusAID HIV Program and the Secretariat will support NGO Partners to do this and wherever possible, the partners will be supported to link their activities to provincial health plans and budgets.*

### **Recommendation 2**

Ensure greater coherence across HIV programs particularly PASHIP, Church Partnership Program, Tingim Laip and HIV grants program and explore possible synergies with AusAID's Sub-National Strategy and AusAID's new civil society program, SPSN.

**Response:** *Recommendation accepted.*

**Actions:** *The PASHIP Program Manager and PASHIP Secretariat invited all relevant staff to a briefing on their recent monitoring visit (Recommendation 16 refers). The IPR Report and approved management response will be copied to the Democratic Governance and Sub-National Teams. Technical advisers working on the broader HIV/AIDS Program will provide increased inputs on PASHIP.*

### **Recommendation 3**

Ensure 'stret toker' volunteers have basic HIV information and understanding through ENB Provincial AIDS Committee (PAC).

**Response:** *Recommendation accepted. During the PASHIP Secretariat/Activity Manager's monitoring trip the issue was brought up and discussed with the ENB Sexual Health Improvement Project (ENBSHIP) staff and ENB PAC.*

**Actions:** *An undertaking has been made by the NGO partners (Burnet Institute and ENBSHIP staff) to have the Stret Tokers undergo basic HIV information training through the ENB PAC. Since the last consultation with the ENBSHIP staff, some progress has been made and the Stret Tokers are being trained on basic HIV information by the ENB PAC. The Secretariat will support the ENBSHIP on this and will provide additional information on progress.*

### **Recommendation 4**

Address issue of lack of operational commitment from Provincial Health Division in ENB.

**Response:** *Recommendation accepted.*

**Actions:** *Some progress has already been made to address the issue particularly with the new Provincial Health Advisor supporting the program. There is now stronger commitment from the East New Britain Provincial Administration as seen during the June PRG meeting held in Kokopo which show a good team effort from the ENB Provincial Team. The NDoH STI/HIV Program and AusAID HIV Program will continue to consult with ENBSHIP and the ENB provincial health team to ensure this is maintained.*

## Recommendation 5

Strengthen the M&E function of the PASHIP Secretariat and NGO partners by establishing a system for program wide data collection (see also recommendation 26).

**Response:** *The management team agrees that M&E needs strengthening. We have engaged a team of two M&E specialists for inputs of up to six months in total under the terms and conditions of the Adviser Remuneration Framework (i.e. not six months for each specialist but six months in total) to work with the Secretariat and partners to strengthen this function. An independent end of program evaluation is not required as part of AusAID's mandatory quality processes because the IPR processes have taken place within two years of the PASHIP end date. However, the management team considers that rather than establishing a system, a more efficient and effective way of drawing together data, lessons and knowledge from PASHIP implementation would be to have a participatory end of program evaluation involving AusAID, NDoH, provincial health administrations and the NGO partners. This would be managed by Post in consultation with PQE. In addition we will continue to use the PRG meetings and the biannual PASHIP Updates (see attached) for sharing of information between partners.*

**Actions:** *The AusAID HIV Program and the PASHIP Secretariat have prepared terms of reference for this engagement and the M&E consultancy commenced in August 2011. Up to three two-month inputs will be provided. TORS will be prepared for a participatory end of program evaluation to collect lessons and knowledge learned from PASHIP implementation.*

## Recommendation 6

Focus on local solutions and cease the practice of overseas clinical placements.

**Response:** *Recommendation accepted.*

**Actions:** *The NGO partners have started local clinical exchange programs which show encouraging results. The PASHIP program will support such exchange program initiatives for the remaining months of the program. The last PRG meeting agreed to continue current practice.*

## Recommendation 7

Provide a program of refresher training for all clinical staff supported by PASHIP partners on key issues: (i) PICT, ensuring all STI consultations offer PICT; (ii) child protection; (iii) sexual and reproductive health and family planning and linkages between VCT and STI; and (iv) clinical waste management.

**Response:** *The management team recommends that PASHIP clinical staff undergo the **initial** PICT training since most have yet to be trained. The training is run by NDoH and outsourced to IEA to be run at provincial level.*

**Actions:** *The PASHIP Secretariat will support the NGO partners and facilitate PICT training. It was agreed at the June PRG that partners who have their own clinical facilities will initiate training requests to the International Education Agency (IEA) and contact the Care and Counselling Unit and STI/Sexual Health Unit of the NDoH if there are difficulties when organising this training. NDoH has provided current guidelines on child protection and clinical waste management and the Secretariat has circulated to the partners. The NGO partners have established a working group on child protection to review guidelines, chaired by Save the Children.*

## Recommendation 8

All IP include specific outputs for promotion of female and male condoms in their annual activity plans.

**Response:** *Recommendation accepted.*

**Actions:** *The Secretariat will ensure that all PASHIP partners include outputs for promotion of condoms in future annual activity plans. The partners were asked at the June PRG meeting to include this in their 2012 activity plans as the NDoH guidelines stipulates that all health facilities who receive any form of government support must promote and provide condoms.*

## Recommendation 9

Address the current strategy of local nursing staff at the Caritas Goglime clinic refusing treatment to individuals without partners as a matter of priority

**Response:** *Recommendation accepted. Caritas has advised that they never endorsed this strategy and that practice ceased in January 2011.*

**Actions:** *The practice has ceased. The Australasian Society for HIV Medicine (ASHM) has been working closely with Caritas and the Catholic Health Services through mentoring and clinical training program for its HIV program. ASHM will seek to address the issue through ongoing training for health staff and clinical mentoring in the field.*

## Recommendation 10

Revise the format and process of PRGs to enhance joint learning and action. Manage administrative issues virtually where possible to allow time in the PRG for reflection and analysis. Consider rotating the facilitation between partners and dispense with an external facilitator. Allow an agenda to be jointly determined. Develop action plans during each meeting which are then followed up virtually or actually by the PASHIP Liaison Officer. Schedule meetings to coincide with NGO forums. Expand attendance to other non PASHIP Sexual and Reproductive Health practitioners as observers.

**Response:** *The management team accepted most of this recommendation however the team felt that it is not practical to schedule PRGs to coincide with NGO forums. The logistics would be too difficult with a large number of civil society partner representatives to accommodate. However the local PASHIP NGO partners are already being invited to attend the NGO forums.*

**Actions:** *The PASHIP Secretariat drafted and circulated an agenda to the NGO partners, NDoH and provincial health authorities in advance of the June PRG meeting and invited comments and suggestions. This allowed the partners to propose agenda items for discussion. We have dispensed with external facilitator and are seeking to make PRGs more inter-active and reflective of issues and challenges facing individual partners and PASHIP as a whole.*

## Recommendation 11

Engage a participatory specialist for six months to begin collecting and collating key lessons learned from PASHIP implementation so far.

**Response:** *The team considers that a higher priority at this stage is to engage the M&E specialist team and that the most effective way of collecting key lessons will be through an end of program evaluation or review.*

**Actions:** *The M&E consultancy has commenced and will work with partners and the Secretariat to strengthen existing M&E processes and reporting. An end of program participatory evaluation or review is proposed to collate key lessons from implementation.*

## Recommendation 12

Support IMR to write up their data analysis (quantitative and qualitative) and determine where and how best it can be used; abandon next surveys.

**Response:** *Recommendation accepted. IMR submitted its report on July. This was meant to be a baseline study for PASHIP but due to lengthy delays and problems with data collection, it cannot serve this purpose. However the report presents detailed findings from each of the PASHIP sites and contains useful information. The results will provide a useful reference point for the forthcoming national Integrated Biobehavioural Survey (IBBS). It has been agreed with NDoH that the report should remain an internal document for use by PASHIP partners, AusAID and NDoH (and through NDoH, the IBBS). IMR has been advised no further surveys are required.*

**Actions:** *IMR has been asked to revise the report to (1) note the limitations of the methodology, sampling and data collection and the implications for report findings; and (2) to include more disaggregated data by PASHIP sites. Following finalisation of the report, IMR will provide a final acquittal and we will terminate the agreement. IMR has already been advised and has agreed that future surveys will not be undertaken.*

### **Recommendation 13**

Recruit and appoint the NDoH STI/Sexual Health Program Managers Position.

**Response:** *The NDoH has commenced the recruitment process but progress is slow and will take some time before a Program Manager can fill the position. The NDoH is responsible for this position.*

**Actions:** *Wait for advice from NDoH.*

### **Recommendation 14**

Establish dialogue with the PNG Sexual Health Society with a view to holding an annual conference for NSAs involved in sexual health service delivery as a way of raising the profile of sexual and reproductive health beyond STIs.

**Response:** *Recommendation accepted.*

**Actions:** *Discussions have commenced with PNG Sexual Health Society. The society has shown interest to take the lead and progress the agenda. JTA International (Implementing Service Provider to HIV/AIDS Program) will assist with logistics for this meeting which will take place during fourth quarter of 2011. AusAID will follow up with NDoH and the Sexual Health Society on the arrangements*

### **Recommendation 15**

Revise Program Management Guidelines (PMGs) to ensure relevance, by providing advice on QAI reporting, clinic launching, overseas study tours, and procedures for variations to contract. Circulate to partners.

**Response:** *Recommendation accepted. The PMGs have been jointly revised by AusAID and NDOH, with the PASHIP Secretariat taking the lead.*

**Actions:** *A draft revised PMG was presented at the recent PRG meeting in June 2011 for the NGO partners to make comments. A few comments and suggestions were made and the IPs requested to email additional comments to the PASHIP Secretariat. Revised guidelines were circulated to the NGO partners and NDoH in September.*

### **Recommendation 16**

Conduct a joint induction for the Liaison Officer and Activity Manager with visits to all field sites. These visits should be conducted twice a year, with initial visits to include the NDoH STI/Sexual Health Adviser (where possible).

**Response:** *Recommendation accepted.*

**Actions:** *The PASHIP Liaison Officer and Program Manager undertook orientation visits to all NGO partner sites in March – April 2011. The team provided de-briefings to AusAID Health and HIV/AIDS Program staff and NDOH on findings. Future visits will include a technical person where possible.*

### **Recommendation 17**

Align the PASHIP Secretariat's orientation to GoPNG/AusAID health delivery strategy, the new SPSN and the SNS program.

**Response:** *Recommendation accepted but "Align" changed to "Arrange".*

**Actions:** *The AusAID HIV Program office has started this process and will arrange for the PASHIP Secretariat's orientation with the new SPSN and the SNS program.*

### **Recommendation 18**

Develop joint action plan based on this report.

**Response:** *Recommendation accepted.*

**Actions:** *A joint action plan was developed during the June PRG meeting and will be implemented by the PASHIP partners before the end of 2011. A progress update on implementation will be presented in the next PRG in November 2011.*

### **Recommendation 19**

Track NGO partner under-spending and identify areas for redistributing financial resources that are aligned with PASHIP objectives.

**Response:** *Recommendation accepted*

**Actions:** *The AusAID PASHIP Program Manager is working with the NGO partners to address this recommendation. NGO partners provided acquittals of funding received to date prior to their requests for August/September tranche payments and identified underspendings or savings to be used over the coming period. Partners have been requested to acquit 75% of funding received in order to receive next tranche payments.*

### **Recommendation 20**

Focus on transition strategy for post 2012. Lusa Numini Project (Save the Children) has already made plans for transition and their experience should be disseminated among other NGO partners and space should be provided at the PRG to discuss this.

**Response:** *Recommendation accepted.*

**Actions:** *LNP shared their transition strategy with other NGO partners during the June PRG meeting. Other partners will report on their transition strategies to the next PRG in November.*

### **Recommendation 21**

Develop a capacity building program for partners in child protection; sexual and reproductive health services particularly family planning; improved clinical waste management (See also Recommendation 7).

**Response:** *Linked to recommendation 7. Recommendation accepted.*

**Actions:** *The Secretariat will assist the NGO partners develop training programs in collaboration with the NDoH on the subjects recommended.*

### **Recommendation 22**

Consider a program wide QAI (c.f. Solomon Islands NGO partnership agreement).

**Response:** *The management team agreed to continue with the current arrangement which was introduced in the second half of 2010 whereby the NGO partners submit QAIs to AusAID in place of narrative progress reports. This practice brings PASHIP in line with the other NGOs funded by the HIV/AIDS Program. Results from the individual QAIs prepared by individual NGOs are then reflected in the QAI for the HIV/AIDS Program as a whole (including PASHIP) and the HIV/AIDS Sector Performance Report. It would be disruptive to introduce another change at this stage however we will ask the M&E Specialist to look at the issue. A peer review of the QAIs was held as part of the June PRG meeting. It was noted that the move to QAI reporting has led to much clearer reporting of results than in the former narrative reports.*

**Actions:** *The HIV Program M&E Advisor will work with the PASHIP M&E Specialist to support PASHIP Partners to strengthen their QAI reporting.*

### **Recommendation 23**

Support LNP to revise client satisfaction tool and incorporate as a standard monitoring activity in all PASHIP projects.

**Response:** *The management team agrees that this is a useful tool but that adoption by other PASHIP partners should be voluntary.*

**Actions:** *LNP (Save the Children) team provided a presentation to partners on the tool at the June PRG meeting. ENBSHIP has agreed to trial the tool and to report back to the next PRG on progress.*

### **Recommendation 24**

Adopt the COMPASS clinical QA tool as standard monitoring practice across all PASHIP clinical sites.

**Response:** *The management team agrees this is another useful tool to assess competency of those involved in clinical programs but that adoption by other PASHIP partners should be voluntary. NDoH has advised that the COMPASS QA tool is an enhancement of an existing NDoH tool.*

**Actions:** *The COMPASS team presented the tool to the PASHIP partners at the June PRG. Save the Children and Caritas have agreed to trial this tool in their project sites and will report back in the next PRG meeting.*

### **Recommendation 25**

Improve reporting of clinical and prevention data and strengthen NHIS reporting by providing training at PRG forums

**Response:** *Recommendation accepted. PASHIP partners to support the clinics / health centres in which they work to ensure that the STI data is correctly reported through the NHIS system. It is noted that the NHIS forms have been used since early 2009, so the focus should be on supporting that. A particular priority is to support antenatal clinic staff to ensure that they report all the cases of reactive/positive syphilis screening, in the "latent syphilis" row of the form. Some of those antenatal clinics also refer the antenatal women identified through syphilis screening, to the STI clinic for management so it is also important that double reporting does not occur. It is important that they reach a decision at the local level about who reports the case – the antenatal clinic or the STI clinic.*

**Actions:** *NDoH/STI Program and PASHIP Secretariat will provide necessary support to NGO partners to improve reporting in collaboration with the provincial health team and ensure PASHIP partners strengthen the capacity of the clinic / health centre staff for accurate reporting of STIs. NDoH will provide advice to partners about who should report the case at local level. Partners to renew efforts to encourage staff to accurately complete NHIS reports and report back on progress to the next PRG meeting in November 2011.*

### **Recommendation 26**

Appoint an M&E specialist to the PASHIP secretariat to establish a simple system which is accessible to all partners and which captures both quantitative and qualitative data. Revise the M&E framework to align with NHP and NHS.

**Response:** *The recommendation to appoint an M&E Specialist to strengthen M&E is accepted but with the program ending in December 2012, the management team does not see value in revising the original M&E framework and developing a new M&E system in the time remaining. It is likely to require a great deal of time and effort on the part of Partners before the new system could produce meaningful information about overall change and impact. The management team considers the emphasis should be on strengthening existing processes and reporting on outcomes and preparing for an end of program participatory evaluation or review.*

**Actions:** *We have engaged a team of two M&E Specialists for inputs of up to six months in total. The TORS are to strengthen M&E processes across PASHIP with a greater emphasis on outcomes; to strengthen existing M&E processes among PASHIP partners to maximise the quality and analysis of M&E information and alignment with the National Health Plan and National HIV/AIDS Strategy; to assist partners and NDoH to maximise sharing and analysis of M&E information about progress and results; and to work with AusAID,*



*NDoH and PASHIP partners to develop TORS for a participatory evaluation or review of PASHIP in its last six months of operations. NDoH will be represented on the evaluation team.*

## **Recommendation 27**

Organise peer reviews and joint site visits as a means of sharing and joint learning between NGO partners.

**Response:** *Recommendation accepted. PASHIP Secretariat will continue to facilitate as appropriate.*

**Actions:** *This already happened in 2010 when the PRG was held in Goroka and partners visited STC and Caritas sites. For the June PRG in Kokopo, AusAID and the Secretariat together with ENBSHIP organised site visits for the NGO partners to the St Mary's Hospital for a two-way sharing of experiences and learnings. This was a very useful exercise.*

## **Recommendation 28**

Establish and formalise a Technical Advisory Group (TAG) to oversee approvals of Quality at Implementation (QAI) Reports and Annual Activity Plans submitted by NGO partners. The TAG membership should include key expertise from NDoH, PNG Sexual Health Society, private sector, AusAID's SNS Program, the HIV Program and the Health Sector Team. At least one member of the TAG must have demonstrated gender expertise in the PNG context.

**Response:** *Recommendation accepted. The TAG may act as a reference group for design of a new program of support for STIs following the completion of PASHIP.*

**Actions:** *Terms of reference have been agreed with NDoH for the TAG. Letters have gone to invited participants together with a schedule of quarterly meetings commencing September 2011.*

## **Recommendations Post 2012**

**Response:** *The management team strongly supports the recommendation for AusAID to continue to support sexual health in PNG given the significant burden of STIs and their link to HIV. We agree that Option One is the preferred option but while the management team agrees that the PASHIP partners should be consulted, the management team considers there will need to be an independent design process involving AusAID, NDoH and consultants. The key question is the kind of support NDoH and provincial health administrations need to improve STI clinical service delivery and outcomes at provincial and district levels and to promote health seeking behaviours. Drawing on PASHIP achievements and lessons and effectively addressing gender issues in terms of service delivery and access will be important considerations.*

*It is noted that parallel to PASHIP, under the AusAID Health Program, AusAID has funded the construction of a number of STI clinics across PNG. To date the overlap between the two programs has been limited to Goroka and Lae. A total of 15 new clinics are still to be constructed and are expected to be completed by April 2012. Consideration of AusAID's future support for improving the quality of STI service delivery should include the STI clinics constructed with AusAID funding to maximise aid effectiveness and value for money.*

**Actions:** *AusAID's Health and HIV Programs to consult NDoH and provincial health administrations about future needs for support post-PASHIP.*